Provider Partnership Program (PPP) E-mail Notification Archives

August 1, 2006

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

* *

Hello everyone. I'm starting a little earlier this week with the news notes. Included in this one is information on ~

1. Physician Self-Referral Exceptions for Electronic Prescribing & Electronic Health Records Technology

2. CMS Awards First of 15 Contracts to Process and Pay Medicare Claims

3. NPI Requirements for DME Suppliers

4. SNF Annual Update Notice

5. Transformation Grants to Improve the Effectiveness and Efficiency in Providing Medical Assistance Under Medicaid

* *

Physician Self-Referral Exceptions for Electronic Prescribing and Electronic Health Records Technology

BACKGROUND: Section 1877 of the Social Security Act (the Act), commonly referred to as the "Stark" law, prohibits a physician from making referrals for certain "designated health services" (DHS) payable by Medicare to an entity with which the physician (or an immediate family member of the physician) has a financial relationship, unless an exception applies. Section 1877 of the Act also prohibits the entity from submitting claims to Medicare or anyone else for Medicare DHS that are furnished as a result of a prohibited referral. Violations of the statute are punishable by denial of payment for all DHS claims, refund of amounts collected for DHS claims, and civil money penalties for knowing violations of the prohibition.

The HHS Office of Inspector General (OIG) is simultaneously issuing a final rule regarding the MMA-mandated anti-kickback statute safe harbor for certain electronic prescribing arrangements, as well as a safe harbor for the donation of electronic health records software or information technology and training services. Information about the OIG regulations can be found on the OIG website at www.oig.hhs.gov.

Attached is CMS' Fact for further information, or go to

for more
information.

StarkFSFinal.pdf
(81 KB)

* *

CMS AWARDS FIRST OF 15 CONTRACTS TO PROCESS
AND PAY MEDICARE CLAIMS

CMS has announced the award of the first of 15 contracts for the combined handling in six states
of both Part A and Part B Medicare claims. The winning contractor is Noridian Administrative
Services, LLC, (NAS), headquartered in Fargo, N.D.

Attached is a Press release regarding this announcement. For further information, you may visit
the CMS Website at http://www.cms.hhs.gov/MedicareContractingReform/.

MAcontractfnl
pr.pdf (67 KB)

* *

ATTENTION

MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS) SUPPLIERS

The Centers for Medicare and Medicaid Services (CMS) will be linking Medicare
provider numbers with NPIs.

As mentioned in the paper entitled, "Medicare Expectations on Determination of
Subparts by Medicare Organization Health Care Providers Who Are Covered Entities
Under HIPAA," **Medicare DME suppliers are required to obtain an NPI for every
location**. The only exception to this requirement is the situation in which a Medicare
DME supplier is a sole proprietor. A sole proprietor is eligible for only one NPI (the
individual's NPI) regardless of the number of locations the supplier may have.

The requirement for Medicare DME suppliers to obtain NPIs for every practice location
applies also to those Medicare DME suppliers who do not send electronic claims to
Medicare. Federal regulations require the unique enumeration of every location of a
Medicare DME supplier regardless of how claims are submitted. (Again, sole proprietors
are eligible for only one NPI.)

Failure to comply with this requirement may result in delayed processing or the rejection
of Medicare claims.

For more information on Medicare Subpart Expectations, please visit the Medicare Subpart Guidance Paper at
http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf

* *
SNF Annual Update Notice

The Centers for Medicare & Medicaid Services (CMS) recently released its SNF annual update notice. You may view the update on the CMS website at:
http://www.cms.hhs.gov/snfpps/

Click on "List of Federal Regulations" on the left side of the page.
Scroll down to "FY 2007 Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities--Update--Notice."
Click on "CMS-1530-N."

* *
Transformation Grants

CMS has announced that new grant funds are available for the adoption of innovative methods to improve the effectiveness and efficiency in providing medical assistance under Medicaid.

Medicaid spending growth has declined in recent years likely reflecting many factors including state reforms to deliver needed benefits more efficiently and effectively. The implementation of the DRA provides new opportunities for States to work with the Federal government to build on the effective reforms to slow spending growth while providing needed coverage, and doing more to help people get the kind of care they prefer. Through the use of the Transformation Grants, States can work with CMS to create programs that are more aligned with today's Medicaid populations and the health care environment.

Attached for your convenience are the press release, the State Medicaid Director's letter and several attachments that accompany the letter.

| transformation grants final re... | TransformationSMD 7.26.06.pdf ... | TransformationEncl A.pdf (22 K... | TransformationEncl B.pdf (40 K... |

* *
I hope you have a good week ~ Valerie

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August 2, 2006

CMS issued a final rule entitled "Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2007; Certain Provisions Concerning Competitive Acquisition for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); Accreditation of DMEPOS Suppliers."

The final rule updates the IRF PPS payment rates and revised policies that become effective on October 1, 2006. This final rule will result in an overall estimated increase of $50 million to the IRF PPS Medicare program. In addition, the final rule conforms the IRF regulations to the provisions of the Deficit Reduction Act of 2005 (DRA), and makes technical adjustments to the patient classification structure.

The final rule also establishes requirements for accreditation of DMEPOS suppliers and lays the groundwork for timely implementation of the Medicare DMEPOS Competitive Bidding Program. These new accreditation requirements will result in improved quality DMEPOS items and services for Medicare beneficiaries.

Please see the attached Press Release, DME Fact Sheet and IRF Background Document regarding this announcement.

PR06.IRFPPS.08.D   DME Fact Sheet   IRF Background
MEAccred.Final...   letterhead 8.1....   Sheet 07_26_06....

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I want to thank everyone who participated in our July 19, 2006 Physician Partner Meeting. We very much appreciate you taking time from your busy schedules to exchange ideas and provide us feedback on Medicare-related topics. As promised, I am the attaching presentation handouts, web addresses, and other follow-up items that resulted from the meeting. Specifically ~

1. Tom Valuck's presentation on Pay for Performance

P4P Physician
Partners 7 18 06...

2. Link to *MLN Matters a*rticle MM5047, "Full Replacement of CR4349, Hold on
    Medicare Payments"
    http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf
    Also, attached is the electronic version of the article.

MM5047.pdf (31 KB)

3. Link to the National Provider Identifier web page on the CMS Website
    www.cms.hhs.gov/apps/npi/

4. Electronic version of the NPI Provider Resource Inventory

NPI Product
Inventory- Public....

5. Link to the Medicare Contracting Reform Webpage
    www.cms.hhs.gov/MedicareContractingReform/

6. Electronic version of the Medicare Preventive Services Resource Inventory

MPS Product
nventory 25July06..

I am also preparing a response to a question that was asked regarding when Medicare
providers can start using the revised CMS-1500, which accommodates the use of
National Provider Identifiers. I will send that response out through a separate e-mail.

Once again, thank you for attending the Physician Partner meeting. I hope it was
worthwhile for you and I certainly welcome any comments or suggestions you have for
future meetings.

With best regards ~ Valerie

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August 3, 2006

August is National Immunization Awareness Month! While many consider this to be a time to ensure that children are immunized for school, it also provides a good opportunity to speak with your Medicare patients about their immunizations.

Medicare covers both the cost of pneumococcal and influenza vaccine and their administration by recognized providers. No beneficiary co-insurance or co-payment applies and a beneficiary does not have to meet his or her deductible to receive an influenza or pneumococcal immunization. Medicare also covers hepatitis B vaccination for persons at high or intermediate risk. The coinsurance or co-payment applies for hepatitis B vaccination after the yearly deductible has been met.

Despite Medicare coverage, the use of these benefits is not optimal. In 2004, Medicare survey data indicate a 73% influenza vaccination rate for facility and community-dwelling Medicare beneficiaries, and a 67% pneumococcal vaccination rate for the same population. Additionally, dialysis patients are under-immunized. Vaccines are one of public health's great triumphs. With the exception of safe water, no other health strategy has had such a tremendous effect on reducing disease and improving health. Maintaining high immunization rates protects the entire community and is an important public health matter.

Why Immunize Adults? An average of 36,000 Americans die from influenza or its complications each year. The National Center for Health Statistics reported influenza and pneumonia to be the primary causes of death for more than 57,000 older adults in 2003. Pneumococcal disease occurs year round and accounts for approximately 40,000 cases of invasive disease and 5,000 deaths per year in the United States.

For all persons age 65 or older, the Advisory Committee on Immunization Practices (ACIP) and other leading authorities recommend lifetime vaccination against pneumococcal disease and annual vaccination against influenza. Medicare will cover a booster pneumococcal vaccine for high risk persons if five (5) years have passed since their last vaccination.

What's New?
- Nursing home residents are especially vulnerable to influenza and pneumonia and their complications. Beginning September 1, 2006, influenza and pneumococcal vaccination assessments will be included as part of the Minimum Data Set (MDS) for nursing homes.
- As of January 2005, all newly enrolled Medicare beneficiaries are covered for an initial physical examination that includes immunization for pneumococcal disease and influenza.

- As of January 2005, physicians can be paid for injections and immunizations administered to people with Medicare, even when administered during a visit which includes other Medicare-covered services.
- As of October 2002, hospitals, long-term care facilities and home health agencies participating in Medicare and Medicaid programs can administer influenza and pneumococcal vaccinations according to a standing orders protocol without the need for a physician's examination or direct order.
- Quality Improvement Organizations in each state are working to increase immunization rates in hospitals, physicians' offices, home health care settings and nursing homes.

How Can You Help? As a trusted source, your recommendation is the most important factor in increasing immunization rates among adults.

For More Information
For more information about Medicare's adult immunization benefits, billing Medicare for vaccinations, and other helpful information, visit the CMS Web site: http://www.cms.hhs.gov/AdultImmunizations/01_Overview.asp#TopOfPage .
National Immunization Awareness Month is the perfect time to remind patients, health care employees, family members, friends, co-workers and others to get up-to-date on their vaccinations. To paraphrase a quote from the great hockey player Wayne Gretzky, "Your patients will miss 100% of the shots they never take." Let's protect people with Medicare by making sure that each August they have received their lifetime pneumococcal immunization, they have been assessed for their risk for hepatitis B, and they have an appointment to obtain their influenza vaccination in the fall.

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 www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage 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.

As always, thanks so much for helping CMS spread the word about immunizations and all preventive services covered by Medicare.

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August 10, 2006

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

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APC PANEL MEETING

The deadline for submission of materials for the August 23-25, 2006 Ambulatory Payment Classication (APC) Panel meeting has been extended to August 16, 2006. The registration deadline has been extended to August 18, 2006.

Further details are available on the CMS website at http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp .

CMS ANNOUNCES PAYMENT REFORMS FOR INPATIENT HOSPITAL SERVICES IN 2007

REFORMS BEGIN TRANSITION TO MORE ACCURATE PAYMENT SYSTEM TO PROMOTE QUALITY CARE FOR ALL HOSPITALIZED PATIENTS

The Centers for Medicare & Medicaid Services (CMS) has issued a final rule that takes significant steps to improve the accuracy of Medicare's payment for inpatient stays. The payment reforms, which will be phased in over time, align hospital payments more closely with the costs of a patient's care by using hospital costs rather than charges, and by accounting more fully for the severity of the patient's condition. The revised payments will become effective for discharges on or after October 1, 2006.

Medicare's inpatient rates for operating expenses will increase by 3.4 percent in FY 2007 for those hospitals that report quality data to CMS. Overall, the final rule is estimated to increase payments to acute care hospitals by $3.4 billion.

The final rule will appear in the August 18, 2006 *Federal Register* and will be effective for discharges on or after October 1, 2006.

To view the entire press release, go to http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1921 .

To view the fact sheets, go to
http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1922 and
http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1923 .

Mary K. Loane (for Valerie Hart)
Division of Provider Information Planning & Development
Provider Communications Group, CMS

This message is for Medicare providers who use the following eligibility inquiry screens: ELGA, ELGB, ELGH, HIQA, HIQH, and HUQA

****

Did you know that you can obtain information regarding your Medicare patients' eligibility for selected Medicare Preventive Services? The Medicare Learning Network has developed a guide to help you entitled, "Determining a Medicare Beneficiary's Eligibility for Medicare Preventive Services" . This guide provides information on interpreting a Medicare beneficiary's preventive services next-eligible-date data. It is intended to supplement the educational materials already available for the following eligibility inquiry screens used to access Common Working File (CWF) records:

ELGA: Part A HIPAA compliant Direct Data Entry query
ELGB: Part B HIPAA compliant Direct Data Entry query
ELGH: Home Health provider HIPAA compliant Direct Data Entry query
HIQA: Part A provider Direct Data Entry query
HIQH: Home Health provider Direct Data Entry query   HUQA:Clearinghouse and Vendor Transaction

The guide, which is available in a downloadable format only, can be accessed at http://www.cms.hhs.gov/MLNProducts/downloads/Preventive_Services_Eligibility.pdf , where you can also access a variety of other educational materials on all of the Medicare-covered preventive services.

As a trusted source of patient health care information, your recommendation is one of the most important factors in increasing the utilization of preventive services covered by Medicare. We hope you find "Determining a Medicare Beneficiary's Eligibility for Medicare Preventive Services" a useful tool as we strive to close the prevention gap and encourage appropriate utilization of preventive services. It could save seniors' lives.

Thank you so much for your help!

Mary K. Loane (for Valerie Hart)
Division of Provider Information Planning & Development
Provider Communications Group, CMS

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

* *

Did you know that the CMS Electronic Mailing Lists (listservs) can help you with your business? There are a multitude of listservs that you can subscribe to that can give you up-to-the-minute,

accurate news regarding CMS activities. To subscribe to any of these mailing lists, visit the CMS Mailing Lists web page at: http://www.cms.hhs.gov/apps/mailinglists/ *or for more details on CMS Mailing Lists, click here for a Fact Sheet on the subject:*
http://www.cms.hhs.gov/MLNProducts/downloads/MailingLists_FactSheet.pdf

Mary K. Loane (for Valerie Hart)
Division of Provider Information Planning & Development
Provider Communications Group, CMS

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

* *

In June of 2006, CMS announced new HCPCS codes for power mobility devices that will be implemented on October 1, 2006. These codes will help facilitate accurate Medicare payment and ensure beneficiary access to medically necessary power mobility devices. The process of establishing the codes has been a collaborative effort between CMS, device manufacturers, suppliers, clinicians, rehabilitation engineers, and product testing facilities.

The next step in this process is to share pricing information CMS has gathered for use in establishing the Medicare fee schedule amounts for power wheelchairs. This information is being posted at the site below for public review and includes both the median wholesale and suggested retail prices reported by manufacturers of products classified under each code. In addition to suggested prices from manufacturers, CMS obtained actual retail prices from several reputable internet sites that specialize in furnishing power wheelchairs and are widely used by Medicare beneficiaries and other consumers. We are very interested in receiving comments on this information and are especially interested in suggestions on how to obtain more information on actual retail prices and the prevalence of these prices. **Any comments on this information can be submitted via email by August 25, 2006, to Michael.Rich@cms.hhs.gov.**

The pricing file is available at
http://www.cms.hhs.gov/DMEPOSFeeSched/downloads/pwc_pricing.zip . The announcement is available in the "Downloads" section at
http://www.cms.hhs.gov/DMEPOSFeeSched/01a_Power_Mobility_Devices.asp ,
For a one-stop resource of DME information, go to the DME Center page at
http://www.cms.hhs.gov/center/dme.asp.

Mary K. Loane (for Valerie Hart)
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August 16, 2006

The new *CMS Website Wheel* is now available! This resource provides up-to-date web addresses for the most frequently-used Medicare provider web pages, including the new URLs that resulted from the CMS Website redesign. You can request a copy of the *CMS Website Wheel*, free of charge, by going to the Medicare Learning Network's product ordering page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS Website.

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August 17, 2006

UPDATE! New Medicare Learning Network Product

Well, there's good news and bad news to report on the Medicare Learning Network front. The good news is that the new *CMS Website Wheels* are as popular as ever--the bad news is that their popularity has led to the depletion of our initial inventory! Therefore, if you try to order one today you will receive a "not currently available" message. We are aware of the situation and a new shipment is due in this week. They should be available for order by Monday, August 21st, at the latest. Also, I have attached a listing of all of the urls that are on the web wheel--I'm hoping that will help you in the interim.

I apologize for any inconvenience.

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August 21, 2006

Newly Revised Medicare Resident Training Kit Now Available!

Newly revised for 2006 to include the most up-to-date Medicare information--the *Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program Facilitator's Kit*, which includes everything facilitators, trainers, educators, and physicians need to prepare for and present a Medicare training course, is now available! To order your free *Facilitator's Kit*, visit the Medicare Learning Network at http://www.cms.hhs.gov/mlngeninfo/ on the Centers for Medicare & Medicaid Services website. Select "MLN Product Ordering Page" under the "Related Links Inside CMS" Section to place your order.

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August 22, 2006

Numerous News Items from CMS!

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

* *

Hello everyone ~ I hope this note finds you well. Today's note includes information on the following topics:

1. Ambulatory Surgical Center Transparency Information
2. New Medicare Learning Network Products
3. Proposed Update to Hospital Outpatient PPS for Calendar Year 2007
4. Final Regulations on Physician Adoption of Electronic Prescribing & Electronic Health
        Records Technology
5. Home Health News
6. Final Report to Congress on Strategic and Implementing Plan to Address Issues
        Regarding Physician Investment in Specialty Hospitals
7. New Quality Standards for Suppliers of Durable Medical Equipment, Prosthetics,
        Orthotics and Supplies (DMEPOS)
8. New Beneficiary Publication on Mammography
9. National Benchmark Shows Impact of Strong Competitive Bidding and Smart Beneficiary Choices

* *
**MEDICARE POSTS AMBULATORY SURGICAL CENTER
TRANSPARENCY INFORMATION**
Important Step Toward Transparency in Health Care Costs and Quality

To help consumers, providers, and payers make more informed health care decisions, CMS is making available Medicare payment information for 61 procedures performed in Ambulatory Surgery Centers (ASCs). An ASC is an accredited, freestanding facility that operates exclusively

for the purpose of providing surgical services to patients not requiring hospitalization. For further information, please see the attached press release.

ASCFinal0821.pdf
    (68 KB)

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New Medicare Learning Network Products

MLN Products Catalog - the MLN Products Catalog is now an interactive downloadable document that lists all Medicare Learning Network products by media format. The catalog has been revised to provide new customer-friendly links that are embedded within the document. All product titles and the word "download" when selected, will link you to the online version of the product. The word "hard copy" when selected, will automatically link you to the MLN Product Ordering page. To access the catalog, go to http://www.cms.hhs.gov/MLNProducts/02_Catalog.asp .

* *

Clinical Laboratory Improvement Amendments (CLIA) Brochure - The updated Clinical Laboratory Improvement Amendments (CLIA) brochure which has been available in a downloadable format is now available in print format on the Medicare Learning Network's (MLN). A print version of the brochure is available for ordering on the MLN Publications Page at http://www.cms.hhs.gov/MLNProducts/ through the MLN Product Ordering Page link. The brochure includes an overview of CLIA, why it is important, how test methods are categorized, enrollment information, as well as information regarding the five types of laboratory certificates.

* *

Proposed Update to the Hospital Outpatient Prospective Payment System for Calendar Year 2007

The Centers for Medicare & Medicaid Services announces a proposed update to the hospital outpatient prospective payment system (OPPS) for calendar year 2007:

CMS-1506-P: **Medicare Program;** Proposed Changes to the Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates; Proposed CY 2007 Update to the Ambulatory Surgical Center Covered Procedures List; Proposed Changes to the Ambulatory Surgical Center Payment System and CY 2008 Payment Rates; Medicare Administrative Contractors; and Reporting Hospital Quality Data for FY 2008 Inpatient Prospective Payment System Annual Payment Update Program -- HCAHPS® Survey, SCIP, and Mortality.

Included in this rule is a detailed discussion relating to clinic visit and emergency department visit coding and payment proposals for CY 2007. It is available through the CMS website at http://www.cms.hhs.gov/HospitalOutpatientPPS/HORD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1185569. On the website in the "Downloads" section, you will find a link to draft guidelines that the American Hospital Association and the American Health Information Management Association developed in 2003. You will also be able to download a draft of the AHA/AHIMA guidelines as revised by CMS.

As described in the discussion in the 2007 OPPS Proposed Rule, we are hoping to receive substantial, thoughtful public comments to the draft AHA/AHIMA guidelines and the CMS-revised guidelines. We plan to communicate progress on the development of OPPS visit guidelines through updates to the OPPS website, and we may post other versions of draft guidelines to solicit additional public input during 2007. We will continue to update the public through this listserv when we post additional materials to the web for the purposes of providing information or soliciting further comments regarding national guidelines.

Because of our commitment to provide hospitals with 6-12 months notice prior to implementation of national guidelines, we do not anticipate implementing national guidelines prior to January, 1, 2008. We are hopeful that the comments we receive from the public will permit us to effectively, and in a timely manner, develop successful guidelines.

These updates and others addressed in this proposed rule can be found online in the CMS-1506-P hyperlink, in the "Hospital Outpatient Regulations and Notices" section at: http://www.cms.hhs.gov/HospitalOutpatientPPS/ .

* *

Electronic Prescribing and Electronic Health Records Technology

Department of Health and Human Services' Secretary Mike Leavitt announced final regulations that will support physician adoption of electronic prescribing and electronic health records technology.

"Electronic health records help doctors provide higher quality patient care, improved efficiency and with less hassle," Secretary Leavitt said. "By removing barriers, these regulation changes will help physicians get these systems in place and working for patients faster."

Electronic prescribing enables a physician to transmit a prescription electronically to the patient's choice of pharmacy or ancillary provider. It can improve patient safety by decreasing prescription errors due to hard-to-read physician handwriting and communication errors, automating the process of checking for drug interactions and allergies and eliminating duplicative laboratory and diagnostic tests.

To view the entire press release, please click here: http://www.hhs.gov/news/press/2006pres/20060801.html .

To view the regulation (CMS-1303-F), go to: http://www.cms.hhs.gov/PhysicianSelfReferral/05_Regulations.asp .

For more information about the Physician Self-Referral law, go to: http://www.cms.hhs.gov/PhysicianSelfReferral/01_overview.asp .
* *

Home Health News

CORRECTION TO PROPOSED RULE: It was discovered that technical errors existed in Table 4 of the display version of CMS-1304-P "Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2007 and Deficit Reduction Act of 2005 Changes to Medicare Payment for Oxygen Equipment and Capped Rental DME; Proposed Rule." The proposed CY 2007 per-visit amounts in column two of Table 4 inadvertently did not reflect the correct figures as noted in column 4 of Table 2. However, the proposed CY 2007 per-visit payment amounts per discipline for 60-day episodes beginning in CY 2006 and ending in CY 2007 for a beneficiary who resides in a non-MSA area were correct in Table 4 of the display version of this rule, with the exception being that the payment rate for a home health aide visit should be $48.46 versus what was in the display version of this rule, which was $48.45.

The rule was published in the *Federal Register* on August 3, 2006. Comments will be accepted until September 25, 2006 and a final rule will be published later in the fall. The rule can be located at http://www.cms.hhs.gov/HomeHealthPPS/HHPPSRN/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=ascending&itemID=CMS1185002 .

* *

On August 4, 2006, CMS posted on its website the final version of the HHABN (CMS-R-296) and the accompanying form instructions. This material can be found at http://www.cms.hhs.gov/bni/ (then click on "FFS HHABN"). HHAs must begin using the new HHABN exclusively no later than September 1, 2006. The form has been approved by OMB for use through August 31, 2009.

Additional detailed instructions for use of the new HHABN will be incorporated into Chapter 30 of the CMS manual in early August.

On August 11, 2006, CMS published the final HHABN instructions in the CMS manual system. These new instructions are applicable to the newly approved HHABN. These instructions will completely replace the existing HHABN instructions in section 60 of Chapter 30 of the Medicare Claims Process Manual. The 2006 transmittal number is: "R1025CP" (CR 5009), which can be found at: www.cms.hhs.gov/Transmittals/2006Trans/list.asp

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For a one-stop resource of Home Health Agency information, go to http://www.cms.hhs.gov/center/hha.asp on the CMS website.

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MEDICARE ISSUES FINAL REPORT TO CONGRESS IMPLEMENTING STRATEGIC PLAN FOR SPECIALTY HOSPITALS; ACTIONS HIGHLIGHT PAYMENT ACCURACY, TRANSPARENCY, AND ENFORCEMENT

The Department of Health and Human Services (HHS) today announced a strategic and implementing plan to address issues regarding physician investment in specialty hospitals. As defined by Congress, specialty hospitals are hospitals exclusively or primarily engaged in caring for one of the following categories of patients: patients with a cardiac condition or an orthopedic condition; or patients receiving a surgical procedure.

To view the entire press release, go to:
http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1937 .

To view the DRA Final Report to Congress, go to:
http://www.cms.hhs.gov/PhysicianSelfReferral/06a_DRA_Reports.asp .

* *

New Quality Standards for Suppliers of Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS)

CMS has published new quality standards for suppliers of Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS). Issuing these new quality standards is an important step in our ongoing efforts to ensure that Medicare beneficiaries receive quality healthcare services. Section 302(a)(1) of the Medicare Modernization Act (MMA) requires the Secretary to establish and implement quality standards to be applied by recognized independent accreditation organizations. Suppliers must comply with the quality standards in order to furnish any Durable Medical Equipment (DME), prosthetic device, prosthetic, or orthotic item or service for which Part B makes payment, and also in order to receive or retain a provider or supplier billing number used to submit claims for reimbursement for any such item or service for which payment can be made by Medicare. The quality standards are now available on the CMS web site at: http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/04_New_Quality_Standards.asp .

CMS is also seeking applications from entities that wish to become recognized independent accrediting organizations. The notice soliciting accreditation organizations will be published in the Federal Register on August 16, 2006.

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New Beneficiary Publication

The following publication(s) or product(s) are now available to order. Go to http://pubordering.cms.hhs.gov/mailinglist and log on to place your order.

1. Publication Number: 11117 Title: Mammograms & Breast Health: An Information Guide for Women

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NATIONAL BENCHMARK SHOWS IMPACT OF STRONG COMPETITIVE BIDDING AND SMART BENEFICIARY CHOICES

As a result of strong competitive bidding by health plans and beneficiaries' choices, the national benchmark that determines Medicare's subsidy toward the cost of drug coverage will decline in 2007, the Centers for Medicare & Medicaid Services (CMS) announced today. CMS also announced that the average cost of the Medicare prescription drug plans will remain stable or decline in 2007 and that the agency expects the actual average premium paid by beneficiaries to remain around $24 or less.

For More information attached, please find the CMS Press Release and CMS Fact Sheet issued today.

2007 Part D
enchmarks release..

PartD806FactSheet
8-14-2006 (3...

The benchmark notice can be found at

www.cms.hhs.gov/MedicareAdvtgSpecRateStats/Downloads/ptcd2007_20060815.pdf

* *

I hope you are having a good week.

Best regards ~ Valerie

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August 23, 2006

Nine Months and Counting!

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

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NPI: Get It. Share It. Use It.

August 23rd marks 9 months remaining until the National Provider Identifier (NPI) compliance date. Over 1 million NPIs have been issued so far --- do you have your NPI yet? At this 9-

month mark, the Centers for Medicare & Medicaid Services (CMS) would like to announce the following:

CMS NPI Roundtable – September 26, 2006
- CMS will host a national NPI Roundtable, open to all health care professionals, on Tuesday, September 26th from 2:00-3:30PM ET.
- To participate, you may call **1-877-203-0044, pass code 4795739**
- CMS will address common questions related to Medicare's guidance on Subparts. While CMS will only address questions from a Medicare perspective, this information may be helpful to all providers. Medicare providers, who have questions, should select the appropriate email below and send in questions by Friday, September 8th. Questions received after this date will not be considered.
  - Medicare providers who bill a Fiscal Intermediary should send questions to: NPIQuestionsfromFIBillers@cms.hhs.gov
  - Medicare providers who bill a Carrier should send questions to: NPIQuestionsfromCarrierBillers@cms.hhs.gov
  - Medicare providers who bill a Durable Medical Equipment Regional Carrier (DMERC) should send questions to: NPIQuestionsfromDMERCBillers@cms.hhs.gov

Think You Don't Need an NPI? Think Again.
- Even those providers who do not bill for services may need to disclose their NPIs to those providers who do (e.g., physicians who order lab tests or refer patients for diagnostic testing must be identified on the lab's or testing facility's claims).
- Even if you plan to retire in April, but know that some of your claims will not be submitted until after the May 23rd compliance date, you still need an NPI. Without the NPI, those claims may be adversely affected, with payment delayed or possibly even denied.

Reminder to Supply Legacy Identifiers on NPI Application
- CMS continues to urge providers to include legacy identifiers on their NPI applications. This will help all health plans, including Medicare, to get ready for May 23, 2007. If reporting a Medicaid legacy number, include the associated State name. If providers have already been assigned NPIs, CMS asks them to consider going back into the NPPES and updating their information with their legacy identifiers if they did not include those identifiers when they applied for NPIs. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

New NPI Slogans and Partnership with WEDI
- Recently, CMS and the Workgroup for Electronic Data Interchange (WEDI) agreed to common NPI slogans for use in outreach campaigns. These slogans appear at the beginning and end of this listserv message, and will continue to appear on our messages and products. A recent WEDI press release, found at http://www.wedi.org/npioi/public/articles/dis_viewArticle.cfm?ID=537, discusses the slogans and partnership in more detail.

Special Information for Medicare Providers
- **Designation of Subparts**
  - CMS reminds Medicare providers to visit Medicare's Subparts Expectation Paper (located at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01 252006.pdf on the CMS NPI web page) for more suggestions on how to

determine their subparts. Remember, no health plan, not even Medicare, can instruct a provider on how to enumerate subparts. This is a business decision that the organization provider must make considering its unique business operations.

- **Medicare Provider Enrollment and NPIs**
  - CMS requires that providers and suppliers obtain their NPIs <u>prior to</u> enrolling in Medicare or updating their Medicare enrollment information. Providers and suppliers must enter their NPIs on the CMS-855 Medicare provider enrollment applications and submit a copy of their NPI notifications with <u>each</u> CMS-855 application that they submit.
- **Required Use of NPI on Medicare Paper Claim Forms**
  - Medicare will require the NPI on its paper claim forms. To learn more visit a recent MLN Matters article on this topic at http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm4023.pdf on the CMS website.
- **Medicare DME Suppliers and NPIs**
  - CMS issued a special communication regarding DME suppliers and the NPI which can be viewed at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/npi_dme_comm.pdf on the CMS website.
- **Medicare to Require Taxonomy Codes on Institutional Claims**
  - Effective January 1, 2007, institutional Medicare providers (e.g., hospitals, HHAs, SNFs) who submit claims for their primary facility and its subparts must report a taxonomy code on all claims submitted to their Fiscal Intermediary. To learn more, visit a recent MLN Matters article at http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5243.pdf on the CMS website.
- **Use of NPI on Medicare Claims on October 1st**
  - Beginning October 1st, Medicare can accept claims that only have an NPI on them, however, to facilitate further testing, Medicare <u>strongly</u> encourages its providers to submit both legacy identifiers <u>and</u> their NPI on claims.

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.

Mary Loane (for Valerie Hart)
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August 24, 2006

We Want to Hear From You!

New Medicare Learning Network 'Contact Us' Web Page

The Medicare Learning Network (MLN) is interested in hearing from you. Your feedback is important to us and we use your suggestions to help us improve our educational products and to develop products that better meet your educational needs. MLN has developed a new 'Contact Us' web page available at http://www.cms.hhs.gov/MLNGenInfo/30_contactus.asp on the CMS website. This web page provides ideas on the type of information we are interested in receiving to improve our educational products and an e-mail address to which you can send your suggestions. We look forward to your comments and suggestions.

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Reminder Notices

Good morning everyone! As we draw closer to the end of summer, I wanted to send you these notices about important CMS-related activities and information that will ultimately help you in your day-to-day Medicare business functions. Although these items were sent to you in previous e-mails from me, I believe they are of such significance that they bear repeating. Topics include--

1. 9-Day Hold on Medicare Payments in September
2. End Date for the CMS Contingency Plan for Non HIPAA-Compliant   Electronic Remittance Advice
3. Time Frames for Implementation of the National Provider Identifier (NPI)
4. Availability of Medicare Preventive Services Materials for Providers
5. Availability of Medicare Remit Easy Print Software
6. Availability of CMS Electronic Mailing Lists (Listservs)
7. Availability of an Improved Search Engine for MLN Matters Articles

And please don't forget to pass this information on to your association members and State and Local Chapters. Thanks very much!

9-Day Hold on Medicare Payments in September

This message is a reminder for all providers and physicians who bill Medicare contractors for their services.

A brief hold will be placed on Medicare payments for all claims during the last 9 days of the Federal fiscal year (September 22 through September 30, 2006). These payment delays are mandated by section 5203 of the Deficit Reduction Act of 2005. No interest will be accrued and no late penalties will be paid to an entity or individual by reason of this one-time hold on payments. All claims held during this time will be paid on October 2, 2006.

This policy only applies to claims subject to payment. It does not apply to full denials, no-pay claims, and other non-claim payments such as periodic interim payments, home health requests for anticipated payments, and cost report settlements.

Please note that payments will not be staggered and no advance payments will be allowed during this 9-day hold.

For more information, please view the MLN Matters Article at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf .

End Date for Non HIPAA-Compliant ERAs

REMINDER!! Effective October 1, 2006, Medicare will only generate Health Insurance Portability and Accountability Act (HIPAA)-compliant Electronic Remittance Advice (ERA) transactions (transaction 835 version 004010A1) to all electronic remittance advice receivers.

Current figures indicate that 99% of all ERA receivers, (providers and other entities that receive the ERA on behalf of providers), are receiving a HIPAA compliant ERA format. Further, the overall compliance rate for all Medicare providers in May, 2006, was 96%.

Therefore, CMS announces that, effective October 1, 2006, it will end the contingency plan for the remittance advice transaction. After that date, your carriers, FIs, DMERCs, DME MACs, and RHHIs will send only HIPAA-compliant remittance advice (transaction 835) to all electronic remittance advice receivers. In doing so, Medicare will stop sending electronic remittance advice in any version other than the standard HIPAA version (835 version 004010A1), or in any other format (e.g., NSF).

For more information on Ending the Contingency for Remittance Advice, see: **http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0646.pdf**

If you have any questions, please contact your Medicare contractor at their toll free number, which may be found at:

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Time Frames for Implementation of the NPI

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

Availability of Medicare Preventive Services Materials for Providers

CMS has developed a variety of educational products and resources to help healthcare professionals and their staff become familiar with coverage, coding, billing, and reimbursement for 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 www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage 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.

As a trusted source of patient health care information, your recommendation is one of the most important factors in increasing the utilization of preventive services covered by Medicare. We hope that you will join with CMS as we strive to close the prevention gap and encourage appropriate utilization of preventive services. It could save seniors' lives. Thank you so much for your help!

Availability of Medicare Remit Easy Print Software

Have you tried Medicare Remit Easy Print (MREP) software?

As of June 1, 2006, if you had been receiving **both** an Electronic Remittance Advice (ERA), either directly from your Medicare carrier/DMERC or indirectly from a clearinghouse, billing agent, or other entity representing you, **and** a Standard Paper Remittance (SPR) from your carrier/DMERC for 45 days or more, **you are no longer mailed an SPR** by your carrier/DMERC, in accordance with Change Request (CR) 4376.

This notice is a reminder to try MREP software. MREP gives providers/suppliers a tool to view and print a remittance advice (RA) from the HIPAA compliant Health Care Claim Payment/Advice (835) file. See for yourself all of the advantages MREP has to offer.

For more information on MREP software, see http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0611.pdf.

For more information on CR 4376, see Medicare Learning Network (MLN) Matters article at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4376.pdf .

Also, check out Special Edition MLN Matters article SE0627 which outlines some of the options available to providers who no longer receive the SPR directly from their carrier/DMERC. The article is located at

http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0627.pdf on the CMS website.

To contact your Medicare carrier or DME MAC/ DMERC, go to http://www.cms.hhs.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip .

Availability of CMS Electronic Mailing Lists (Listservs)

The CMS Electronic Mailing Lists (listservs) can help you with your business! I know that many of you already subscribe to at least one CMS mailing list; however, did you know that there are a multitude of other listservs that can give you up-to-the-minute, accurate news regarding other CMS activities? We have prepared a Fact Sheet that describes the many listserv choices available, the advantages of receiving updates electronically, and how to subscribe. The Fact Sheet is attached or you can download it at www.cms.hhs.gov/MLNProducts/downleads/mailinglist_factsheet.pdf
To sign-up for CMS' Fee-for-Service Provider listservs, go to
http://www.cms.hhs.gov/apps/mailinglists/default.asp?audience=3 to subscribe. I encourage you to share this information with your membership, post it on your website, and place it in any of your publications.

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Availability of an Improved Search Engine for MLN Matters Articles

MLN Matters national articles have become the Medicare Learning Network's most popular educational product! To help you more easily incorporate the information in these articles into your daily work schedule, we have developed a search engine that uses the MLN Matters article directories as its primary search area. The result is a more targeted search so that you can get to the information you need more quickly. To find out more, go to http://www.cms.hhs.gov/MLNMattersArticles/02_Search.asp# on the CMS Website.

I am out of the office tomorrow, so I'll go ahead and wish you all a wonderful weekend!

With best regards ~ Valerie

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