

Provider Partnership Program (PPP) E-mail Notification Archives

November 1, 2006

Medicare Preventive Services for Diabetes

November is American Diabetes Month ~ The prevalence of diabetes is a growing health concern in the United States. Approximately 20.8 million people, or 7.0% of the population, have diabetes. It is estimated that 20.9% of people age 60 years or older have diabetes. Left undiagnosed, diabetes can lead to severe complications such as heart disease, stroke, blindness, kidney disease, and lower limb amputation as well as premature death. Millions of people have diabetes and don't know it. However, with early detection and treatment people with diabetes can take steps to control the disease and lower the risk of complications.

The good news is that scientific evidence now shows that treatment of diabetes with diet, physical activity, and new medicines can prevent or delay much of the illness and complications associated with diabetes. The Centers for Medicare & Medicaid Services (CMS) would like to take this opportunity to remind health care professionals that Medicare provides coverage of diabetes screening tests, for beneficiaries at risk for diabetes or those diagnosed with pre-diabetes.

The diabetes screening benefit covered by Medicare can help improve the quality of life for Medicare beneficiaries by preventing more severe health conditions that can occur without proper treatment from undiagnosed or untreated diabetes.

Coverage includes the following diabetes screening tests:

- A fasting blood glucose test, **and**
- A post-glucose challenge test (an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults), **or**
- A 2-hour post-glucose challenge test alone.

In addition to the diabetes screening service, Medicare also provides coverage for diabetes self management training, medical nutrition therapy, certain diabetes supplies, and glaucoma screenings for eligible beneficiaries.

We Need Your Help

CMS needs your help in ensuring that people with Medicare are assessed for and informed about their risk factors for diabetes or pre-diabetes, and that those who are eligible take full advantage of the diabetes screening benefit and all preventive services covered by Medicare for which they may be eligible.

For More Information

- For more information about Medicare's coverage of diabetes screening services, diabetes self management training, medical nutrition therapy, diabetes supplies, and glaucoma screening:
 - See Special Edition *MLN Matters* article SE0660
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0660.pdf>
 - Visit the CMS website: <http://www.cms.hhs.gov/home/medicare.asp>
- 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.

- For products to share with your Medicare patients, visit www.medicare.gov on the Web.
- For more information about American Diabetes Month, please visit www.diabetes.org/home.jsp

Thank you for joining with CMS during American Diabetes Month to ensure that people with Medicare learn more about diabetes and their risk factors for the disease and that they take full advantage of the diabetes screening services and all other Medicare-covered preventive services and screenings for which they may be eligible.

FLU SHOT REMINDER

Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—“It causes the flu; I don’t need it; it has side effects; it’s not effective; I didn’t think about it; I don’t like needles!” The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don’t forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare’s coverage of adult immunizations and educational resources, go to CMS’s website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .

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Nursing Home Items

The two items contained in this note will be of special interest to our nursing home partners.

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New from the Medicare Learning Network! **The Skilled Nursing Facility Prospective Payment System Fact Sheet**, which is the first in an upcoming series of payment fact sheets, is now available. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

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CMS PROPOSES TO REQUIRE NURSING HOMES ACROSS AMERICA TO INSTALL SPRINKLERS

Nursing homes across America would, for the first time, have to install sprinkler systems throughout their buildings if they wish to continue to serve Medicare and Medicaid beneficiaries, under a new regulation proposed by the Centers for Medicare & Medicaid Services.

“CMS is taking further action to protect the lives of our beneficiaries through a proven effective approach to fire safety,” said Leslie V. Norwalk, acting administrator of CMS. “Automatic sprinkler systems are integral to increasing safety in nursing homes, and we look forward to their installation in all of the nursing homes across the country.”

As an interim step toward today’s announcement, in March 2005, CMS began requiring all nursing homes that did not have sprinklers to install battery-operated smoke alarms in all patient rooms and public areas. Lack of smoke alarms in the facilities in Hartford and Nashville that had fatal nursing home fires in 2003 may have contributed to a delayed response time to the fires, according to a report by the Government Accountability Office issued in July 2004.

To view the entire press release please click here:
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2039>

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November 2, 2006

Today's Important Medicare News!

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

MEDICARE ANNOUNCES FINAL RULE SETTING PHYSICIAN PAYMENT RATES AND POLICIES FOR 2007

NEW PAYMENT RATES WILL ENCOURAGE INCREASED PHYSICIAN/PATIENT COMMUNICATION

Starting next year, the Medicare program will pay physicians more for the time they spend talking with Medicare beneficiaries about their health care and will pay for a broader range of preventive services. The changes, which will become effective January 1, 2007, are included in the Medicare Physician Fee Schedule (MPFS) final rule released today by the Centers for Medicare & Medicaid Services (CMS).

CMS projects that it will pay approximately \$61.5 billion to over 900,000 physicians and other health care professionals in 2007 as a result of the payment rates and policies adopted in this rule. This new spending figure reflects current law requirements to reduce payment by 5 percent to account for the combined growth in volume and intensity of physician services.

To view CMS-1321-FC and CMS-1317-F, go to <http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=keyword&filterValue=1321&filterByDID=0&sortByDID=4&sortOrder=ascending&itemID=CMS1188377> .

To view the entire press release, go to <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2044> .

Hospital Outpatient Prospective Payment System and CY 2007 Payment Rates; CY 2007 Update to the Ambulatory Surgical Center Covered Procedures List; Medicare Administrative Contractors; and Reporting Hospital Quality Data for FY 2008 Inpatient

The Centers for Medicare & Medicaid Services (CMS) yesterday issued a final rule, in part, for Medicare payment for Ambulatory Surgical Center services in calendar year (CY) 2007 titled: **Medicare Program; Hospital Outpatient Prospective Payment**

System and CY 2007 Payment Rates; CY 2007 Update to the Ambulatory Surgical Center Covered Procedures List; Medicare Administrative Contractors; and Reporting Hospital Quality Data for FY 2008 Inpatient Prospective Payment System Annual Payment Update Program--HCAHPS Survey, SCIP, and Mortality; CMS-1506-FC; CMS-4125-F

The link to **CMS-1506-FC** is available online in the “Spotlights” section at:

<http://www.cms.hhs.gov/center/asc.asp> .

Or, you can go to http://www.cms.hhs.gov/ASCPayment/06a_CMS1506fc.asp .

To view the press release, go to

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2042> .

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 Durable Medical Equipment”

Today the Centers for Medicare & Medicaid Services (CMS) announced a 3.3 percent increase in Medicare payment rates to home health agencies for calendar year 2007. The home health prospective payment system (HH PPS) annual update will bring an estimated extra \$410 million in wage adjusted payments to home health agencies next year. As part of this final rule, CMS is implementing pay-for-reporting provisions of the Deficit Reduction Act of 2005. In addition, CMS is implementing changes to Medicare payment for oxygen equipment and capped rental durable medical equipment due to the Deficit Reduction Act of 2005. The final rule changes how Medicare will pay for oxygen and oxygen equipment, as well as capped rental items, such as wheelchairs and hospital beds, and establishes new protections for beneficiaries who require these items. Oxygen and oxygen equipment and capped rental items are paid under the Medicare Part B durable medical equipment (DME) benefit. These changes will save beneficiaries and taxpayers money, while ensuring that beneficiaries get the items and services they need.

To view the regulation (CMS-1304-F), go to

<http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS1304Fdisplay.pdf> on the CMS website.

To view the press release, go to

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2040> .

For a one-stop resource on Home Health information, go to

<http://www.cms.hhs.gov/center/hha.asp> .

For a one-stop resource on DME information, go to

<http://www.cms.hhs.gov/center/dme.asp> .

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November 3, 2006

Friday's Medicare News!

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

Information Regarding Fix to Correct National Provider Identifier (NPI) Information within the 837 Institutional Crossover Claim Files

The Centers for Medicare & Medicaid Services (CMS) has learned that its October 2, 2006 Fiscal Intermediary Shared System (FISS) release introduced error conditions (zeroes being populated in the 2010AA and 2010AB segments for the national provider identifier (NPI)) that negatively impacted the volume of Part A 837 COB claims that should have crossed to the supplemental (next) payer(s) after Medicare. The error condition created non-compliant HIPAA transactions that, as of October 27, prevented up to 97% of the Part A 837 COB claims from crossing to the next payer. The CMS has aggressively pursued a fix to the problem within the FISS and has been informed that the fix to correct the issue has been successfully tested. The installation of the fix into production has occurred or will occur and will produce two outcomes: 1) upon installation date of the fix into production at the Fiscal Intermediary locations, all claims transmitted to CMS' Coordination of Benefits Contractor (COBC) to be crossed over to the next payer will no longer contain the error condition and the Part A Medicare claims crossover process will return to normal; 2) all claims that errored out due to this problem will be repaired and retransmitted to the COBC to be crossed over. As a result of the fix being installed at most Fiscal Intermediaries, the error rate for Part A 837 COB claims that were transmitted to the COBC for crossover to the next payer has dropped to 47% as of 11/2/2006.

The CMS anticipates that the Medicare paid claims affected by the error condition from October 2, 2006 until the individual production date of the fix at each Fiscal Intermediary will be repaired & retransmitted to the COBC for crossover to the next payer by the week of November 6th at the latest.

All Fiscal Intermediaries have reported that they have installed the fix into production with the exception of the following list. It is anticipated that these Fiscal Intermediaries will move the fix into production no later than November 5, 2006, enabling the Part A Medicare claims crossover process to return to its regular schedule and to recover the claims that did not cross from October 2, 2006 through November 4, 2006.

Noridian (Oregon, Idaho, North Dakota, Arizona, Utah, Wyoming, North Dakota)
Montana Blue Cross
Nebraska Blue Cross
Cahaba (Iowa, South Dakota)
AdminaStar Federal
Cooperativa de Seguros de Vida de Puerto Rico
Kansas Blue Cross
United Government Services

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November 9, 2006

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

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Hello everyone—sending your news items a day early this week since this Saturday is Veterans Day and our offices will be closed on Friday. Not many items to pass along (especially when compared to last week's avalanche of messages), but important information just the same. Topics include:

- ***A message from the Social Security Administration regarding a new initiative using electronic medical records; and***
- ***New Product From the Medicare Learning Network***

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The Centers for Medicare & Medicaid Services is forwarding the following message from the Social Security Administration to inform you of this new initiative. Any questions should be directed to the contacts listed below.

Social Security Administration
Electronic Records Express
“Embracing Technology to Deliver Benefits”

Technology is helping the Social Security Administration transform the disability decision-making process which will mean better service for Social Security disability benefit applicants across the country. You can help ensure more accurate and timely decisions for your patients by sharing your medical records electronically with Social Security and its partner agencies. This will also save you time and money copying and mailing medical records. If you would like to begin using the Social Security Administration’s secure website to send medical records or obtain more information about the options available for submitting records electronically, visit <http://www.socialsecurity.gov/ere/>, send an e-mail to electronic-records-express@ssa.gov or call 1-866-691-3061.

DECEMBER 13, 2006: MEDICARE COVERAGE ADVISORY COMMITTEE MEETING ON CLINICAL TRIAL POLICY

The Centers for Medicare & Medicaid Services (CMS) will convene its Medicare Coverage Advisory Committee (MCAC) on December 13, 2006 at the CMS Headquarters in Baltimore, Maryland. The purpose of this meeting is to advise CMS on changes under consideration as the Agency re-visits Medicare’s Clinical Trial Policy.

Medicare has covered certain items or services provided in the context of clinical trials since 2000. The implementation of the Clinical Trial Policy has allowed CMS to increase access to cutting-edge medical technologies for Medicare beneficiaries who participate in clinical research studies. The Agency is seeking to update the policy to address some of the changes to the clinical research landscape that have occurred since 2000, as well as to answer some of the questions the beneficiary and provider communities have had in delivering items and services to Medicare study participants.

The Committee will call on the expertise of clinical research and methodological experts from private industry, academia, and other Federal agencies to review the standards Medicare uses to determine which studies should be eligible for Medicare coverage; recommend processes through which a trial is determined to meet these standards; and advise on the services that should be covered for the Medicare beneficiaries enrolled in these trials.

After the Committee meets in December, CMS will issue a proposed decision memorandum no later than April 2007, followed by a 30-day public comment period, and with a final policy expected 60 days after the close of the comment period.

For more information on the Clinical Trial Policy, including details about the December meeting, please visit the Coverage web site at <http://www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=186>.

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New from the Medicare Learning Network!

The Hospice Payment System Fact Sheet

which is the second in the Medicare Learning Network's (MLN) series of payment fact sheets, is now available in downloadable format on the MLN Products Page. To access the fact sheet, visit <http://www.cms.hhs.gov/MLNProducts/downloads/HospicePaymtSysfctsht.pdf>. Print versions of the fact sheet will be available from the MLN in approximately six weeks (just in time for that perfect holiday gift!).

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Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—"It causes the flu; I don't need it; it has side effects; it's not effective; I didn't think about it; I don't like needles!" The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot.** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>.

Hope you enjoy the weekend ~ Valerie

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November 14, 2006

Reminder of Physician Election Period CAP & Update on Power Mobility Devices

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

Competitive Acquisition Program

All physicians and physician groups who wish to participate in the Competitive Acquisition Program (CAP) during 2007 must submit a signed and completed Physician Election Agreement Form by mail to their local carrier. The form must be postmarked on or before **November 15, 2006**.

Please remember that physicians must elect to participate in the CAP program annually; therefore physicians currently participating in the CAP must go through the election process in order to affirm their participation for 2007 or to leave the program at the end of 2006.

Additional information about the CAP physician election process for 2007 may be found at the following CMS website: http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp .

Power Mobility Devices

The Centers for Medicare & Medicaid Services (CMS) is making refinements to the new power mobility device (PMD) fee schedule issued on October 2, 2006. These changes are designed to improve the accuracy of Medicare pricing, support high quality and service, provide value for Medicare and its beneficiaries, and insure that Medicare beneficiaries who need mobility assistance receive the modern medical care they need.

Fee schedule amounts for the new codes were originally issued on October 2, 2006. The October 2 fee schedule was preceded by a posting in early August of MSRP information. CMS shared its data and calculations for the new fees with manufacturers and suppliers. After receiving comments and feedback, CMS has performed a comprehensive review of the data and decided to make several refinements to the calculations. The new codes and fee schedule amounts will be implemented on November 15, 2006.

For additional information regarding the fee schedule refinements, go to:

http://www.cms.hhs.gov/DMEPOSFeeSched/01a_Power_Mobility_Devices.asp

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November 15, 2006

Medicare Preventive Services

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

Hi everyone. Just a few messages regarding preventive services that we hope you will share with your colleagues ~

- ***The Great American Smokeout***
- ***A New Medicare Learning Network Product***

The Great American Smokeout – November 16, 2006

In conjunction with the 30th Anniversary of the Great American Smokeout, the Centers for Medicare & Medicaid Services (CMS) would like to invite you to join us in helping people with Medicare break the smoking habit.. This one day event is designed to encourage 45.1 million adult smokers in the United States to quit. Although smoking rates have significantly declined, 9.3 percent of the population age 65 and older smokes cigarettes. Approximately 440,000 people die annually from smoking related diseases, with the majority of deaths – 68 percent (300,000) – being among people ages 65 and older.

Interest in smoking cessation is increasing. The Centers for Disease Control and Prevention estimated in 2002 that 57 percent of smokers age 65 and over reported a desire to quit. Currently, about 10 percent of elderly smokers quit each year, with 1 percent relapsing. CMS would like to take this opportunity to remind health care professionals that Medicare provides coverage of smoking and tobacco-use cessation counseling for people with Medicare who:

1. Use tobacco and have a disease or an adverse health effect that has been found by the U.S. surgeon General to be linked to tobacco use; or
2. Are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on Food and Drug Administration-approved information.

Eligible beneficiaries are covered under Medicare Part B when certain conditions of coverage are met, subject to certain frequency and other limitations.

How Can You Help

Seniors who quit smoking experience rapid improvements in breathing and circulation. They decrease their risk for heart disease and stroke within 1 year of quitting. Talk with your patients about the health benefits of smoking cessation. Older smokers have been shown to be more successful in their quit attempts than younger smokers and respond favorably to their health care providers' advice to quit smoking. Your quit smoking recommendation can make a difference in the quality of life for your patients.

For More Information

1. For more information about Medicare’s coverage of Smoking and Tobacco-Use Cessation Counseling Services:
 1. See MLN Matters articles MM3834 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3834.pdf> and MM4104 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4104.pdf>
 2. See Smoking and Tobacco-Use Cessation Counseling Services brochure <http://www.cms.hhs.gov/MLNproducts/downloads/smoking.pdf>
 3. Visit the CMS website: <http://www.cms.hhs.gov/home/medicare.asp>

1. 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.
 4. 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.

2. For products to share with your Medicare patients, visit www.medicare.gov on the Web.

* For more information on the Great American Smokeout, please visit http://www.cancer.org/docroot/PED/ped_10_4.asp* or by telephone: 800-227-2345. Information on how to quit smoking is also available at www.smokefree.gov and all 50 states, the District of Columbia, and several U.S. territories now have quitlines, which can be reached by telephone: 800–QUIT–NOW (800–784–8669).

Thank you for joining with CMS in encouraging people with Medicare to break the smoking habit.



New from the Medicare Learning Network! The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the availability of a new **Medicare Learning Network** educational resource, “*The Medicare Preventive Services PowerPoint Slide Presentation.*” This PowerPoint Slide Presentation (including talking points for the speaker) has been developed to assist the Medicare fee-for-service provider community when they give education and training presentations about preventive services and screenings covered by Medicare. The presentation is designed so that speakers can pick and choose slides to meet the needs of various audiences, and covers the following topics:

- Overview of Preventive Services
- Preventive Benefits by Service
- Beneficiary Cost Sharing
- The Prevention Gap
- Medicare Prevention Demonstrations

- Prevention Activities for Beneficiaries
- Resources

You can navigate to the various sections within the document from Slide 6. A facilitator's guide is also provided for this slide presentation to further assist users who may not be as familiar with using PowerPoint features. *Medicare Learning Network* staff will regularly update the presentation to ensure that it contains the most current preventive services information.

The presentation can be downloaded from the CMS website at the following locations:

- The MLN Preventive Services Educational Products
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage
- The CMS Prevention General Information/Provider Resources
<http://www.cms.hhs.gov/PrevntionGenInfo/>

We hope that the availability of this presentation helps you to easily provide valuable Medicare preventive services information that is consistent and accurate.

Hope your week is going well ~ Valerie

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November 17, 2006

Update on Hospice Payment System Fact Sheet

The recently released downloadable version of the Hospice Payment System Fact Sheet has been revised and can be accessed on the Centers for Medicare & Medicaid Services



Medicare Learning Network (MLN) at www.cms.hhs.gov/MLNProducts/downloads/hospice_pay_sys_fs.pdf. Print versions of the fact sheet will be available from the MLN in approximately six weeks.

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November 20, 2006

NPI--Only 6 Months Remain!

Dear Provider Partners ~

We still hear anecdotes about providers who have **never heard of the NPI**. It is estimated to take 4 months **after** getting an NPI to be ready to test and use it. With only **6 months** left before the compliance date, your ability to spread the word is critical to your membership. Therefore, we strongly encourage you to share this important information with all of your association members, as well as State and local chapters.

NPI: Get It. Share It. Use It.

Over 1.4M National Provider Identifiers (NPIs) have been issued. Do you have yours?

Think you don't need an NPI? Think again, and be sure. If you are a health care provider who bills for services, you probably do need an NPI. If you bill Medicare for services, you definitely do!

The bad news is that as of November 23rd, **only six months remain** until the NPI compliance date. The implementation of the NPI is a complex process that will impact all business functions of your practice, office or institution including: billing, reporting and payment. This is why providers are urged to get, share, and use their NPI **NOW** to avoid a **disruption in cash flow**.

If you don't have an NPI, get one. If you have one, start the testing process with your health plan and use it on your claims and other transactions.

CMS continues to urge providers to include legacy identifiers on their NPI applications. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

Key NPI Facts

The Centers for Medicare and Medicaid Services (CMS) along with the Workgroup for Electronic Data Interchange (WEDI) and other industry health plans would like to remind providers of the following key NPI facts:

- Every covered health care provider must get and use the NPI; and even if a health care provider is an individual and is not conducting electronic transactions and is, therefore,

not a covered provider, he or she may be required by health plans or employers to obtain an NPI.

- The NPI is not just a number. It does affect internal and external business and systems operations and can affect the appropriate payment of claims in a timely manner.
- It is estimated that use of the NPI can require a transition period of no less than 120 days.
- Providers should begin to test and use their NPIs in electronic health care transactions no later than January 31, 2007.
- May 23, 2007 is not when the process starts, but when the process must be completed.
- Providers may be requested to communicate their NPIs to health plans, clearinghouses, and other providers well before the compliance date.
- A health care provider who is a sole proprietor is considered an individual and can only have ONE NPI.

Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request it. In fact, as outlined in current regulation, all providers must share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes -- including designation of ordering or referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their numbers for them.

NPIs are FREE!

Health care providers should know that getting an NPI is free. You do not need to pay an outside source to obtain your NPI for you. All CMS education on the NPI is also free. CMS does not charge for its education or materials.

NPI Questions

CMS continues to update our Frequently Asked Questions (FAQs) to answer many of the NPI questions we receive on a daily basis. Visit the following link to view all NPI FAQs:

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_lv11=0&p_search_text=NPI&p_new_search=1&p_search_type=answers.search_nl

Providers should remember that the NPI Enumerator can only answer/address the following types of questions/issues:

- Status of an application
- Forgotten/lost NPI
- Lost NPI notification letter
- Trouble accessing NPDES
- Forgotten password/User ID
- Need to request a paper application
- Need clarification on information that is to be supplied in the NPI application

Providers needing this type of assistance may contact the enumerator at 1-800-465-3203.

Upcoming WEDI Events

WEDI has several NPI events scheduled in the upcoming month. Visit <http://www.wedi.org/npioi/index.shtml> to learn more about these events. Please note that there is a charge to participate in WEDI events.

Important Information for Medicare Providers

Communicating NPIs to Medicare

Medicare providers should know that there is no “special process” or need to call to communicate NPIs to the Medicare program. NPIs can be shared with the Medicare program in three different ways, as part of the following standard procedures:

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

Still Confused?

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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November 24, 2006

Your Friday Medicare News

Hello everyone ~ I hope you enjoyed a great Thanksgiving Holiday. Today's news items include information on:

- National Influenza Vaccination Week
- Extension of the Deadline for FY 2008 Inpatient Prospective Payment System New Technology Applications
- A New Product from the Medicare Learning Network 
- The 2007 Open Enrollment Period for Medicare Health and Drug Coverage.

National Influenza Vaccination Week

November 27 to December 3 is National Influenza Vaccination Week. The Centers for Disease Control and Prevention has designated the week after Thanksgiving as ***National Influenza Vaccination Week***. This week long event is designed to raise awareness of the importance of continuing influenza (flu) vaccination, as well as foster greater use of flu vaccine through the months of November, December and beyond. Since flu activity typically does not peak until February or later, November and December still provide good opportunities to get vaccinated. The Centers for Medicare & Medicaid Services (CMS) invites you to join in this event as an opportunity to ensure that people with Medicare get their flu shot. The flu vaccine is the best way to protect your patients from the flu. Though Medicare provides coverage for the flu vaccine and its administration, there are still many beneficiaries who don't take advantage of this benefit. If you have Medicare patients who have not yet received their flu shot, we ask that you encourage these patients to protect themselves from the risk and severity of the flu virus. – And don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends.** Get Your Flu Shot. Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website:

<http://www.cms.hhs.gov/MLNMArticles/downloads/SE0667.pdf> .

IPPS New Technology Applications

CMS is extending the deadline for FY 2008 inpatient prospective payment system (IPPS) New Technology Applications to December 30, 2006. Complete information (criteria to qualify, application information, etc...) on the IPPS new medical services and technology add on payment process is available at

http://www.cms.hhs.gov/AcuteInpatientPPS/08_newtech.asp on the CMS Website.

New from MLN!



The Medicare Learning Network (MLN) is pleased to announce that the *Hospital Outpatient Prospective Payment System Fact Sheet* is now available in downloadable format on the MLN Products Web Page at www.cms.hhs.gov/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf. This fact sheet provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set. Print versions of the fact sheet will be available from the MLN in approximately six weeks.

Medicare Prescription Drug Coverage

The Centers for Medicare & Medicaid Services (CMS) announced the start of the 2007 open enrollment period for Medicare health and drug coverage. Generally, Medicare beneficiaries have six weeks to change or add coverage to their current Medicare health and prescription drug plans during the annual Open Enrollment Period, which runs from November 15 through December 31, 2006.

In addition, CMS released on the [Medicare Prescription Drug Finder](#) an additional tool to assist beneficiaries in comparing plans and choosing one that meets their needs. Plans are rated on how well they perform in the following five different categories:

- **Telephone Customer Service** – Find out the average time a plan member had to wait before speaking with a customer service representative.
- **Complaints** - Find out the number of complaints the plan had received from members about access to drugs, joining and leaving the plan, and drug costs.
- **Appeals** – Find out how well the plan responded to appeals within the required timeframes. This category also shows how often an independent review entity agreed with the plan’s decision.
- **Information Sharing with Pharmacists** – Find out how well the plan sent important information about member’s plan enrollment to pharmacists.
- **Drug Pricing** – Find out how well the plan provided drug pricing updates on Medicare Prescription Drug Finder, and the percent of drugs with price increases.

Please find attached the CMS News released issued on this topic, as well as “How to Access Plan Performance Information” and “Making the Most of Your Medicare Drug Plan Options.”

Flu season is here! Medicare patients give many reasons for not getting their flu shot, including—“It causes the flu; I don’t need it; it has side effects; it’s not effective; I didn’t think about it; I don’t like needles!” The fact is that out of the average 36,000 people in the U.S. who die each year from influenza and complications of the virus, greater than 90 percent of deaths occur in persons 65 years of age and older. You can help your Medicare patients overcome these odds and their personal barriers through patient education. Talk to your Medicare patients about the importance of getting their annual flu shot--and don’t forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot.** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare’s coverage of adult immunizations and educational resources, go to CMS’s website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .



PressReleaseOpenEn How to Access Plan 11226 Drug Plan on
rollment Nov 16.pdf Performance Informa www.medicare 11-8-(

With best regards ~ Valerie

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