

Provider Partnership Program (PPP) E-mail Notification Archives

October 2, 2006

October is National Breast Cancer Awareness Month (NBCAM) ~ In conjunction with NBCAM, the Centers for Medicare & Medicaid Services (CMS) would like to invite you to join with us in helping to promote increased awareness of the importance of early detection of breast cancer, and ensure that all eligible women with Medicare know that Medicare provides coverage of screening mammograms and clinical breast exams for the early detection of breast cancer.

Next to skin cancer, breast cancer is the most common form of cancer diagnosed in women in the U.S., and it is the second leading cause of cancer death in women. According to the American Cancer Society, in 2006 about 212,920 women in the U.S. will be found to have invasive breast cancer and about 40,970 will die from the disease. The earlier breast cancer is detected, the better the treatment outcome. Regular screening mammograms can help women detect breast cancer early.

Although screening mammograms and clinical breast exams are services covered by Medicare, the data indicates that these services are being underutilized. There are eligible women with Medicare who have never taken advantage of these preventive benefits and others who do not get screening mammograms and/or clinical breast exams at regular intervals.

***Barriers to Getting Mammograms**

The top four barriers, in women's words, are:

- "I don't need a mammogram because my doctor has never recommended I have one."
- "I've never thought about it."
- "I have no breast problems, so mammography isn't necessary."
- "I don't have enough time."

Other barriers include:

- Fear about pain from the procedure.
- Fear of a diagnosis of breast cancer.
- Concerns about screening costs.
- Living a distance from the screening site.

* Source: *The Manual of Intervention Strategies to Increase Mammography Rates*, Centers for Disease Control and Prevention with the Prudential Center for Health Care Research.

Medicare Coverage

The good news is that mammography rates for women age 50 and older are increasing and breast cancer deaths are in decline. The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older.

Medicare provides coverage of an annual screening mammogram for all female beneficiaries age 40 and older. Medicare also provides coverage of clinical breast exams, (The clinical breast exam is a Medicare-covered service which is included as part of the pelvic screening exam) every 12 or 24 months depending on risk level for the disease.

How Can You Help? As a trusted source, your recommendation is the most important factor in increasing utilization of breast cancer screening services among eligible women with Medicare. CMS needs your help to ensure that all women with Medicare take full advantage of the preventive services and screenings for which they may be eligible. These services could save their lives.

- Help your patients understand the nature of breast cancer, benefits of breast cancer screening and encourage them to get screening mammograms at regular intervals.
- Encourage your patients to talk about any barriers that may keep them from obtaining mammography services on a routine basis and help them overcome those barriers.

For More Information

- For more information about Medicare’s coverage of screening mammography, visit the CMS website: www.cms.hhs.gov/Mammography/
- CMS has also developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare.
 - The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for all provider specific educational products related to preventive services. The web page is located at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.
 - The CMS website provides information for each preventive service covered by Medicare. Click on www.cms.hhs.gov, select “Medicare”, and scroll down to “Prevention”.
- For products to share with your Medicare patients, visit www.medicare.gov on the Web.
- For more information about NBCAM, please visit www.nbcam.org

Thank you for joining with CMS to promote increased awareness of early breast cancer detection and mammography and clinical breast exam services covered by Medicare.

FLU SHOT REMINDER

Flu Season is upon us! Begin now to take advantage of each office visit as an opportunity to talk with your patients about the flu virus and their risks for complications associated with the flu, and encourage them to get the flu shot. It's their best defense against combating the flu this season. (Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.) And don't forget, health care professionals need to protect themselves also. Get Your Flu Shot. – Protect yourself, your patients, and your family and friends. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of adult immunizations and educational resources, go to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>.

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The Medicare Part B Drug Competitive Acquisition Program (CAP)

The 2007 physician election period for the **Medicare Part B Drug Competitive Acquisition Program (CAP)** began on October 1, 2006 and concludes on November 15, 2006. The CAP is an alternative to the Average Sales Price (ASP) method of acquiring many drugs and biologicals administered incident to a physician's services.

Additional information about the CAP is available at http://www.cms.hhs.gov/CompetitiveAcquisforBios/01_overview.asp .

Additional information about the 2007 CAP physician election process is at http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp .

The list of drugs supplied by the CAP vendor, including NDCs, is in the Downloads section at http://www.cms.hhs.gov/CompetitiveAcquisforBios/15_Approved_Vendor.asp .

CAP physician election is an annual process that provides an opportunity for physicians who are not participating in the CAP to join. Physicians who are currently participating in the CAP must submit an election form in order to continue participation or to terminate participation. Physicians who are not participating in the CAP and do not wish to participate in the CAP at this time are not required to take any action. Completed and signed physician election forms should be returned by mail to your local carrier. Please do not submit forms for 2007 prior to October 1, 2006. Forms must be postmarked on or before November 15, 2006.

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October 6, 2006

A Few Items for Your Friday Reading

CMS asks that you share this important information with all of your association members and State and local chapters. Thanks!

Hello everyone ~ and Happy Friday. As we head into the Columbus Day Holiday weekend, I'm sending you information on the following topics:

- ***Medicare Hospital Inpatient PPS Information***
- ***Medicare Contractor Provider Satisfaction Survey***
- ***Power Mobility Device Updates***
- ***News From the Medicare Learning Network***
- ***Part D Update ~ Low Income Subsidy Redetermination Information***

And I would like to extend a warm welcome to the newest Provider Partners we met with this week—like the rest of this wonderful group, I very much look forward to working with you!

Medicare Hospital Inpatient PPS Information

In the FY2007 IPPS final rule (71 FR 48024), CMS explained that, for certain hospitals, the wage index value that is effective October 1, 2007 will change for the second half of FY 2007 (that is, from April 1 through September 30, 2007), due to the March 31, 2007 expiration of reclassifications under section 508 of Pub. L. 108-173. Table 2 in the final notice (CMS-1488-N, displayed at <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/cms-1488-N.pdf>) and on CMS's Acute Inpatient web page (at <http://www.cms.hhs.gov/AcuteInpatientPPS/WIFN/itemdetail.asp?filterType=keyword&filterValue=table%202&filterByDID=0&sortByDID=3&sortOrder=ascending&itemID=CMS061712>) shows a single FY 2007 wage index value for each hospital that reflects a 50-50 blend of the hospital's first half and second half wage indices. In a new file posted today, "**Supplemental Table 2 for FY 2007**", CMS has included two additional columns on Table 2 to show hospitals' wage indices for each of the first and second half of FY 2007.

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Friday, October 6, 2006 marks the beginning of the Medicare hospital Inpatient PPS FY 2008 wage index cycle. On Friday October 6, 2006, CMS will be posting 3 excel files: one with preliminary Worksheet S-3 wage data from FY 2004 cost reports, and two files with preliminary first quarter and second quarter Calendar Year 2006 occupational mix survey data, respectively. In addition, CMS will be posting a document called The FY 2008 Hospital Wage Index Development Timetable. Please go to CMS's wage index website at <http://www.cms.hhs.gov/AcuteInpatientPPS/WIFN/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending> to verify your hospital's S-3 wage and occupational mix data. Hospitals have until December 4, 2006 to request revisions to their S-3 wage data and first quarter and second quarter occupational mix survey data (along with supporting documentation) as included in these October files. *FIs must receive the revision requests and supporting documentation by December 4, 2006.*

Medicare Contractor Provider Satisfaction Survey

First-Ever Medicare Survey Finds Overall Satisfaction in Contractor-Provider Relationship

CMS recently unveiled the results of the first Medicare Contractor Provider Satisfaction Survey (MCPSS). According to the survey, the vast majority of Medicare health care providers are satisfied with the customer service, claims processing and educational activities provided by the Medicare fee-for-service (FFS) contractors.

The MCPSS is designed to garner objective, quantifiable data on provider satisfaction with the 42 FFS contractors that process and pay more than \$280 billion in Medicare claims each year. The survey focuses on the seven business functions of the provider-contractor relationship – provider communications, provider inquiries, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement.

The MCPSS was sent in early 2006 to more than 25,000 randomly selected providers, including physicians, suppliers, health care practitioners and institutional facilities that serve Medicare beneficiaries across the country. Respondents were asked to rate their contractors using a scale of 1 to 6 on each of the business functions, with “1” representing “not at all satisfied” and “6” representing “completely satisfied.” The MCPSS revealed that 85 percent of respondents rated their contractors between 4 and 6 on a 6-point scale.

The full results of the 2006 survey are now available at: <http://www.cms.hhs.gov/MCPSS/>.

In January 2007, the next MCPSS will be distributed to a new sample of Medicare providers. The views of each provider in the survey are important because they represent many other organizations similar in size, practice type and geographical location. If you are one of the providers randomly chosen to participate in the 2007 MCPSS implementation, you have an opportunity to help CMS improve service to all providers.

Please see the attached Press Release for more information.

Power Mobility Device Updates

The PMD fee schedule ceiling amounts are now available on the CMS website at: <http://www.cms.hhs.gov/DMEPOSFeeSched/>.

The fee schedule amounts for all States were available as of October 3, 2006, in a public use file available at: <http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/list.asp>

As stated in our earlier announcement, the new PMD codes, fee schedule amounts and local coverage determinations (LCDs) were originally scheduled to take effect on October 1, 2006. In order to allow for additional time to prepare for implementation of the fee schedule amounts and LCDs, these changes will be effective on November 15, 2006.

News From the Medicare Learning Network

- **Updates to the Medicare Physician Guide & Companion Facilitator’s Guide**

Revised errata sheets and downloadable versions of the *Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* and the *Facilitator's Guide – Companion to Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* have been posted on the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network. To access these publications, visit www.cms.hhs.gov/MLNProducts/MPUB/list.asp on the CMS website

- **Acute Inpatient Prospective Payment System (IPPS) Web-Based Training Course**

The Acute Inpatient Prospective Payment System (IPPS) web-based training course is now available. This course provides an overview of the Acute Hospital Inpatient Prospective Payment System (IPPS) and is designed to present a basic explanation of inpatient hospital coverage, billing and payment under this payment system. This course can be accessed through the web-based training modules link under the 'Related Links Inside CMS' section at www.cms.hhs.gov/MLNProducts.

- **Skilled Nursing Facility Consolidated Billing Web-Based Training Course**

The *Skilled Nursing Facility Consolidated Billing Web-Based Training Course* is now available on the Centers for Medicare & Medicaid Services (CMS) **Medicare Learning Network (MLN)**. The course provides general information about Skilled Nursing Facilities (SNF), SNF Consolidated Billing, and "under arrangement" agreements between SNFs and other providers or suppliers. To access the course, visit www.cms.hhs.gov/mlngeninfo/01_overview.asp, scroll down to "Related Links Inside CMS," and select "Web-Based Training Modules."

The *Skilled Nursing Facility Prospective Payment System Fact Sheet*, which is the first in an upcoming series of payment fact sheets, is now available in downloadable format on the CMS **MLN**. To access the fact sheet, visit www.cms.hhs.gov/MLNProducts/downloads/snfprospaymtfctsht.pdf. The fact sheet will be available for ordering through the **MLN** in approximately six weeks.

- **Understanding the Medicare Learning Network Fact Sheet**

The revised *Understanding the Medicare Learning Network* fact sheet is now available in downloadable format on the MLN Publications Page located at www.cms.hhs.gov/MLNproducts/downloads/Fact_Sheet_6JUN2006.pdf. This fact sheet explains the MLN web pages within the CMS website and provides an overview of the MLN and where to access information and education resources that are available through the MLN. Hard copies will be available in approximately six weeks.

Part D Update ~ Low Income Subsidy Redetermination Information

CMS Announces Part D Low Income Subsidy (LIS) Redetermination Information

At the end of September, the Centers for Medicare & Medicaid Services (CMS) began mailing notices to beneficiaries who have a change in status that impacts their low-income subsidy (LIS) in 2007.

CMS will mail notices to beneficiaries who will no longer automatically qualify for the low-income subsidy (LIS) in 2007. These beneficiaries will receive a notice explaining why they no longer automatically qualify and encourage them to complete the enclosed application for extra help, which they can return to Social Security in an enclosed postage-paid envelope. An individual will no longer automatically qualify for extra help in 2007 if he or she no longer has both Medicare and Medicaid (full-benefit dual-eligible), belongs to a Medicare Savings Program (partial dual-eligible), or receives Supplemental Security Income (SSI) benefits.

Additionally, CMS will mail notices to beneficiaries who continue to automatically qualify for extra help in 2007, but their copayment level will change as required under the law. These beneficiaries will receive a notice from CMS that informs them of their new copayment level as of January 1, 2007.

Visit a recent *MLN Matters* article on this topic at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0668.pdf> to help you answer any questions your Medicare patients may have.

You can also find beneficiary-related documents on LIS Redetermination at <http://www.cms.hhs.gov/MyHealthMyMedicare/> on the CMS website.

FLU REMINDER

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Press Release
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I hope everyone enjoys a great Columbus Day weekend!

With best regards ~ Valerie

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October 13, 2006

Your Friday Reading Materials

CMS asks that you share this important information with all of your association members and State and local chapters. Thanks!

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Happy Friday everyone! Seems to be a little something for everyone in today's list of news items, including:

- **A National Provider Identifier (NPI) Update**
- **Quarterly Update for Average Sales Price Medicare Part B Drugs**
- **News From the Medicare Learning Network**
- **Frontier Extended Stay Clinic Demonstration**
- **Part D Updates**
- **Competitive Acquisition Program (CAP)**
- **New Contractors to Help Identify Fraud, Waste and Abuse**

I would also like to extend my thanks to all of you who responded to my e-mail about how we're doing with regard to the provider partnership program--your feedback has been extremely helpful. And remember that sending me your feedback is never a time-limited event—I am always happy to hear from you!

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NPI: Get It. Share It. Use It.

9/26 NPI Roundtable Transcript Available Now

The transcript for the 9/26 NPI Roundtable can be found at <http://www.cms.hhs.gov/EducationMaterials/Downloads/NationalProviderIdentifierRoundtable.pdf> on the CMS website.

NPI Training Package: Module 5 Available Now

Module 5, Medicare Implementation, provides the NPI requirements specific to Medicare providers. This module will be updated as new requirements are announced or changes are made. Module 5 is now posted at

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Training_Package.pdf on the CMS NPI Page.

October 25th WEDI Audiocast

Registration is open for the WEDI audiocast “NPI 101 – And We’re Off! Getting Up To Speed On NPI” to be held on October 25th from 2-3:30PM ET. Learn more about this audiocast, and how to register, at <http://www.wedi.org/npioi/index.shtml> on the WEDI website. Please note - there is a cost to participate in this audiocast.

As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Getting an NPI is free - not having one can be costly.

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Quarterly Update for Average Sales Price Medicare Part B Drugs

The October 2006 quarterly update for the Average Sales Price (ASP) Medicare Part B Drugs pricing file has been posted on the Centers for Medicare & Medicaid Services (CMS) website at

http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/02_aspfiles.asp .

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News from the Medicare Learning Network

*** Below are some recently-released new *MLN Matters* articles that I thought might be of interest to you:**

MM5256 – October 2006 Non-Outpatient Prospective Payment System Outpatient Code Editor (Non-OPPS OCE) Specifications Version 22.0

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5256.pdf>

MM5107 – New Durable Medical Equipment Prosthetic, Orthotics, and Supplies (DMEPOS) Transcutaneous Electrical Nerve Stimulators (TENS) Certificate of Medical Necessity (CMN) for Purchases

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5107.pdf>

MM5272 – October Update to the 2006 Medicare Physician Fee Schedule (MPFS) Database

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5272.pdf>

SE0663 – Notifying Medicare Patients about Lifetime Reserve Days (LRDs)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0663.pdf>

SE0674 – Holding of Pancreas Transplant Alone (PA) Claims - Amendment to MLN Matters Article MM5093

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0674.pdf>

MM5276 – Fiscal Year (FY) 2007 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH), and Inpatient Psychiatric Facility (IPF) PPS Changes

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5276.pdf>

MM5304 – October 2006 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5304.pdf>

MM5308 – Ending the Contingency Plan for Remittance Advice (RA) and Charging for PC Print, Medicare Remit Easy Print (MREP), and Duplicate RAs
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5308.pdf>

- * **A Reminder About Medicare Preventive Services Provider Education Products**

~ An Overview of Medicare Preventive Services Video ~

The **Medicare Learning Network** is pleased to announce the availability of the latest provider education resource on Medicare's coverage of preventive benefits, **An Overview of Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals video program**. This educational video program provides an overview of preventive services covered by Medicare including the newest preventive services that became effective January 2005 as a result of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. This program provides information on risk factors associated with various preventable diseases and highlights the importance of prevention, detection, and early treatment of disease. The information presented in this program is useful for physicians, providers, suppliers, and other health care professionals involved in providing preventive services to Medicare beneficiaries. The program runs approximately 75 minutes in length.

(CMS has approved this educational video program for .1 International Association for Continuing Education and Training (IACET) CEU for successful completion. This program is appropriate for use by a single individual or may be shown to a large group. To order your DVD or VHS copy of the video program, go to http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5)

~ Preventive Services Web-Based Training Course ~

The updated **Medicare Preventive Services Series: Part 1 Adult Immunizations** Web-based training course is now available on the Medicare Learning Network (MLN) Product Ordering Page located at

http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5

The course provides information about Medicare coverage for the following adult immunizations:

- Influenza;
- Pneumococcal; and
- Hepatitis B.

(CMS has approved this web-based training course for .1 IACET CEU for successful completion. The Centers for Medicare & Medicaid Services (CMS) has been reviewed and approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1620 I Street, NW, Suite 615, Washington, DC 20006. The authors of these programs have no conflicts of interest to disclose. These courses were developed without the use of any commercial support.)

~ Flu Season Resources for Health Care Professionals ~

The **Medicare Learning Network** has developed the **2006 - 2007 Influenza (Flu) Season Educational Products and Resources** online PDF document. This online document includes links to flu-related educational products developed by CMS for provider use and links to other resources where clinicians may find useful information and tools for the 2006 - 2007 flu season. The resource document will be updated as new flu information becomes available. **The 2006 - 2007 Influenza (Flu) Season Educational Products and Resources** online document can be

accessed by going to the Downloads section of the *MLN Preventive Services Educational Products* web page, located at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage

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**FRONTIER EXTENDED STAY CLINIC DEMONSTRATION
QUESTION AND ANSWER CONFERENCE CALL**

**Monday, October 16, 2006
3:30 to 4:30 PM EDT**

The Centers for Medicare & Medicaid Services (CMS) is announcing "The Frontier Extended Stay Clinic Demonstration Project" conference call. This conference call will be a question and answer session to address some of the delivery and financial issues faced by small providers in some of the most remote rural areas. The demonstration is mandated under section 434 of the Medicare Modernization Act and is commonly known as the FESC. The demonstration addresses the needs of seriously or critically ill or injured patients who, due to adverse weather conditions or other reasons, cannot be transferred to acute care referral centers; or, patients who need monitoring and observation for a limited period of time.

The FESC must be located in a community which is at least 75 miles away from the nearest acute care hospital or critical access hospital, or which is inaccessible by public road. The FESC demonstration will last for three years. In addition, the demonstration must be budget neutral.

We are soliciting applications for this project. The application due date is November 24, 2006. For further information, please call Sid Mazumdar at (410) 786-6673.

Conference Participation Instructions

Toll free dial-in number: **1-888-469-0691**

Verbal Passcode: **DEMO**

We look forward to your participation.

On Thursday, October 26, 2006, from 3:00 to 4:00 pm ET, the Centers for Medicare & Medicaid Services (CMS) will hold a briefing to discuss the Medicaid Integrity Program.

Under the provisions of the Deficit Reduction Act (DRA) of 2005, Congress provided resources to CMS to establish the Medicaid Integrity Program (MIP). MIP represents the first national strategy to detect and prevent Medicaid fraud and abuse in the program's history. Under the leadership of the Center for Medicaid & State Operations (CMSO), the agency will fulfill the mandates of this new program. The Comprehensive Medicaid Integrity Plan, released July 18, 2006, will guide CMSO's efforts to fulfill this new obligation.

Please join Robb Miller, the Acting Director of the Medicaid Integrity Group on a conference call as he describes the broad responsibilities, guiding principles, and operational functions and strategies of the MIP included in the Plan.

For more information about the Comprehensive Medicaid Integrity Plan, visit: http://www.cms.hhs.gov/DeficitReductionAct/02_CMIP.asp

Call-in information for the call is found below:

DATE: Thursday, October 26, 2006

TIME: 3:00 PM ET

DURATION: 1 Hr.

TOLL FREE #: 1-888-552-9191

PASSCODE: 8866043

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**NEW TOOLS AVAILABLE TO HELP
WITH MEDICARE PRESCRIPTION DRUG PLAN CHOICES FOR 2007**

Medicare has made enhancements to www.medicare.gov that will provide new help for people with Medicare prescription drug coverage who want to consider changing plans, the Centers for Medicare & Medicaid Services (CMS) announced today. The changes will make it easier for beneficiaries to get personalized information about their coverage options and costs for 2007. With the enhancements to the website, beneficiaries who want to find out more about their Medicare drug plan choices can do so before open enrollment begins on November 15.

In addition to new 2007 plan year information, updates to the Medicare Prescription Drug Plan Finder web tool include a cleaner look, increased usability, and reduced page scrolling and includes a Monthly Cost Estimator, a personalized chart illustrating 12 months of expected drug spending for each plan. New features help users compare plans based on price and benefit structure, estimate how their monthly costs may vary over the course of the year, and print clear reports they can refer to later.

For more information on please click here for the CMS Press Release issued today at <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2033>

Also for more information, please find the helpful partner tip sheet on the enhancements to the planfinder tool at <http://www.cms.hhs.gov/partnerships/downloads/PartnerTipSheet-WebEnhancement11216-P.PDF>

CMS also issued a fact sheet on Price Analysis for Drugs for Common Health Problems and Savings in 2007.

This report presents updated findings for the drug plans available in 2007, as part of an ongoing analysis by the Centers for Medicare & Medicaid Services (CMS) that has tracked prescription drug savings in the Medicare prescription drug benefit since it began.

For more information on please click here for the CMS Press Release issued today at <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2035>

Navigating the Medicare Prescription Drug Plan Finder

The Centers for Medicare & Medicaid Services is preparing for the 2007 Prescription Drug Open Enrollment that begins on November 15, 2006. A part of this preparation is launching the Drug Plan Finder tool to help people with Medicare and their families and friends compare plans now and prepare for the start of open enrollment. The Plan Finder tool has been improved based on both consumer testing and suggestions from many partners.

A recorded Webinar is now available to help people learn more about this tool before it is scheduled to go live later this week. Click <http://www.cms.hhs.gov/center/partner.asp> to view Navigating the Medicare Prescription Drug Plan Finder. This short tutorial walks you through the Drug Plan Finder and highlights the changes for 2007.

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Competitive Acquisition Program (CAP)

Physicians participating in the Medicare Part B Drug Competitive Acquisition Program (CAP) are encouraged to subscribe to the new **CMS-CAP-Physicians-L** mailing list to receive pertinent and timely information regarding the CAP. Go to <http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=3> , then subscribe to the **CMS-CAP-Physicians-L** mailing list.

As a reminder, the 2007 physician election period for the Medicare Part B Drug Competitive Acquisition Program (CAP) began on October 1, 2006 and concludes on November 15, 2006. The CAP is an alternative to the Average Sales Price (ASP) method of acquiring many drugs and biologicals administered incident to a physician's services.

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The list of drugs supplied by the CAP vendor, including NDCs, is in the Downloads section at http://www.cms.hhs.gov/CompetitiveAcquisforBios/15_Approved_Vendor.asp .

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**MEDICARE FINDS BILLIONS IN SAVINGS TO TAXPAYERS
New Contractors to Help Identify Fraud, Waste and Abuse**

Through more aggressive local oversight and specially targeted fraud and abuse initiatives, the Centers for Medicare & Medicaid Services (CMS) has saved more than \$2 billion in Medicare claims in special projects focusing on infusion therapy and those services provided by Independent Diagnostic Testing Facilities. CMS has made more than 980 Medicare fee-for-service program referrals to law enforcement authorities since October 2004.

In addition, CMS is continuing its aggressive local efforts in fee-for-service oversight and helping to identify and combat fraud in the new Medicare prescription drug benefit with the addition of four new Medicare Drug Integrity Contractors (MEDICs). To review the CMS Press Release issued today click here <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2030>

CMS is dedicated to reducing fraud and abuse in the Medicare system. When open enrollment begins on November 15, there are a number of steps you can take to help protect the people you counsel from potential scams.

Attached, please find the helpful tip sheet, "Information Partners Can Use On Preventing Fraud." This tip sheet describes how to safeguard personal information, give the rules that plans must follow for marketing activities, what to do if you suspect fraud, and lists other resources.

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Flu Season is upon us! Begin now to take advantage of each office visit as an opportunity to talk with your patients about the flu virus and their risks for complications associated with the flu, and encourage them to get their flu shot. And don't forget, health care professionals need to protect themselves also. **Get Your Flu Shot. – Protect yourself, your patients, and your family and friends.** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of adult immunizations and educational resources, go to (<http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0667.pdf>)

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Partner Tip Sheet
Preventing Fraud 10C

I hope everyone enjoys a great weekend ~ Valerie

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October 17, 2006

A Jump Start to the Medicare Week!

CMS asks that you share this important information with all of your association members and State and local chapters. Thanks!

*Hi everyone. Just a couple of news items to get the week of Medicare news in gear.
Topics include:*

- *DMEPOS Competitive Bidding Contractor Awarded*
- *Proposed Regulation on Using Medicare Part D Claims Data to Improve Patient Care*
- *An Updated Link from the Medicare Learning Network*
- *Medicare and You 2007 Publication Now Available Online*

Medicare Awards Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Implementation Contractor (CBIC)

The Centers for Medicare & Medicaid Services (CMS) recently announced award of a contract to the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Implementation Contractor (CBIC), Palmetto GBA, LLC. Palmetto is located in Columbia, South Carolina. Awarding this contract is a key step in timely implementation of the Medicare DMEPOS Competitive Bidding Program, which will reduce beneficiary out-of-pocket expenses and save the Medicare program money while ensuring beneficiary access to quality DMEPOS items and services.

See full announcement at:

http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/05_CBIC_Contractor.asp .

MEDICARE PROPOSES TO IMPROVE CARE THROUGH LEARNING FROM PRESCRIPTION DRUG DATA

The Centers for Medicare & Medicaid Services (CMS) seek public input on a proposed regulation on using Medicare Part D claims data for research and quality initiatives that will improve the health care and health of seniors and persons with a disability.

Medicare drug claims would be linked to other Medicare information on patient care such as hospitalizations and physician visits, and made available to researchers and Federal agencies for studies only with appropriate privacy protections and safeguards, as required by the Privacy Act and HIPAA regulations.

The proposed regulation continues the approach of using Medicare data through data use agreements with individual institutions to assess health care for beneficiaries. Medicare data has been used in prior studies to evaluate rates of Medicare spending and spending growth, to assess the impact of drugs and procedures on health outcomes, and to identify the extent to which practice parallels evidence based standards.

The public is invited to comment on the most effective use of the data, including whether CMS should consider additional regulatory limitations for external researchers in order to further guard against the potential misuse of data for non-research commercial purposes, to assure that priority questions are addressed as quickly and effectively as

possible, or to ensure that proprietary plan data or confidential beneficiary data are not released.

The proposed rule will appear in the Oct. 17, 2006 *Federal Register*. Comments will be accepted on the proposed rule until December 18th, 2006.

Please click here to read the CMS Press Release at <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2036> .

An Updated Link from The Medicare Learning Network

We recently sent you notice about a new MLN product, "Understanding the Medicare Learning Network Fact Sheet." In that notice, we listed the incorrect web link to get to the fact sheet. The correct link is

http://www.cms.hhs.gov/MLNproducts/downloads/Fact_Sheet_Sept2006.pdf

Medicare & You 2007 Handbook Now Available Online

The general "Medicare & You 2007" handbook is now available at <http://www.Medicare.gov/publications/pubs/pdf/10050.pdf> to help people with Medicare review their coverage options and prepare to enroll in a new plan if they choose. This official government handbook contains important information about what's new, health plans, prescription drug plans, and rights for people with Medicare. You can find 48 geographic-specific versions of the handbook on the website listed below, with drug and health plan comparison charts for particular states or regions. These are the versions that will be mailed to people with Medicare in the next few weeks.

The Centers for Medicare & Medicaid Services is encouraging people with Medicare to review their current coverage this fall to see if it will meet their needs in 2007. Now is the time to help people think about the cost, coverage, and customer service that they need in a plan to get the most out of their Medicare.

The state specific books are online at <http://www.cms.hhs.gov/Partnerships/PFP/list.asp#TopOfPage> . Beneficiaries will receive their Handbooks by the end of October.

Hope you enjoy your week ~ Valerie

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October 23, 2006

National Provider Identifier Update

NPI: Get It. Share It. Use It.

October 23rd means only 7 months remain until the National Provider Identifier (NPI) compliance date. Over 1,300,000 NPIs have been issued so far --- do you have your NPI yet?

Act Now!

Don't procrastinate; getting your NPI is only the first step in preparing for the compliance date. You should allow time to share your NPI with payers and other trading partners, update your referral lists, as well as modify and test computer systems.

Resources for Commonly Asked Questions

CMS has compiled a list of resources that will help to answer many questions on NPI. Visit http://www.cms.hhs.gov/NationalProvIdentStand/07_Questions.asp#TopOfPage to view this resource. Additionally, CMS continues to build its database of Frequently Asked Questions (FAQs) on NPI. Recently, an FAQ on Electronic File Transfer (EFT) of payments from health plans to health care providers was added. You can view all existing NPI FAQs at http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=Qjr3YRYh&p_lva=&p_li=&p_page=1&p_cv=&p_pv=&p_prods=0&p_cats=&p_hidden_prods=&prod_lv1=0&p_search_text=NPI&p_new_search=1&p_search_type=answers.search_n/ on the CMS website.

Participate in the Latest WEDI Industry Survey

WEDI is currently conducting a survey to measure the next stage of NPI readiness across the healthcare industry. To access the survey, go to: <http://www.surveymonkey.com/s.asp?u=415952639752> on the web. Also note, this survey will only be open for a short time. The last day to participate is October 31, 2006.

*****Special Information for Medicare Providers*****

Billing Medicare

Medicare is testing the new software that has been developed to use the National Provider Identifier (NPI) in the existing Medicare fee-for-service claims processing systems. Providers have until May 23, 2007, before they are required to submit claims with only an NPI.

Until testing is complete within the Medicare processing systems, Medicare urges providers to continue submitting Medicare fee-for-service claims in one of two ways:

- Use your legacy number, such as your Provider Identification Number (PIN), NSC number, OSCAR number or UPIN; or

- Use both your NPI and your legacy number.

Until testing of the new software that uses the NPI in the Medicare systems is complete and until further notice from Medicare, the following may occur if you submit Medicare claims with only an NPI:

- Claims may be processed and paid, or
- Claims for which Medicare systems are unable to properly match the incoming NPI with a legacy number (e.g., PIN, OSCAR number) may be rejected to the provider, and then you will need to resubmit the claim with the appropriate legacy number.

Required Use of NPI on Medicare Paper Claim Forms

Medicare will require the NPI on its paper claim forms. A variety of MLN Matters articles are available on this topic at

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/MMArticles_npi.pdf on the CMS NPI web page.

How to Share Your NPI with Medicare

Medicare providers may share their NPIs with Medicare in three different ways:

- For new Medicare providers, an NPI must be included on CMS-855 enrollment application
- Existing Medicare providers must provide their NPIs when making any changes to their Medicare enrollment information
- Medicare providers should use their NPI, along with appropriate legacy identifiers, on their Medicare claims

Still not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Getting an NPI is free - not having one can be costly.

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October 27, 2006

Your Friday Medicare News

CMS asks that you share this important information with all of your association members and State and local chapters. Thanks!

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Happy Friday, everyone—I hope you’ve had a good week. Here’s a compilation of news items that crossed my desk this past week. Topics include:

- **Urgent Medicare Competitive Bidding Acquisition (CAP) Claims Message**
- **New From the Medicare Learning Network**
- **DHHS “Own Your Future” Campaign for Medicare Beneficiaries**
- **New CMS Initiative to Pay Physicians for Care Provided to Patients with Chronic Conditions**

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Urgent Medicare CAP Claims Message

If your company provides services to physicians who participate in the Medicare Part B Drug Competitive Acquisition Program (CAP), please read the CAP billing information in MLN Matters Article SE0672 for information on how to submit Medicare Part B Drug CAP claims correctly.

MLN Matters Article SE0672, Clarification of Requirements for the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals was released on 9/29/06 and can be located at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0672.pdf on the CMS website.

The CAP is an alternative to the Average Sales Price (ASP) method of acquiring many Part B drugs and biologicals administered incident to a physician’s services. More information on the CAP is located at <http://www.cms.hhs.gov/CompetitiveAcquisforBios/> on the CMS website.

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New From the Medicare Learning Network

- ◆ The updated *Guidelines for Teaching Physicians, Interns, and Residents Fact Sheet* is now available in print format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. To place your order, visit www.cms.hhs.gov/mlngeninfo, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”
- ◆ NOW AVAILABLE! The new *Medicare Fraud & Abuse* fact sheet directs Medicare providers to a number of sources of information pertaining to Medicare fraud and abuse and helps them understand what to do if they suspect or become aware of incidents of potential Medicare fraud or abuse. This fact sheet is now available in downloadable format at www.cms.hhs.gov/MLNProducts/downloads/081606_Medicare_Fraud_and_Abuse_brochure.

[pdf](#) on the MLN products web page. Hard copies can be ordered at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 through the MLN Product Ordering Page on the CMS website.

- ◆ New Web-based Training Course for Institutional Providers! *Understanding the Remittance Advice for Institutional Providers* Web-based training (WBT) course is now available through the Medicare Learning Network. This WBT course is designed to provide institutional providers and their billing staff with general remittance advice (RA) information. This course provides instructions to help institutional providers interpret the RA received from Medicare and reconcile it against submitted claims. Course participants will receive guidance on how to read Electronic Remittance Advices (ERAs) and Standard Paper Remittance Advices (SPRs), as well as information regarding balancing an RA. The course also provides an overview of software that Medicare provides free to providers for viewing ERAs. The course takes approximately 90 minutes to complete and participants may receive .2 CEUs for successful completion. To register to take this WBT course participants can go to the Medicare Learning Network's Product Ordering Page located at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 and click on the course title.

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DHHS “Own Your Future” Campaign

The Centers for Medicare & Medicaid Services, the Assistant Secretary for Planning and Evaluation, and the Administration on Aging have just announced partnerships with six new states (Georgia, Massachusetts, Michigan, Nebraska, South Dakota, and Texas) that will be participating in the Department of Health and Human Services (HHS) “Own Your Future” campaign, an aggressive education and outreach effort designed to promote long-term care planning among state residents.

Campaign activities over the next year will include direct mail solicitations from the governors of participating states; dissemination of an “Own Your Future” Planning Kit; and development of a National Clearinghouse for Long-Term Care Information website. The goal of the Campaign is to increase awareness about long-term care and encourage Americans to take an active role in planning ahead for their future long-term care needs.

The new federal-state partnerships represent the next round of the education campaign, which HHS has been working on with the National Governors Association (NGA) for the last three years with nine other states. Consumer response to the campaign to date has exceeded expectations, both in terms of consumer interest and in the number of residents who have initiated long-term care planning actions.

Medicare providers can view a recent *MLN Matters* article on this topic at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0671.pdf> on the web. To find materials associated with the “Own Your Future” campaign, including a partner tip sheet and a press release, visit <http://www.cms.hhs.gov/center/longtermcare.asp> on the web.

To order or download the “Own Your Future” Planning Kit, visit the www.aoa.gov/ownyourfuture website. This website also contains a wealth of information about the “Own Your Future” Long-Term Care Awareness Campaign.

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New CMS Initiative to Pay Physicians for Care Provided to Patients with Chronic Conditions

New Demonstration Program Tests Financial Incentives for Improved Quality and Coordination in Small to Medium Sized Group Practices

The Centers for Medicare & Medicaid Services (CMS) announced a new initiative to pay physicians for the quality of the care they provide to seniors and disabled beneficiaries with chronic conditions, reflecting the Administration’s ongoing commitment to reward innovative approaches to get better patient outcomes for the health dollar.

We intend to provide better financial support for quality care,” said CMS Administrator Mark B. McClellan, “Through this demonstration and the rest of our set of value-based payment demonstrations, we are finding better approaches to doing that than ever before. This is another important step toward paying for what we really want: better care at a lower cost, not simply the amount of care provided.”

As the next step in its efforts to make higher payments for better quality, CMS today announced the implementation of a new demonstration aimed at physicians practicing in solo or small to medium sized group practices. CMS has already implemented several other “pay-for-performance” demonstrations, including the Premier Hospital Quality Incentives Demonstration which involves acute care hospitals and the Physician Group Practice demonstration which involves 10 large multi-specialty group practices across the country.

The Medicare Care Management Performance (MCMP) Demonstration was authorized under section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). It will be implemented in four states: Arkansas, California, Massachusetts, and Utah in 2007.

For more information about this demonstration, go to:

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=keyword&filterValue=medicare%20care&filterByDID=0&sortByDID=3&sortOrder=ascending&itemID=CMS057286> .

To view the entire press release, go to:

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2038> .

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Flu Season is upon us! Begin now to take advantage of each office visit as an opportunity to talk with your patients about the flu virus and their risks for complications associated with the flu, and encourage them to get their flu shot. And don’t forget, health care professionals need to protect themselves also. ***Get Your Flu Shot. – Protect yourself, your patients, and your family and friends.*** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare’s coverage of adult immunizations and educational resources, go to (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>)

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I hope you have a great weekend ~ Valerie

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October 27, 2006

Special Medicare Provider Enrollment Conference Call
Revised Special Medicare Provider Enrollment
Conference Call

Wednesday, November 1, 2006

2:00PM – 2:30PM, Eastern Standard Time (EST)

In an effort to achieve a more efficient and effective way to communicate information about the Medicare enrollment application (CMS-855), the process for the November 1, 2006 Special Medicare Provider Enrollment Open Door Forum has been modified.

The Centers for Medicare & Medicaid Services (CMS) will hold this brief Medicare Provider Enrollment Conference Call to discuss the ways that providers and suppliers can facilitate their enrollment into the Medicare program.

During this call CMS staff will:

- (1) Summarize the Medicare enrollment regulation published on April 21, 2006,
- (2) Provide information regarding changes to the Medicare enrollment applications (CMS-855s), and
- (3) Provide useful information to help you facilitate your enrollment into the Medicare program.

During the conference call CMS, will provide a resource e-mail box to allow participants to submit questions and comments.

We look forward to your participation.

Open Door Forum Participation Instructions:

CMS Staff & Authorized Speakers Only

Dial 1-877-792-5692

General Public

Dial: 1-800-837-1935

Reference Conference ID **8711246**

Note: TTY Communications Relay Services are available for the Hearing Impaired.

For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here
<http://www.consumer.att.com/relay/which/index.html>

A Relay Communications Assistant will A Relay Communications Assistant will help.

ENCORE: 1-800-642-1687

“Encore” is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID # **8711246**. The recording begins 2 hours after the call ends, and will expire after 4 business days. For automatic emails of Open Door Forum schedule updates (E-Mailing list registration) and to view Frequently Asked Questions please visit our website at: www.cms.hhs.gov/opendoorforum/.

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