

## **Provider Partnership Program (PPP) E-mail Notification Archives**

January 3, 2006

***Happy New Year, everyone! Here's some exciting news regarding Medicare Prescription Drug Coverage ~***

On January 1st, for the first time, Medicare will begin offering prescription drug coverage. This is the most important new benefit in Medicare's forty-year history. People with Medicare and all patients who have both Medicare and Medicaid will now receive drug coverage under Medicare Part D.

The Centers for Medicare & Medicaid Service recognizes the important role physicians and other health care professionals have played in helping people learn about the new benefit and we appreciate your efforts this fall to help us raise awareness and educate people with Medicare and those with disabilities about this new program.

The Part D enrollment period began on November 15 and will run through May 15, 2006. We are pleased to announce that as of January 1st more than 21 million Americans will begin receiving drug coverage through the Medicare program.

To help you care for your patients and easily obtain information about Part D formularies and whether a specific drug is covered by a Part D plan, Epocrates, Inc. has provided Part D formulary information through their free Epocrates Rx® software, which is available through their web-based system or hand-held PDA system. This is online and operational as of now and can be accessed through [www.epocrates.com](http://www.epocrates.com).

CMS has also created a web-based formulary finder: <http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp>. The CMS Formulary Finder provides a list of all Part D plans in a given state and links directly to a plan's home page for a complete formulary. It also provides general information about a plan's drug utilization and appeals process. In mid-January the CMS Formulary Finder will be linked directly to individual plan formularies.

It is important to note that during January all plans will have a transition process that will allow enrollees to continue their current drugs. During this period, the physician can work with their patients to adjust drugs to new formularies or request formulary exceptions.

We sincerely appreciate your efforts in helping us provide important prescription drug coverage to people with Medicare.

*Valerie A. Hart, Director  
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Planning & Development  
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## **Medicare Contractor Provider Satisfaction Survey (MCPSS)** *Provider Fact Sheet*

### **Survey Overview**

The Medicare Contractor Provider Satisfaction Survey -- or MCPSS -- is designed to garner quantifiable data on provider satisfaction with the performance of Medicare Fee-for-Service (FFS) contractors. The MCPSS is one of the tools CMS will use to carry-out the measurement of provider satisfaction levels, a requirement of the Medicare Modernization Act. Specifically, the survey will enable the Centers for Medicare & Medicaid Services (CMS) to gauge provider satisfaction with key services performed by the 42 contractors that process and pay the more than \$280 billion in Medicare claims each year. Contractors will use the results to improve their service. CMS will use the results to improve its oversight of and increase the efficiency of administration of the Medicare program.

### **Call to Action**

**CMS is urging all Medicare providers who are selected for the sample to participate in the MCPSS.** The views of every provider asked to participate are very important to the success of this study, as each one represents many other organizations that are similar in size, practice type and geographical location. Only through significant participation will we realize the collective benefits of the survey. The MCPSS is one of the tools CMS will use to carry out the measurement of provider satisfaction levels, a requirement of the Medicare Modernization Act.

### **The Facts At-a-Glance**

#### *Purpose & Goals*

- Purpose: Obtain **quantifiable data** to enable CMS to measure provider satisfaction with the performance of Medicare contractors
- Three **primary goals**:
  - Satisfy Medicare Modernization Act (2003) requirements to measure provider satisfaction levels
  - Provide feedback from providers to contractors so they may implement process improvement initiatives
  - Establish a uniform measure of provider satisfaction with contractor performance

### *Survey Administration*

- First national administration will query **25,000 randomly selected providers** (physicians, healthcare practitioners, and facilities) out of the 1.2 million who serve Medicare beneficiaries
- Survey will include all **42 Medicare FFS contractors**, including:
  - Fiscal Intermediaries (FIs)
  - Carriers
  - Durable Medical Equipment Regional Carriers (DMERCs)
  - Regional Home Health Intermediaries (RHHIs)
- Questions will focus on **seven key areas of the provider-contractor interface**:
  - Provider communications
  - Provider inquiries
  - Claims processing
  - Appeals
  - Provider enrollment
  - Medical review
  - Provider audit and reimbursement
- Seventy-six question survey can be completed in approximately **21 minutes**
- Survey responses may be submitted via **secure Web site, mail or fax**

### *Reporting of Results*

- Results: **Composite score** on each of the seven key areas and **aggregate overall score** for each contractor
- Individual **reports provided to each contractor** via an online reporting system
- **Online reporting** enables:
  - Contractors to perform individual analysis of their survey results
  - CMS to examine trends and use results for contractor oversight

### *Timeline*

- **National administration: January 2006**
- **Survey submission deadline: January 25, 2006**
- Contractor reports: *June 2006*
- Final reports: *July 2006*

For more information, please contact:

### *CMS*

- Gladys Valentin, 410-786-1620, [Gladys.Valentin@cms.hhs.gov](mailto:Gladys.Valentin@cms.hhs.gov)
- Eva Tetteyfio, 410-786-3136, [Eva.Tetteyfio@cms.hhs.gov](mailto:Eva.Tetteyfio@cms.hhs.gov)
- Bakeyah Nelson, 410-786-5608, [Bakeyah.Nelson@cms.hhs.gov](mailto:Bakeyah.Nelson@cms.hhs.gov)

Westat (the survey research firm hired to administer MCPSS)

- Contractor Helpline: Lauren Shrader, 1-888-721-7104, mcpss@westat.com
- Provider Helpline: Joshua Rubin, 1-888-863-3561, mcpss@westat.com

Or visit <http://www.cms.hhs.gov/MCPSS/> . Please see attached Press Release for more details.



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### January 6, 2005

**Reminder:** Please join CMS officials every Tuesday at 2pm EST for the Physician/Part D implementation Open Q&A conference call. 1-800-619-2457 Pass code: RBDML. **This call is intended for physicians and other prescribers;** we have similar weekly conference calls for pharmacies and long term care facilities.

Medicare prescription drug coverage is here. Retail Pharmacies filled several hundred thousand Medicare prescriptions on January 1st alone. CMS staff and the PDPs have been working around the clock to fix problems and refine processes. Pharmacists have become "Part D experts" and have made the benefit work despite the inevitable challenges associated with a the first few days of a huge new program. The Centers for Medicare & Medicaid Service recognizes the important role physicians and other health care professionals have played in helping people learn about the new benefit and we appreciate your efforts this fall to help us raise awareness and educate people with Medicare about this new program.

To help you care for your patients and easily obtain information about Part D formularies and whether a specific drug is covered by a Part D plan, Epocrates, Inc. has provided Part D formulary information through their free Epocrates Rx® software, which is available through their web-based system or hand-held PDA system. This is online and operational as of now and can be accessed through [www.epocrates.com](http://www.epocrates.com) . For those physicians and office managers that don't use PDAs, Epocrates also has an easy to use web interface. This free feature allows anyone to review formularies using any computer with an internet connection. <http://www2.epocrates.com/products/online/>

CMS has also created a web-based formulary finder: <http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp>. The CMS Formulary Finder provides a list of all Part D plans in a given state and links directly to a plan's home

page for a complete formulary. It also provides general information about a plan's drug utilization and appeals process. In mid-January the CMS Formulary Finder will be linked directly to individual plan formularies.

It is important to note that during January all plans will have a transition process that will allow enrollees to continue their current drugs. During this period, the physician can work with their patients to adjust drugs to new formularies or request formulary exceptions

We sincerely appreciate your efforts in helping us provide important prescription drug coverage to people with Medicare.

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**CMS MAKES FIRST AWARDS TO MEDICARE ADMINISTRATIVE CONTRACTORS**

**CONTRACTING REFORM WILL LOWER ADMINISTRATIVE COSTS, IMPROVE QUALITY AND SERVICE FOR DURABLE MEDICAL EQUIPMENT BENEFITS**

The Centers for Medicare & Medicaid Services (CMS) announced today that it has awarded contracts for four specialty contractors who will be responsible for handling the administration of Medicare claims from suppliers of durable medical equipment, prosthetics and orthotics. The new contracts awarded represent a first step in CMS' initiatives designed to improve service to beneficiaries and providers, support the delivery of coordinated and quality care, and provide greater administrative efficiency and effectiveness for fee-for-service Medicare.

To view the entire press release, click here:

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1749>

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January 13, 2005

*Hello and Happy Friday Everyone! Whew, what a week--so what better way to wrap it up than with good news from CMS! I'm sending you information on:*

- \* *A new NPI Webpage*
- \* *The Pharmaceuticals, Pharmacy & Device Manufacturers ODF*
- \* *An Emergency Update to the 2006 Medicare Physician Fee Schedule*
- \* *A Consumer Drop-in Graphic on Medicare Prescription Drug Coverage*
- \* *Training on the CAHPS® Hospital Survey*

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Announcing the redesigned CMS web page dedicated to providing all the latest NPI news for health care providers! Visit <http://www.cms.hhs.gov/NationalProvIdentStand/> on the web. This page also contains a section for Medicare Fee-For-Service (FFS) providers with helpful information on the Medicare NPI implementation. A new fact sheet with answers to questions that health care providers may have regarding the NPI is now available on the web page; bookmark this page as new information and resources will continue to be posted.

For more information on private industry NPI outreach, visit the Workgroup for Electronic Data Interchange (WEDI) NPI Outreach Initiative website at <http://www.wedi.org/npioi/index.shtml> on the web.

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The Encore service for the Pharmaceuticals, Pharmacy & Device Manufacturers Open Door Forum held on January 10, 2006 has been extended. This audio recording will now expire on January 18th. To access this recording, dial 1-800-642-1687 and enter the Conf. ID# 3100979.

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The following article has been posted to the 2005 Medlearn Matters table:

MM4268 - Emergency Update to the 2006 Medicare Physician Fee Schedule (MPFS)

<http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/mm4268.pdf>

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Attached is a consumer drop-in graphic with tips for the Medicare beneficiary on their first visit to the pharmacy. Please feel free to distribute this graphic to your partners for use in their newsletters and other publications.



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## **HCAHPS Training Announcement**

The Centers for Medicare & Medicaid Services (CMS) will begin to offer training for the CAHPS® Hospital Survey in early February. The CAHPS® Hospital Survey, also known as Hospital CAHPS or HCAHPS, was created to uniformly measure and publicly report patients' perspectives of their inpatient care. It is being implemented nationally as part of the work of the Hospital Quality Alliance (HQA), a partnership of federal agencies, hospital organizations, consumer and employer groups, clinicians, and other key national groups interested in quality measurement and public transparency. HCAHPS will provide a national standard and mechanism for collecting and reporting patient perspectives on care information and complement the efforts currently underway by many hospitals. A random sample of patients from each hospital will be asked to take the survey. And by having this information available on <http://www.hospitalcompare.hhs.gov/>, consumers and others will be able to make more informed assessments of the hospitals serving their communities. Participation in HCAHPS is voluntary.

The first step toward implementation is to train those who will actually collect the patient responses. Survey vendors and those hospitals or health systems that wish to conduct HCAHPS on their own (without assistance from a survey vendor) must become familiar with the HCAHPS protocols. CMS will be providing training covering all aspects of survey implementation and submission procedures. The dates for this training and information on how to register are provided below. Hospitals that are planning to participate in HCAHPS by using a survey vendor do not need to participate in the training, but should verify that their survey vendor will be participating. Training will be quickly followed by a short "dry run" of HCAHPS that will allow hospitals to gain first-hand experience using the survey -- without their results being publicly reported. All hospitals that intend to participate in HCAHPS in Fall 2006 must first take part in a dry run. Following the dry run, the HQA will begin implementation of HCAHPS for public reporting. Results from the first nine months of the survey will be publicly reported in late 2007.

### **Registration for HCAHPS Training**

In order to participate in HCAHPS, vendors that administer the survey for their hospital clients, and hospitals that conduct the survey on their own, must attend the training. A hospital that engages a vendor to collect its HCAHPS data does not have to attend

training, but its vendor must. To register on-line for training, please visit the HCAHPS web site at: <http://www.hcahpsonline.org/> .

Vendors that administer HCAHPS for their hospital clients, and hospitals that conduct the survey on their own, must attend either a one-day training session at CMS headquarters in Baltimore (February 2nd or 3rd), or participate in two half-day, internet-based Webinar training sessions (February 6th to 10th). No fees will be charged for training. Please note: Training registration will close on January 27, 2006.

### **Dry Run of HCAHPS**

A short “dry run” of the survey will be implemented following training. The dry run will give hospitals/vendors first-hand experience in collecting and transmitting HCAHPS data -- without public reporting of results. Using the official survey instrument, approved survey modes, and data collection protocols, hospitals/vendors will collect HCAHPS data and report it to CMS. All hospitals that intend to participate in the national implementation of HCAHPS in Fall 2006 must take part in a dry run.

### **National Implementation of HCAHPS**

National implementation of the survey for public reporting purposes will follow the dry run. In its initial phase, HCAHPS data will be collected for nine months. Aggregate hospital results will be publicly reported in late 2007 on the Hospital Compare website, which can be found at <http://www.hospitalcompare.hhs.gov/> , or through a link on <http://www.medicare.gov> . After this initial phase, HCAHPS data will be updated quarterly.

### **For Registration**

To register for HCAHPS training, visit: <http://www.hcahpsonline.org/>

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*I hope you enjoy a wonderful weekend ~ Valerie*

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January 17, 2006

Please see the attached open letter from Dr. Mark B. McClellan, CMS Administrator, to all of the many partners who are assisting CMS with the implementation of the Medicare Prescription Drug benefit. This letter addresses the current status of implementation and contains details about improvements being made to the operation of this new program.



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### January 18, 2006

The Centers for Medicare and Medicaid Services (CMS) recently announced the launch of the Medicare Contractor Provider Satisfaction Survey (MCPSS), a new initiative to measure provider satisfaction with the services provided by Medicare Fee-for-Service (FFS) Contractors (i.e., Fiscal Intermediaries, Carriers, Regional Home Health Intermediaries, Durable Medical Equipment Regional Carriers, and Medicare Administrative Contractors). The MCPSS is a web-based survey that will be administered nationally beginning in January 2006. Attached is a copy of the survey for your ready reference; a copy of the Press Release on this subject; and a Word Document that contains a suggested cover letter to your members.

An integral part of the survey is an aggressive roll-out strategy that involves integrating professional health care associations, Medicare Contractors, and other key stakeholders to increase awareness of the survey and promote participation in the provider community. We would also like to request a quotable endorsement of the survey and that you disseminate the attached copy of information about the survey to your members. Your participation is, of course, voluntary and we appreciate your consideration of this request.

We are also requesting your assistance with the following two items:

- Send 1-2 sentences stating your support of the survey to Gladys Valentin at [gladys.valentin@cms.hhs.gov](mailto:gladys.valentin@cms.hhs.gov), or Eva Tetteyio at [eva.gtetteyio@cms.hhs.gov](mailto:eva.gtetteyio@cms.hhs.gov) on or before Tuesday, **January 31, 2006**. We have created a **Partners** section on our MCPSS website that will include a list of endorsements and quotes from partnership organizations in support of the survey.
- Create a hyperlink on your website to our MCPSS website, <http://www.cms.hhs.gov/MCPSS> that provides detailed information about the project.

CMS values the ongoing relationship that we have established with your organization and recognizes your vital role as a vehicle to voice the interests of providers. The MCPSS provides an important opportunity for providers to be heard. Your active support in making available information about the MCPSS will be instrumental in ensuring the success of this effort.

Thank you in advance for your consideration of our request. If you have any questions, please feel free to contact Gladys Valentin at 410.786.1620 or Eva Tetteyio at 410.786.3136.



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Mary K. Loane for  
Valeria A. Hart

## January 19, 2006

### Rural Health Guide Now Available in Print and CD Rom Format

The *Medicare Guide to Rural Health Services Information for Providers, Suppliers and Physicians* is now available online and in both print and CD-Rom formats. This publication offers rural health information and resources in a single source and can be ordered free of charge from the Medicare Learning Network's Medlearn web page at <http://www.cms.hhs.gov/MedlearnNetworkGenInfo/> the CMS website.

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## January 23, 2006

The Centers for Medicare & Medicaid Services (CMS) will host a call this Tuesday to discuss coverage of Medicare Part B drugs as it relates to Medicare Part D. Drugs excluded from coverage under Part D will also be discussed. CMS will have subject matter experts available to answer questions on these important and timely topics. Attached to this notice is a summary of the issue, which may be used as a reference guide on Part B v. Part D drugs for pharmacists.

**When: Tuesday, January 24, 2006 at 1:00 to 2:00 PM EST**

**Dial: (800) 688-0836. The passcode will be 16538100.**

**Note:** To participate, please dial in 15 minutes prior to the beginning of the call. An encore presentation will be available for three days, beginning at 3:30 PM EST. To access the encore presentation, please call (888) 286-8010. The passcode will be 70165156. Larry Kocot is the call moderator.



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January 27, 2006

*Hello Everyone ~ didn't want to disappoint you so here's your Friday reading materials.  
This time your selections include information on:*

1. *Medicare Drug Coverage*
2. *Physician Voluntary Reporting Program*
3. *Payment Classification of Certain Respiratory Assist Devices*
4. *Payment Changes for Long-Term Care Hospitals*
5. *ESRD Calculator*
6. *Open Door Forums*

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#### **Medicare Prescription Drug Coverage**

Please see the attached letter from CMS to Health Care Professionals regarding Medicare Prescription Drug Coverage.



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On Tuesday, January 24, the Centers for Medicare & Medicaid Services hosted a call to discuss coverage of Medicare Part B drugs as it relates to Medicare Part D. Drugs excluded from coverage under Part D were also discussed. CMS provided an overview of the Medicare Parts B/D Issues (<http://www.cms.hhs.gov/Pharmacy/>) and followed by answering questions for over one hour.

To access the encore presentation, please call (888) 286-8010 passcode: 70165156. The encore presentation will be available through Sunday, January 29.

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On Wednesday, January 25, the Centers for Medicare & Medicaid Services posted on its website guidance outlining how pharmaceutical company patient assistance programs can work with Medicare Part D in light of a recent Office of the Inspector General Bulletin (November 22, 2005).

There is nothing in the law that prohibits a pharmaceutical company from making a patient assistance program available to Medicare beneficiaries -- even beneficiaries who have enrolled in a Part D plan. The decision to keep a patient assistance program, as well as the terms of the program, are up to the pharmaceutical company, not the US government. However, any

assistance provided to a Part D enrollee must be clearly outside of the Medicare Part D program and would not count as Part D "true out-of-pocket" spending by the beneficiary. CMS will work with companies interested in entering into a voluntary data sharing arrangement with CMS, in accordance with the OIG guidance, to facilitate coordination of benefits. Pharmaceutical companies also have the option to make cash donations to bona fide, independent charities that assist Medicare beneficiaries with out-of-pocket drug expenses.

CMS understands the value that pharmaceutical patient assistance programs provide to many financially needy individuals, including those with Medicare. Individuals currently without drug coverage who are eligible for Medicare should consider enrolling in a Medicare prescription drug plan that meets their needs. In addition, beneficiaries who think they may be eligible for extra help may file an application with the Social Security Administration for the Part D limited-income subsidy. These steps will ensure that people have access to the prescriptions they need.

The attached guidance provides more detail about this issue, as well as an example of how this would work for a Medicare beneficiary.



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The Centers for Medicare and Medicaid Services (CMS) issued revised instructions on the **Physician Voluntary Reporting Program** on December 23, 2005. These instructions (Pub 100-19, transmittal 35) may be viewed on the CMS website at the following link: <http://www.cms.hhs.gov/Transmittals/Downloads/R35DEMO.pdf>. A revised Medlearn Matters article (MM 4183) titled "Physician Voluntary Reporting Program (PVRP) Using Quality G-Codes" is also available on the website at <http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/MM4183.pdf>.

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**CMS REVISES PAYMENT CLASSIFICATION OF CERTAIN  
RESPIRATORY ASSIST DEVICES**

The cost of certain medical devices to help Medicare patients breathe will be reduced as a result of actions taken by the Centers for Medicare & Medicaid Services (CMS).

Under a final rule that was recently issued, certain respiratory assist devices (RADs) will no longer be considered durable medical equipment (DME) requiring frequent and substantial servicing for payment purposes, but will be reclassified as capped rental DME items effective April 1, 2006. The rule applies to those RADs that have a backup rate feature that delivers air pressure whenever the user's spontaneous breathing efforts are insufficient. With this action, Medicare beneficiaries will be paying less out-of-pocket for the use of the equipment.

To view the entire press release, please click here:  
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1764>.

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## MEDICARE PROPOSES PAYMENT CHANGES FOR LONG-TERM CARE HOSPITALS FOR RATE YEAR 2007

The Centers for Medicare & Medicaid Services (CMS) recently issued a proposed rule to assure appropriate payment for services to severely ill or medically complex patients, while providing incentives to long-term care hospitals (LTCHs) for more efficient care of Medicare beneficiaries.

“Our goal is to ensure that the Medicare beneficiaries who need long-term care hospital services receive high quality care, while promoting the efficient delivery of services to all of our seriously ill beneficiaries,” said CMS Administrator Mark B. McClellan, M.D., Ph.D. “We believe the proposed rule promotes high-quality, efficient care, and we are looking forward to comments from the public.”

To view the entire press release, click here:

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1756>.

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The **ESRD calculator** is available on the CMS website at

[http://www.cms.hhs.gov/PCPricer/01a\\_ESRDcalculator.asp](http://www.cms.hhs.gov/PCPricer/01a_ESRDcalculator.asp) . Under the Related Links section, you will find a link to Core-Based Statistical Area (CBSA), Urban Area, and Wage Index information (Table 21, Proposed ESRD Wage Index for Urban Areas Based on CBSA Labor Market Areas, FR 70172 - FR 70212) found in CMS–1502–FC and CMS–1325–F: Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006 and Certain Provisions Related to the Competitive Acquisition Program of Outpatient Drugs and Biologicals Under Part B (Federal Register dated November 21, 2005).

A link to the ESRD calculator is also available from the ESRD Center page at

<http://www.cms.hhs.gov/center/esrd.asp> under CMS Resources.

The ESRD Calculator is a spreadsheet that allows users to enter information to predict reimbursement based on various patient characteristics. Therefore, it may be especially useful for providers (such as those who are considering to give up their exception rate) who are interested in forecasting payment for the services they provide. In addition, it may be helpful to providers who wish to calculate the payment they will receive for a particular claim (in order to accurately post accounts receivable), or even to simply validate that they have received correct payment for a claim upon receipt of their Medicare remittance advice.

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### Open Door Forums

The next CMS **Hospital/Hospital Quality Open Door Forum** is scheduled for...

**Date: February 9, 2006**

**Start Time: 2:00 PM – 3:00 PM Eastern Standard Time (EST)**

Conference Leader(s): Herb Kuhn/Dr.Charlotte Yeh/Dr. William Rogers

### **Open Door Participation Instructions:**

#### **CMS Staff & Authorized Speakers Only**

**Dial: 1-877-792-5692**

#### **General Public**

**Dial: 1-800-837-1935**

**Reference Conference ID 3102515**

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 help.

ADDRESS:  
Hubert H. Humphrey Bldg.  
Conference Room 425A  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
Map & Directions: <http://www.hhs.gov/about/hhhmap.html>

ENCORE: 1-800-642-1687; **Conf. ID# 3102515**  
"Encore" is an audio recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID., **beginning Monday, February 13th**. The recording will be available for 3 business days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our website at [www.cms.hhs.gov/OpenDoorForums/](http://www.cms.hhs.gov/OpenDoorForums/) .

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### **Establishment of the Medicare Beneficiary Ombudsman's Open Door Forum February 15, 2006**

The Centers for Medicare & Medicaid Services (CMS) announces the establishment of the Medicare Beneficiary Ombudsman's Open Door Forum (ODF). Daniel J. Schreiner, the Medicare Beneficiary Ombudsman, coordinates with CMS to oversee beneficiary concerns including appeals, complaints, grievances and requests for assistance.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), Section 923, <http://www.cms.hhs.gov/MMAUpdate/downloads/PL108-173summary.pdf>, mandated the creation of the Medicare Beneficiary Ombudsman position to ensure that people with Medicare get the information and help they need to understand their Medicare options and to apply their rights and protections.

The Medicare Beneficiary Ombudsman's ODF will provide an opportunity for beneficiaries, their caregivers and advocates to publicly interact with the Medicare Beneficiary Ombudsman to discuss issues and concerns regarding ways to improve the systems and processes within the Medicare program.

Each ODF will focus on one or two specific topics, at the Ombudsman's discretion, based on issues that advocacy groups and others bring to his attention. CMS subject matter experts will participate in the ODFs to give status and engage in discussion on key issues, as appropriate.

To subscribe to the new ODF's listserv, visit <http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=4> and follow the instructions. Listserv subscribers will receive notifications of the first and subsequent Medicare Beneficiary Ombudsman's ODFs and other communications from the Ombudsman.

For more information on the Medicare Beneficiary Ombudsman's role and responsibilities, read the press release, ***CMS Hires Medicare Ombudsman Dan Schreiner to be "Voice" for Medicare Beneficiaries*** (March 22, 2005), at <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1393> .

**Open Door Participant Instructions:**

**CMS Staff & Authorized Speakers**

Dial: 1-877-792-5692

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For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our website at [www.cms.hhs.gov/OpenDoorForums/](http://www.cms.hhs.gov/OpenDoorForums/) .

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*I hope you enjoy your weekend ~ Valerie*

*Valerie A. Hart, Director*

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***Happy Monday everyone ~ we're off and running...***

The National Provider Identifier (NPI) Final Rule requires health care providers who are organizations and who are covered entities under HIPAA to determine if they have "subparts" that should be assigned NPIs. The NPI Final Rule provides guidance to those health care providers in making those determinations.

The Centers for Medicare and Medicaid Services (CMS) has communicated to the Provider Enrollment staff at the carriers and fiscal intermediaries the Medicare program's

expectations concerning the determination of subparts for NPI assignment purposes. CMS has posted a document describing the subpart concept and its relationship to the way in which Medicare enrolls its organization providers at [http://www.cms.hhs.gov/NationalProvIdentStand/06\\_implementation.asp#TopOfPage](http://www.cms.hhs.gov/NationalProvIdentStand/06_implementation.asp#TopOfPage).

This document will be helpful to providers in understanding the issue of subparts and how subpart determination could be done in a way that helps to promote smoother and more efficient Medicare claims processing during the implementation of the NPI in the Medicare program.

The health care industry in general has expressed an interest in being informed of this type of information. CMS is making this information available on the CMS website so that it is easily available to interested parties.

***With best regards ~ Valerie***

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