

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

**August 1, 2008**

Your Friday Reading Materials

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

*Happy Friday everyone ~ just two items with which to wrap up the week, including information on:*

**New from the Medicare Learning Network**

**2007 PQRI Final Feedback Reports**

**New from the Medicare Learning Network**

The following fact sheet is now available in print format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

The *Inpatient Psychiatric Facility Prospective Payment System Fact Sheet* (revised May 2008) which provides general information about the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS), how payment rates are set, and the Rate Year 2009 update to the IPF PPS.

**2007 PQRI Final Feedback Reports**

The Centers for Medicare & Medicaid Services (CMS) has announced that 2007 PQRI Final Feedback Reports are available on a secure website.

The first step is to register for access through a CMS security system known as the Individuals Authorized Access to CMS Computer Services (IACS). Do not register if you did not report PQRI quality measures in 2007.

There are two categories of user types in IACS: individual practitioner and organization. The CMS approval process differs depending on the type of user you are; therefore, it is important to register correctly.

**Follow these instructions if you are a professional paid by Medicare directly (you have not reassigned Medicare payments to a group practice):**

If you do not have employees, the CMS approval process requires you to register as an individual practitioner and access the PQRI 2007 feedback report personally. Some solo professionals have incorrectly registered in IACS as organizations, and have had to reregister as individual practitioners.

If you have employees and therefore are an organization for tax purposes, you may select one of 2 options:

Option 1: Register in IACS as an organization if you will use one or more employees to access IACS and/or your PQRI feedback reports, **OR**

Option 2: Register in IACS through the Individual Practitioner role if you will access the PQRI report personally.

**If you are a professional who has reassigned Medicare payments to a group practice:**

Do NOT register in IACS unless you are one of the individuals designated to do so by the group practice.

Group practices will register in IACS as organizations. Up to 2 individuals will be able to access the 2007 PQRI feedback report for each organization that registers in IACS. One 2007 PQRI feedback report will be prepared for each taxpayer identification number (TIN). The group practice will be responsible for sharing National Provider Identifier (NPI) level information with the appropriate professionals within the group practice.

**For more Information:**

IACS Quick Reference Guides may be found at [http://www.cms.hhs.gov/IACS/04\\_Provider\\_Community.asp](http://www.cms.hhs.gov/IACS/04_Provider_Community.asp) on the CMS website. Summary information about accessing the 2007 PQRI feedback reports for those registering as organizations and individual practitioners will soon be posted on <http://www.cms.hhs.gov/PQRI> on the CMS website.

*I hope you enjoy a wonderful weekend!*

*With best regards ~ Valerie*

**August 1, 2008 cont'd**

**One More News Item Regarding August 2008 Quarterly Provider Specific File Update**

Due to missing data, CMS had to re-process the July 2008 quarterly Provider Specific Files (PSF). **Both the text, and new this quarter, Statistical Analysis Software (SAS) data has**

been revised and is now available on the CMS website at: ([http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/03\\_psf.asp](http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/03_psf.asp)), under the heading “**Provider Specific Data for Public Use**”. If you use the Provider Specific File data, please go to the page above and download the newer versions **AGAIN** of the PSF Files.

**Please Note: New this quarter** -- SAS data sets are now available for Provider Specific File Data, in addition to the text files. Both sets of data have been revised.

## **August 4, 2008**

### **August is National Immunization Awareness Month!**

***August is National Immunization Awareness Month (NIAM)!*** The goal of NIAM is to increase awareness about immunizations across the life span, from infants to the elderly. Getting immunized is a lifelong effort regardless of age, sex, race, ethnic background or country of origin. As parents prepare their children for school, students enter college and healthcare workers prepare for the upcoming flu season, the month of August and NIAM present an excellent opportunity to remind individuals that they can help protect themselves, their families, friends and their communities from serious, life-threatening infections by staying up-to-date with their immunizations.

Medicare helps beneficiaries with the cost of adult immunizations by providing coverage for pneumococcal, influenza and hepatitis B vaccines. Medicare covers the cost of pneumococcal and influenza vaccines 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.

#### **How Can You Help?**

As a health care professional, you play an important role in helping your Medicare patients and others understand the importance of disease prevention through immunizations. Your recommendation is one the most important factors in increasing immunization rates among people with Medicare. Be aware of the recommended vaccines for adults of all ages and particularly seniors. Encourage your Medicare patients to stay up-to-date on recommended vaccines including those adult immunizations covered by Medicare (an annual influenza vaccination, a pneumococcal vaccination and the hepatitis B vaccination (for beneficiaries at high to intermediate risk)) by encouraging utilization of these benefits as appropriate.

#### **For More Information**

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of provider education and outreach resources to help providers and suppliers to learn more about Medicare's coverage, coding, billing and reimbursement of influenza, pneumococcal, and hepatitis B immunizations. Resources include:

The Guide to Preventive Services for Providers, Physicians, Suppliers and Other Health Care Professionals

[http://www.cms.hhs.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf)

Quick Reference Information: Medicare Part B Immunization Billing Chart

[http://www.cms.hhs.gov/MLNProducts/downloads/qr\\_immun\\_bill.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf)

Adult Immunizations Brochure

[http://www.cms.hhs.gov/MLNProducts/downloads/Adult\\_Immunization.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/Adult_Immunization.pdf)

The MLN Preventive Services Educational Products Web Page

[http://www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp#TopOfPage](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage)

For information to share with your Medicare patients, please visit <http://www.medicare.gov> on the Web.

To learn more about National Immunization Awareness Month, please visit

<http://www.cdc.gov/vaccines/events/niam/default.htm#add> on the Web.

Thank you for supporting the effort to increase awareness and promote utilization of vaccines that can prevent infectious disease and save lives.

## **August 5, 2008**

NPPES & the NPI Registry will be Unavailable on August 10<sup>th</sup>

***The NPI is here. The NPI is now. Are you using it?***

### **NPPES & the NPI Registry will be Unavailable on August 10<sup>th</sup>**

On August 10, 2008, the National Plan and Provider Enumeration System (NPPES) will undergo system maintenance. Neither NPPES nor the NPI Registry will be available on August 10, 2008. CMS will be implementing some enhancements/updates to the system. A detailed listing of the NPPES enhancements/updates can be found at

[http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Revised\\_NPPES\\_Enhancements.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Revised_NPPES_Enhancements.pdf) on the CMS NPI web page.

### ***Need More Information?***

Still not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found through the CMS NPI page

<http://www.cms.hhs.gov/NationalProvIdentStand> on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or call the NPI enumerator to request a paper application at 1-800-465-3203. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the

<http://www.cms.hhs.gov/NationalProvIdentStand> CMS webpage.

## **August 8, 2008**

## Your Friday Reading Materials

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

*Happy Friday everyone ~ several items this afternoon, including information on:*

### New from the Medicare Learning Network

#### Pricer Updates

#### CMS Seeks Cosponsors for Educational Conference on E-prescribing Incentive Payment Program

#### Medicare Pilot Program Will Offer Beneficiaries Choices for Maintaining Their Own Personal Health Records

#### Release of Out-of-Pocket Limits for Medigap Plans K & L for Calendar Year 2009

#### New from the Medicare Learning Network

The April 2008 version of the ***Rural Health Clinic Fact Sheet***, which provides information about Rural Health Clinic (RHC) services, Medicare certification as a RHC, RHC visits, RHC payments, cost reports, and annual reconciliation, is now available in print format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

The CD-ROM version of the revised ***Medicare Guide to Rural Health Services Information for Providers, Suppliers, and Physicians*** (April 2008) is now available from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. This guide contains rural health information pertaining to rural health facility types, coverage and payment policies, and rural provisions under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the Deficit Reduction Act of 2005. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

An updated version of ***The Physician’s Guide to Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*** booklet is now available in downloadable format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. This booklet explains how Medicare helps pay for kidney dialysis and kidney transplant services in the Original Medicare Plan, also known as “fee-for-service.” To download your copy, visit <http://www.cms.hhs.gov/MLNProducts/>, scroll down to “MLN Publications” and search for the booklet title.

Just a reminder that the following fact sheets are now available in print format from the **Medicare Learning Network**. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/> , scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

***Federally Qualified Health Center Fact Sheet*** (revised April 2008) which provides information about Federally Qualified Health Center (FQHC) designation; covered FQHC services; FQHC preventive primary services that are not covered; FQHC payments; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

***Medicare Disproportionate Share Hospital Fact Sheet*** (revised April 2008) which provides information about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005; number of beds in hospital determination; and Medicare DSH payment adjustment formulas.

***Inpatient Psychiatric Facility Prospective Payment System Fact Sheet*** (revised May 2008) which provides general information about the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS), how payment rates are set, and the Rate Year 2009 update to the IPF PPS.

### **Pricer Updates**

The provider data distributed with the Inpatient Rehabilitation Facility (IRF) PPS PC Pricer has been updated as of July 2008. The FY2007 and FY2008 IRF PC Pricers on this page, [http://www.cms.hhs.gov/PCPricer/06\\_IRF.asp](http://www.cms.hhs.gov/PCPricer/06_IRF.asp), under “Inpatient Rehabilitation Facility PPS PC Pricer” have been updated with the latest provider data. If you use the IRF PC Pricer, please go to the page above and download the latest version of the IRF PC Pricers posted 08/04/2008.

The provider data distributed with the Inpatient PPS PC Pricer has been updated as of July 2008. The Inpatient PPS PC Pricer on the page, [http://www.cms.hhs.gov/PCPricer/03\\_inpatient.asp](http://www.cms.hhs.gov/PCPricer/03_inpatient.asp), in the Downloads section has been updated with the latest provider data. If you use the Inpatient PPS PC Pricer, please go to the page above and download the latest version of the PC Pricer posted 08/05/2008.

The provider data distributed with the HH PPS PC Pricer has been updated as of July 2008 on the page, [http://www.cms.hhs.gov/PCPricer/05\\_HH.asp](http://www.cms.hhs.gov/PCPricer/05_HH.asp). If you use the HH PPS PC Pricer, please go to the page above and download the latest version of the PC Pricer.

### **CMS Seeks Cosponsors for Educational Conference on E-prescribing Incentive Payment Program**

The Centers for Medicare & Medicaid Services (CMS) today announced a conference to educate physicians and other stakeholders about a newly enacted federal program of

incentive payments to encourage the use of electronic prescribing. CMS is requesting interested public and private sector organizations to join the agency as cosponsors of the conference, which will be held Oct. 6–7, 2008, in Boston.

“The new incentive program will help spread adoption of e-prescribing throughout the health care community,” said CMS Acting Administrator Kerry Weems. “E-prescribing has many benefits for patients, providers, health plans, and pharmacies. Not only is e-prescribing more efficient than paper prescriptions, it is also safer. E-prescribing can help reduce the number of adverse drug events, which for Medicare beneficiaries alone is estimated at 530,000 a year.”

The many benefits of e-prescribing include:

Physicians have electronic access to each patient’s prescription history, helping them avoid prescribing drugs that may result in harmful drug interactions;

E-prescribing eliminates the possibility of medication errors caused by illegible prescribing clinician handwriting;

E-prescribing reduces confusion and miscommunication, resulting in fewer phone calls and faxes between the physician’s office and the pharmacy; and

With access to a patient’s insurance and formulary information at the point of care, physicians can prescribe a drug that is both covered and affordable, resulting in fewer trips to the pharmacy.

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) established a five-year program of incentive payments to eligible professionals who are “successful electronic prescribers.” Successful prescribers are those who either report applicable electronic prescribing measures established under the Physician Quality Reporting Initiative (PQRI) or who electronically submit prescriptions under Medicare Part D at a level determined by CMS. The incentive payment program begins on January 1, 2009. The conference will serve to educate affected constituencies on the MIPPA program and CMS’ plans for implementation.

The notice invites interested parties to submit proposals detailing how they could support CMS, in a non-fiduciary relationship, by developing conference content, identifying speakers, and implementing outreach activities to educate affected provider, business, and consumer stakeholders about this new program. Interested organizations may include:

Physician and provider organizations (including those representing primary care, specialty care, surgical, and medicine-based specialties);

Organizations representing health care professionals;

Organizations representing pharmacy industry stakeholders, including retail and community pharmacies;

Organizations representing state and local officials; and

Organizations representing a broad range of beneficiary interests.

The educational conference will:

Equip health care professionals and other stakeholders with the knowledge and the tools to integrate e-prescribing into their business model;

Educate health care professionals about the structure and implementation of the incentive payment structure with respect to e-prescribing and PQRI;

Generate discussion about the use of e-prescribing and other e-health initiatives to increase patient compliance and overall health outcomes;

Identify and promote opportunities to overcome barriers to adoption of this new technology; and

Address constituent concerns about privacy, security, and risk management with respect to implementation of the e-prescribing incentive payment program.

Selection criteria outlined in the notice include an applicant's:

Identity as a non-profit, financially disinterested entity that represents constituencies affected by e-prescribing;

Demonstrated interest in e-prescribing technology and implementation and knowledge of current e-prescribing standards for Medicare Part D;

Presentation of activities and connections that likely will further the public health benefits of e-prescribing; and

Willingness to work collaboratively with other public and private sector organizations to achieve the goals of e-prescribing and other e-health initiatives.

CMS will invite selected organizations that meet the evaluation criteria to enter into formal, nonfiduciary cosponsor agreements to consult on the conference program content, speaker selection, and outreach strategies, in addition to other tasks as described in individual cosponsor agreements. Potential cosponsors must understand that cosponsor agreements will clearly indicate that there will be no federal endorsement of the cosponsor or endorsement of any policies, activities, products, or services resulting from cosponsorship of the conference.



The notice may be viewed at (<http://federalregister.gov/page2.aspx>). Proposals to cosponsor the educational conference must be submitted by 5:00 p.m. Eastern time on August 15, 2008.

### **MEDICARE PILOT PROGRAM WILL OFFER BENEFICIARIES CHOICES FOR MAINTAINING THEIR OWN PERSONAL HEALTH RECORDS**

The Centers for Medicare & Medicaid Services (CMS) today announced a pilot program to test options for beneficiaries with Original Medicare to maintain their health records electronically. Under this pilot in Arizona and Utah, a beneficiary may choose one of the selected commercial personal health record (PHR) tools, and Medicare will transfer up to two years of the individual's claims data into the individual's PHR.

Beneficiaries who select one of the participating PHR vendors can also add other personal health information if they choose. Depending on the specific product, they may be able to authorize links to other personal electronic information such as pharmacy data. PHRs can offer links to tools that help consumers manage their health such as wellness programs for tracking diet and exercise, medical devices, health education information, and applications to detect potential medication interactions.

Beneficiaries can elect to allow family members to have access to their PHR. They can also provide access to the PHR to their health care providers.

If PHR vendors want more information about this pilot, they can visit <http://www.NoridianMedicare.com/phr/> or they can send an email to [solicitation@medicarephr.org](mailto:solicitation@medicarephr.org).

To read the entire CMS press release issued today, August 8, 2008 click here: <http://www.cms.hhs.gov/center/press.asp>

### **Release of Out-of-Pocket Limits for Medigap Plans K & L for Calendar Year 2009**

CMS released the 2009 out-of-pocket (OOP) limits for Medigap plans K & L; the limits are \$4,620 and \$2,310, respectively. The OOP limits for Medigap plans K and L are updated each year and are based on estimates of the United States Per Capita Costs (USPCC) of the Medicare program published by CMS. The full text of the announcement is available on the CMS website at: <http://www.cms.hhs.gov/Medigap/>.

*I hope you enjoy a very wonderful weekend ~ Valerie*

**August 12, 2008**

**REMINDER: 2008 Physician Quality Reporting Initiative (PQRI) ~  
National Provider to be held on August 13<sup>th</sup>**

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the sixth in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:30 p.m. – 5:30 p.m., EDT, on Wednesday, August 13, 2008.

**The last day to register for the call is today--Tuesday, August 12<sup>th</sup> at 3:30 pm.**

This call will provide an overview of the PQRI provisions in the new Medicare Improvements for Patients and Providers Act (MIPPA) of 2008; information on the E-prescribing measure for 2008 PQRI (measure #125) and proposed measures for 2009 PQRI; incentives for electronic prescribing outlined in the MIPPA; an update on registry reporting for 2008, and a question and answer session.

The PowerPoint presentation for the National Provider Call can be accessed at <http://www.qualitynet.org/pqri> on the internet. They can be accessed by clicking on “8/13/08 National Provider Call Slides” found on the left side navigation box on the PQRI Portal page – this information is not password protected.

In addition, information on how to access the PowerPoint presentation is posted on the PQRI website under the “CMS Sponsored Calls” page at <https://www.cms.hhs.gov/PQRI> on the CMS website.

Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

Conference call details:

Date: August 13, 2008

Conference Title: 2008 Physician Quality Reporting Initiative National  
Provider Call

Time: 3:30-5:30 pm EDT

**To receive the call-in information, you must register for the call.** It is important to note that if you are planning to sit in with a group, only one person needs to

register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. If you cannot attend the call, replay information is available below.

**Remember, registration will close at 3:30 p.m. EDT on August 12, 2008,** or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to:  
<http://www2.eventsvc.com/palmettogba/081308>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 5:30 p.m. EDT 8/13/2008 until 11:59 p.m. EDT 8/20/2008. The call in data for the replay is (800) 642-1687 and the passcode is 55967176.

If you require services for the hearing impaired please send an email to [Medicare.TTT@PalmettoGBA.com](mailto:Medicare.TTT@PalmettoGBA.com).

## **August 12, 2008 Cont'd**

### **Special CMS Listening Session on Electronic Prescribing**

**Save the Date**  
**Special CMS Listening Session on**  
**Electronic Prescribing**  
**August 13, 2008**  
**Chicago Time: 2:30 PM – 3:30 PM (Central)**  
**Conference Call Only**

The Centers for Medicare & Medicaid Services (CMS), Region V, Chicago will host a special listening session to hear your perspective and obtain your input on the new electronic prescribing provisions set forth in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). Section 132 of MIPPA authorizes the Secretary for Health and Human Services to provide incentive payments from 2009 through 2013 to successful electronic prescribers. As described in Section 132, successful electronic prescribers are based on either the reporting of

applicable electronic prescribing measures established under the Physician Quality Reporting Initiative (PQRI) or through the use of Part D data.

CMS is planning a two day conference to explain the new electronic prescribing incentives. We will provide further details about the conference on this call. In addition, we want to get your perspective on current topics of interest related to electronic prescribing and discuss some of the more pragmatic issues and challenges to adoption.

Call-information for this week's audio conference will be distributed via email prior to the call. We look forward to your participation.

Public and private-sector organizations considering becoming co-sponsors for the two day conference with CMS can access the notice in the Federal Register at:  
[http://federalregister.gov/OFRUpload/OFRData/2008-18678\\_PI.pdf](http://federalregister.gov/OFRUpload/OFRData/2008-18678_PI.pdf)

To submit questions or comments prior to or after the Special CMS Listening Session on electronic prescribing, you may send them to: [jorge.nevarez@cms.hhs.gov](mailto:jorge.nevarez@cms.hhs.gov)

## **August 15, 2008**

### **Your Friday Reading Materials**

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

*Happy Friday everyone ~ several items this afternoon, including information on:*

#### **New from the Medicare Learning Network**

#### **Upcoming Training for the Medicare Part B Drugs Competitive Acquisition Program (CAP)**

#### **Pricer Updates**

#### **Physician Groups Earn Performance Payments for Improving Quality Of Care For Patients with Chronic Illnesses**

#### **Lower Medicare Part D Costs Than Expected in 2009**

#### **Medicare Awards Contracts for Quality Improvement Organizations' 9<sup>th</sup> Statement of Work**

#### **New from the Medicare Learning Network**

The July 2008 version of the *Evaluation & Management Services Guide*, which provides evaluation and management services information about medical record documentation, International Classification of Diseases and Current Procedural

Terminology codes, and key elements of service, is now available on the Centers for Medicare & Medicaid Services **Medicare Learning Network** at [http://www.cms.hhs.gov/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf).

### **Upcoming Training for the Medicare Part B Drugs Competitive Acquisition Program (CAP)**

Noridian Administrative Services, the designated carrier for the CAP, offers interactive, online workshops about the CAP for Part B Drugs and Biologicals. These workshops train CAP vendors and elected physicians on a variety of CAP topics, and NAS staff can also answer questions. Interested parties may view additional information about and register for these workshops at [https://www.noridianmedicare.com/cap\\_drug/train/workshops/index.html](https://www.noridianmedicare.com/cap_drug/train/workshops/index.html)

An upcoming workshop will be held on the following date:

8/21/08 at 2:00PM CST

### **Pricer Updates**

The provider data distributed with the IPF PPS PC Pricer has been updated as of July 2008. The RY2008 IPF PPS PC Pricer on the web page: [http://www.cms.hhs.gov/PCPricer/09\\_inppsy.asp](http://www.cms.hhs.gov/PCPricer/09_inppsy.asp), under “Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) PC PRICER,” has been updated with the latest provider data. If you use the IPF PPS PC Pricer, please go to the page above and download the latest version of the IPF PPS PC Pricer posted 08/12/2008.

Due to receiving updated quarterly provider data, the SNF PPS PC Pricer has been revised. See the FY 2008.2 SNF PPS PC Pricer on the web page, [http://www.cms.hhs.gov/PCPricer/04\\_SNF.asp](http://www.cms.hhs.gov/PCPricer/04_SNF.asp), under the “Downloads” section. If you use the FY 2008.2 SNF PPS PC Pricer, please go to the page above and download the latest version of the PC Pricer.

### **Physician Groups Earn Performance Payments for Improving Quality of Care For Patients with Chronic Illnesses**

The Centers for Medicare & Medicaid Services (CMS) recently announced that all physician groups participating in the Physician Group Practice (PGP) Demonstration improved the quality of care delivered to patients with congestive heart failure, coronary artery disease, and diabetes mellitus during performance year 2 of the demonstration. As a result, the 10 groups earned \$16.7 million in incentive payments under the demonstration that rewards health care providers for improving health outcomes and coordinating the overall health care needs of Medicare patients assigned to the groups.

“We are paying for better outcomes and we are getting higher quality and more value for the Medicare dollar,” said Kerry Weems, acting administrator of CMS. “And these results show that by working in collaboration with the physician groups on new and innovative ways to reimburse for high quality care, we are on the right track to find a better way to pay physicians.”

All 10 of the participating physician groups achieved benchmark or target performance on at least 25 out of 27 quality markers for patients with diabetes, coronary artery disease and congestive heart failure. The groups are:

Billings Clinic, Billings, Mont.  
Dartmouth-Hitchcock Clinic, Bedford, N.H.  
The Everett Clinic, Everett, Wash.  
Forsyth Medical Group, Winston-Salem, N.C.  
Geisinger Clinic, Danville, Pa.  
Marshfield Clinic, Marshfield, Wis.  
Middlesex Health System, Middletown, Conn.  
Park Nicollet Health Services, St. Louis Park, Minn.  
St. John’s Health System, Springfield, Mo.  
University of Michigan Faculty Group Practice, Ann Arbor, Mich.

Five of the physician groups -- Forsyth Medical Group, Geisinger Clinic, Marshfield Clinic, St. John’s Health System, and the University of Michigan Faculty Group Practice achieved benchmark quality performance on all 27 quality measures.

This demonstration is one of CMS’ value-based purchasing (VBP) initiatives. The goal of VBP is to tie Medicare payments to performance on health care cost and quality measures. VBP is part of CMS’ drive to transform Medicare from a passive payer to an active purchaser of higher quality, more efficient health care. A related CMS physician VBP effort is the Physician Quality Reporting Initiative (PQRI), which uses a pay-for-reporting approach. Under the PQRI, physicians and other health care professionals can earn incentive payments for reporting measurement data about the quality of care they provide to Medicare patients. CMS is also starting development of a Physician VBP Plan for moving from the PQRI pay-for-reporting approach to a performance-based approach for Medicare physician payments. The experience that CMS has gained from the PGP Demonstration will be considered in developing the performance-based payment plan.

The 10 physician groups participating in the PGP Demonstration agreed to place their PQRI incentive payments at risk for performance on the 27 quality measures reported under the demonstration. All physician groups received at least 96 percent of their PQRI incentive payments, with five groups earning 100 percent of their incentive payments. A total of \$2.9 million in PQRI incentive payments was

paid out to the 10 groups under the demonstration. The groups also improved the quality of care delivered to Medicare beneficiaries on the chronic conditions measured. Physician groups increased their quality scores an average of 9 percentage points across the diabetes mellitus measures, 11 percentage points across the heart failure measures, and 5 percentage points across the coronary artery disease measures.

These groups achieved outstanding levels of performance by having clinical champions (physicians or nurses who are in charge of quality reporting for the practice) at the practice, redesigning clinical care processes, and investing in health information technology. The enhancements to their electronic health records and patient registries allow practices to more easily identify gaps in care, alert physicians to these gaps during patient visits, and provide interim feedback on performance. In addition to achieving benchmark performance for quality, several physician groups also experienced favorable financial performance under the demonstration's performance payment methodology. For patients with diabetes or coronary artery disease, Medicare expenditures grew more slowly for beneficiaries assigned to the physician groups than for beneficiaries in the comparison group with the same conditions. This lower expenditure growth for chronic conditions as well as complex patients treated in the ambulatory and hospital settings contributed to four physician groups sharing in savings for improving the overall efficiency of care they furnish their patients.

The four physician groups – Dartmouth-Hitchcock Clinic, The Everett Clinic, Marshfield Clinic, and the University of Michigan Faculty Group Practice – earned \$13.8 million in performance payments for improving the quality and cost efficiency of care as their share of a total of \$17.4 million in Medicare savings. This compares to two physician groups that earned \$7.3 million in performance payments under the first year of the demonstration. The results are for the second performance year of the demonstration which covered April 1, 2006 through March 31, 2007. The initial three-year demonstration was extended for a fourth performance year, which runs through March 2009.

More information about the PGP demonstration may be found at:

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=->

[99&sortByDID=3&sortOrder=descending&itemID=CMS1198992&intNumPerPage=10](http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1198992&intNumPerPage=10).

To learn more about the PQRI please visit [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI).

### **LOWER MEDICARE PART D COSTS THAN EXPECTED IN 2009 Beneficiary Satisfaction Remains High**

The Centers for Medicare & Medicare Services (CMS) recently announced that as Medicare's Part D prescription drug program enters its fourth year, beneficiary satisfaction rates remain high, program costs remain lower than originally expected, and Medicare prescription drug plan bids reflect nationwide drug price trends. Based on the

bids submitted by Part D plans, CMS estimates that the average monthly premium that beneficiaries will pay for standard Part D coverage in 2009 will be \$28. This is about 37 percent lower than originally projected when the benefit was established in 2003.

The estimated average monthly premium for 2009 of roughly \$28 for basic coverage is far below the original estimate for 2009 of \$44.12, which was made at the time the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) was enacted in 2003. The average expected premium for basic coverage in 2009 is about \$3 higher than the actual average for 2008. The \$3 premium increase is due to general trends in drug costs, the phase-out of a CMS demonstration project, and higher plan estimates for catastrophic coverage based on prior experience.

In addition to average premiums for 2009, CMS has announced: the 2009 national average monthly bid; the base beneficiary premium; the regional low-income subsidy premium amounts for 2009; and the 2009 Medicare Advantage regional preferred provider organization benchmarks. These data can be found at:

<http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/RSD/list.asp>

To read the CMS Press release issued on August 14, 2008, go to:

[http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

## **MEDICARE AWARDS CONTRACTS FOR QUALITY IMPROVEMENT ORGANIZATIONS' 9TH STATEMENT OF WORK**

### ***Nationwide Network of Contractors to Work with Providers to Improve Quality and Safety of Health Care for Medicare Beneficiaries***

The Centers for Medicare & Medicaid Services (CMS) has awarded contracts for the 9th Statement of Work (SOW) for the 53 contractors participating in Medicare's Quality Improvement Organization (QIO) Program. The 9th SOW focuses on improving the quality and safety of health care services to Medicare beneficiaries. The QIO contracts extend from August 1, 2008, through July 31, 2011, and mark a new direction for the QIO Program.

The QIO Program's 9th SOW aims to improve the quality of care and protect Medicare beneficiaries through 3 national themes, to be implemented by each of the 53 QIO contractors nationwide throughout the contract period--Beneficiary Protection, Patient Safety (also known as the "CMS National Patient Safety Initiative"), and Prevention. In addition to these national themes, QIOs in select states will focus on Health Disparities Reduction, Care Transitions, and Chronic Kidney Disease work.

For more information about the QIO 9th Statement of Work, including a list of all 53 QIOs and the states/jurisdictions selected for sub-national work, view the fact sheet at <http://www.cms.hhs.gov/QualityImprovementOrgs/downloads/9thSOWAnnouncement080508.pdf> . For more information, please visit: <http://www.cms.hhs.gov/QualityImprovementOrgs>.



*I hope you have a terrific weekend!*

*With best regards ~ Valerie*

## **August 15, 2008 cont'd**

### **HHS Proposes Adoption of ICD-10 Code Sets and Updated Electronic Transaction Standards**

#### **HHS Proposes Adoption of ICD-10 Code Sets and Updated Electronic Transaction Standards**

##### ***Proposed Changes Would Improve Disease Tracking and Speed Transition to an Electronic Health Care Environment***

The Department of Health and Human Services (HHS) today announced a long-awaited proposed regulation that would replace the ICD-9-CM code sets now used to report health care diagnoses and procedures with greatly expanded ICD-10 code sets, effective October 1, 2011. In a separate proposed regulation, HHS has proposed adopting the updated X12 standard, Version 5010, and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as health care claims. Version 5010 is essential to use of the ICD-10 codes.

In 2000, under authority provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the ICD-9-CM code sets were adopted for use in the administrative transactions by both the public and private sectors to report diagnoses and inpatient hospital procedures. Covered entities required to use the ICD-9-CM code sets include health plans, health care clearinghouses, and health care providers who transmit any electronic health information in connection with a transaction for which a standard has been adopted by HHS.

Developed almost 30 years ago, ICD-9 is now widely viewed as outdated because of its limited ability to accommodate new procedures and diagnoses. ICD-9 contains only 17,000 codes and is expected to start running out of available codes next year. By contrast, the ICD-10 code sets contain more than 155,000 codes and accommodate a host of new diagnoses and procedures. The additional codes will help to enable the implementation of electronic health records because they will provide more detail in the electronic transactions.

Comments on the ICD-10 code sets proposed rule are due by 5:00pm Eastern time on October 21, 2008.

Comments on the updated transaction standards proposed are due by 5:00pm Eastern time on October 21, 2008.

Both regulations may be viewed at  
[http://www.cms.hhs.gov/TransactionCodeSetsStands/02\\_TransactionsandCodeSetsRegulations.asp#TopOfPage](http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp#TopOfPage)

To read the HHS press release issued please click here or see attached:  
<http://www.hhs.gov/news/press/2008pres/2008.html>

Fact sheets describing both proposed rules will be forthcoming at  
[http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp).

***Aryeh Langer* for Valerie Haugen**

Health Insurance Specialist  
Division of Provider Information Planning & Development  
Centers for Medicare & Medicaid Services

**August 18, 2008**

ICD-9 & 5010 Rules are on Display!

**HHS Proposes Adoption of ICD-10 Code Sets and Updated Electronic Transaction Standards**

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Fact sheets describing both proposed rules will be forthcoming at  
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## **August 22, 2008**

### **Your Friday Reading Materials**

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

*Happy Friday everyone! Information items this afternoon include:*

**Medicare Enhances Consumer Information on Hospital Care**

**Your Medicare Payments Could Be Reduced If the Internal Revenue Service Needs to Collect Overdue Taxes That You Owe**

**CMS Broadcast on *Innovative Employer Caregiving Programs***

**Availability of an Interim Study of Alternative Payment Localities Under the Medicare Physician Fee Schedule**

**Special Open Door Forum on DMEPOS Accreditation – MIPPA 2008 Guidance**

**MEDICARE ENHANCES CONSUMER INFORMATION ON HOSPITAL CARE**

The Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS), recently announced important additions to the *Hospital Compare* consumer Website (<http://www.hospitalcompare.hhs.gov/>) that will give consumers even better insight into the quality of care provided by their local hospitals. The improvements include the addition of a mortality measure for pneumonia and, for the first time on *Hospital Compare*, publicly reported measures for hospital care of children. Previously, *Hospital Compare* had provided only quality information based on hospitalizations of adult patients.

Through the *Hospital Compare* Web site, CMS is working to implement the principles of a value-based system in the Medicare program. The enhancements to the site further empower consumer choice and create incentives by motivating providers to provide better care for less money. To help hospitals use the 30-day mortality data as a quality improvement tool, CMS provided detailed reports to each hospital listed on the Web site. CMS believes that all hospitals, regardless of their mortality rates, should use the data available in these free, detailed reports to find ways to continually improve the care they deliver.

CMS urges consumers not to view any one process or outcome measure on *Hospital Compare* as a tool to “shop” for a hospital. The information contained on *Hospital Compare* is one additional tool for consumers to use in making healthcare decisions, although consumers should gather information from multiple sources when choosing a hospital.

To read the CMS press release issued on August 20, 2008, click here:  
[http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

### **Your Medicare Payments Could Be Reduced If the Internal Revenue Service (IRS) Needs To Collect Overdue Taxes That You Owe**

The Taxpayer Relief Act of 1997, Section 1024, authorizes the IRS to reduce certain federal payments, including Medicare payments, to allow collection of overdue taxes. Should you owe such taxes and your payments are reduced, your remittance advice will reflect a provider level adjustment code (PLB) of “WU” in the PLB03-1 data field. For more information, please see MLN Matters Article #MM6125 available at:  
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6125.pdf>

### **CMS Broadcast on Innovative Employer Caregiving Programs**

The next Caregiving broadcast sponsored by the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services New Freedom Initiative Subcommittee (NFI) is scheduled for **September 17, 2008, from 1:00 p.m.—2:00 p.m. (Eastern Time).**

The broadcast will focus on *Innovative Employer Caregiving Programs* and include presentations from employers and other organizations that have developed and conducted

successful programs for employed caregivers. Presenters will discuss their experience with these programs and how they can be replicated by others to help employed caregivers.

If you are an Employer looking to expand or create services and programs to support your employed caregivers, a Caregiver working full or part-time and caring for a loved one, an Organization that provides caregiver services, or any one else with an interest in Caregiving, please make plans now to join us on September 17<sup>th</sup>.

To learn more about the broadcast or to register as an individual viewer or as a host viewing site, please go to: <http://www.blsmeetings.net/caregivers/>.

We hope you can join us for what promises to be a very informative discussion. A promotional flyer related to this broadcast is attached to this e-mail message.

### **Availability of an Interim Study of Alternative Payment Localities Under the Medicare Physician Fee Schedule**

Medicare is statutorily required to adjust payments for physician fee schedule services to account for differences in costs due to geographic location. There are currently 89 different localities which have not been revised since 1997. In the CY 2009 Physician Fee Schedule notice of proposed rulemaking which was released on June 30, 2008, we indicated that we would post on the CMS website a preliminary study of several options for revising the payment localities. The report entitled: "Review of Alternative GPCI Payment Locality Structures", which was produced by Acumen, LLC under contract to CMS, may currently be found at the following link:

<http://www.cms.hhs.gov/PhysicianFeeSched/downloads/ReviewOfAltGPCIs.pdf>.

Our study of possible alternative payment locality configurations is in the early stages of development. At this time we are not proposing to make any changes to the payment localities. We encourage interested parties to submit comments on the options presented in the report as well as suggestions for other options. These comments will be considered in the development of possible future notice and comment rulemaking. When we are ready to propose any changes to the locality configuration, we will provide extensive opportunities for public comment (for example, a town hall meeting or open door forum) on specific proposals before implementing any change.

Electronic comments on the interim report may be submitted to [CMS MPFS@cms.hhs.gov](mailto:MPFS@cms.hhs.gov) until October 20, 2008.

### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

#### **Special Open Door Forum: DMEPOS Accreditation - MIPPA 2008 Guidance**

**Wednesday, September 3, 2008**

**2pm-3:30 pm Eastern Daylight Time**

**Conference Call Only**

The purpose of this Special Open Door Forum (ODF) is to provide guidance to DMEPOS providers on the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Background:

MIPPA section 154(b) added a new subparagraph (F). This subparagraph states that eligible professionals and other persons are exempt from meeting the **September 30, 2009** accreditation deadline until CMS determines that the quality standards are specifically designed to apply to such professionals and other persons. MIPPA also states that CMS may exempt such professionals and persons from the quality standards based on their licensing, accreditation or other mandatory quality requirements that may apply.

We look forward to your participation.

**Open Door Participation Instructions:**

**Dial: 1-800-837-1935 & Reference Conference ID: 61231070**

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.

An audio recording of this Special Forum will be posted to the Special Open Door Forum website at [http://www.cms.hhs.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp) and will be accessible for downloading beginning **September 10, 2008**.

For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit our website at <http://www.cms.hhs.gov/opendoorforums/>

Thank you for your interest in CMS Open Door Forums.

*I hope you enjoy a very wonderful weekend!*

*With best regards ~ Valerie*

**August 25, 2008**

## Information for Eligible Professionals Who Participated in the 2007 Physician Quality Reporting Initiative (PQRI)

### Information for Eligible Professionals Who Participated in the 2007 Physician Quality Reporting Initiative (PQRI)

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that 2007 PQRI Final Feedback Reports are available on a secure website. Two *MLN Matters* articles on accessing the reports are now available that can assist individual eligible professionals and group practices that reported valid 2007 PQRI quality measures data to Medicare. The reports are organized by Tax Identification Number (TIN). For eligible professionals reporting measures for 2007 PQRI under a group practice TIN, the group practice determines who can access the Feedback Report for the group practice or organization.

The first article, “*Steps for Individual Eligible Professionals to Access Their 2007 PQRI Feedback Reports Personally*”, MM SE0830, can be accessed at, <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0830.pdf>

The second article, “*Steps for Organizations to Access Their 2007 PQRI Feedback Reports*”, is available at, <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0831.pdf>.

Once you are registered in the Individuals Authorized Access to CMS Computer Services (IACS) system and have access to the PQRI feedback report application, any questions about the Feedback Report should be directed to the Report Delivery System Help Desk referenced at the end of the end of the *MLN Matters* articles. Additional educational resources and information about the PQRI program is available at, <http://www.cms.hhs.gov/PQRI>.

## August 29, 2008

Your Friday Reading Materials

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

*Happy Labor Day everyone! I have several items for you this afternoon, including information on:*

New from the Medicare Learning Network





## **CMS Releases Guide to Improve Access to Navigating Medicare Requirements for Approving Innovative Technologies**

### **What's New with 2008 Physician Quality Reporting Initiative (PQRI)**

### **Medicare Providers Remain Satisfied with Fee-For-Service Contractors**

### **Medicare Part B Competitive Acquisition Program (CAP) for Drugs and Biologicals: October 1, 2008 CAP Drug List Update**

### **Medicare Provider Feedback Town Hall Meeting**

### **Information That Benefits Your Medicare Beneficiaries ~ SSA Redetermination Mailing and Upcoming Open Enrollment Items**

### **New from the Medicare Learning Network**

The Acute Hospital Inpatient Prospective Payment System (IPPS) Web-based Training (WBT) course has been revised (July 2008) and is now available from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. This WBT course provides an overview of the Acute Hospital Inpatient Prospective Payment System (IPPS) and includes a basic explanation of inpatient hospital coverage, billing and payment under the prospective payment system (PPS).

To access this WBT, visit <http://www.cms.hhs.gov/mlngeninfo/>, scroll down to “Related Links Inside CMS” and select “Web-based training Modules”, scroll down to “Medicare Payment Policy” to select this training.

## **CMS RELEASES GUIDE TO IMPROVE ACCESS TO NAVIGATING MEDICARE REQUIREMENTS FOR APPROVING INNOVATIVE TECHNOLOGIES**

Medicare beneficiaries and their health care providers may be able to take advantage of new advances in health care more quickly because innovators now have a new resource at their fingertips – a guide to Medicare coverage, coding, and payment issued by the Centers for Medicare & Medicaid Services (CMS).

*The Innovator's Guide to Navigating CMS*, available at <http://www.cms.hhs.gov/CouncilonTechInnov/> provides a roadmap to Medicare coverage, coding, and payment. This is the first time it has been presented in a single resource document. The guide was developed by the CMS Council for Technology and Innovation (CTI), a CMS-wide working group charged with streamlining and creating a more transparent process to get new technologies to patients more quickly. CTI is composed of senior CMS staff and clinicians, and was established by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.



Additional information about CTI, including a downloadable copy of the *Guide*, is available at: <http://www.cms.hhs.gov/CouncilonTechInnov/>. To read the CMS press release on this topic, go to: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

### **What's New with 2008 Physician Quality Reporting Initiative (PQRI)**

1. **Announcement of “Qualified” Registries**
2. **Updates to the PQRI web page**
3. **Upcoming National Provider Conference Call**

#### **Announcement of “Qualified” Registries for 2008 PQRI Reporting**

CMS is pleased to announce the 32 registries that have been “qualified” by CMS to submit quality data on behalf of their participants for the 2008 PQRI registry submission option. A list of each registry and their website is available at <http://www.cms.hhs.gov/pqri> on the CMS website as a downloadable document accessible by clicking on the **Reporting** page on the left.

Each of the listed registries has gone through a thorough vetting process including investigating their capabilities, reviewing a sample measure flow (this checks to see whether the registry calculates the measure’s reporting and performance rates correctly), and transmitting the required information in the requested file format (XML). Eligible professionals interested in registry-based participation for PQRI in 2008 are encouraged to contact the registries directly to determine which registry meets their practice’s needs and collects quality information on measures that are important to the practice.

#### **Updates to the Physician Quality Reporting Initiative (PQRI) Webpage**

CMS is pleased to announce that several section pages on the PQRI webpage have been updated to include the following:

The Overview page has been updated to announce the posting of the Registries that qualified for 2008 PQRI and information about the availability of the 2007 Feedback Reports.

The Reporting page has been updated to add the list of Registries that qualified for 2008 PQRI as a new downloadable file under the “Downloads” section.

On the CMS Sponsored Calls page, the updated slides from the July 9 National Provider Call has been posted as a downloadable file under the “Downloads” section.

The Educational Resources page has been updated to add the “2008 Errata Sheet: Getting Started with Claims-Based Reporting of Measures Groups” as a new downloadable file under the “Downloads” section.

The 2007 PQRI Educational Resources page has been updated to add the two new Special Edition MLN articles on accessing the 2007 Feedback Reports (by individuals and by organizations) as new downloadable files under the “Downloads” section.

All publicly available information on the CMS Physician Quality Reporting Initiative can be found at <http://www.cms.hhs.gov/PQRI>, on the CMS website.

**Physician Quality Reporting Initiative National Provider Call**

**2008 Physician Quality Reporting Initiative (PQRI)  
National Provider Conference Call with Question & Answer Session**

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the seventh in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from **3:30 p.m. – 5:00 p.m., EDT, on Thursday, September 18, 2008.**

This call will provide an update on registry reporting for 2008; information on the E-prescribing measure for 2008 PQRI (measure #125) and proposed measures for 2009 PQRI; incentives for electronic prescribing; 2007 PQRI feedback reports and incentive payments, and a question and answer session.

A PowerPoint slide presentation will be posted to the PQRI webpage at [http://www.cms.hhs.gov/PQRI/02\\_CMSSponsoredCalls.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/02_CMSSponsoredCalls.asp#TopOfPage), on the CMS website for you to download prior to the call so that you can follow along with the presenters, Dr. Michael Rapp and Dr. Daniel Green.

Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

Conference call details:

Date:	<b>September 18, 2008</b>
Conference Title:	<b>2008 Physician Quality Reporting Initiative National Provider Call</b>
Time:	<b>3:30-5:00 EDT</b>

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. If you cannot attend the call, replay information is available below.

**Registration will close at 3:30 p.m. EDT on September 17, 2008**, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to:  
<http://www2.eventsvc.com/palmettogba/091808>

2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 5:30 p.m. EDT 9/18/2008 until 11:59 p.m. EDT 9/25/2008. The call in data for the replay is **(800) 642-1687** and the passcode is **61954941**.

If you require services for the hearing impaired, please send an email to [Medicare.TTT@PalmettoGBA.com](mailto:Medicare.TTT@PalmettoGBA.com).

### **Medicare Providers Remain Satisfied With Fee-For-Service Contractors**

The Centers for Medicare & Medicaid Services (CMS) reported that Medicare health care providers continue to be satisfied with services provided by Medicare fee-for-service contractors showing a relatively smooth transition to the new Medicare Administrative Contractors (MACs). The average score based on a satisfaction survey across all contractors was 4.51 on a scale of 1 to 6. This year's average score was comparable to last year's average score of 4.56.

The Medicare Contractor Provider Satisfaction Survey (MCPSS), conducted by CMS for the third year, is designed to gather and report objective, quantifiable data on provider satisfaction with the fee-for-service contractors who process and pay Medicare claims. In 2007, more than one billion claims were processed and paid to approximately one million health care providers who provided medically necessary items and services to 44 million beneficiaries.

The survey is mandated by the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. Specifically, the law calls for CMS to develop contract performance requirements, including measuring provider satisfaction with Medicare contractors. The MCPSS enables CMS to make valid comparisons of provider satisfaction between contractors and, over time, improvements to Medicare.

The summary report of the survey findings is available on the CMS Web site in the MCPSS section at <http://www.cms.hhs.gov/MCPSS>.

The CMS press release can be viewed at:  
[http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

## **Medicare Part B Competitive Acquisition Program (CAP) for Drugs and Biologicals: October 1, 2008 CAP Drug List Update**

The following drug will be added to the CAP drug list effective October 1, 2008: Vivitrol® naltrexone (J2315). The updated CAP drug list will be available soon in the 'Downloads' section on the CMS CAP "Information for Physicians" page at: ([http://www.cms.hhs.gov/CompetitiveAcquisforBios/02\\_infophys.asp](http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp)).

## **Medicare Provider Feedback Town Hall Meeting**

The Centers for Medicare & Medicaid Services (CMS) requests your participation in a Town Hall meeting on **September 22, 2008, from 2:00 PM to 4:00 PM (Eastern Time)**. The meeting will be held via conference call as well as in the auditorium at the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244.

The purpose of the meeting is to capture individual provider feedback on relevant Fee-for-Service (FFS) Medicare policy and operational issues. By doing so, we advance CMS' efforts to enhance our relationship with providers and suppliers. This Town Hall meeting also provides a venue to allow CMS staff to continue a process to engage individual providers and suppliers through the following year. This meeting is open to all Medicare FFS providers and suppliers that participate in the Medicare program.

The agenda topics include: 5010-Possible next version of HIPAA standards for claims and other transactions; Recovery Auditing and Medicare Administrative Contractor (MAC) Transitions as noted in the September 22, 2008 Federal Register Notice. Meeting agenda and discussion materials will be available to download at (<http://www.cms.hhs.gov/center/provider.asp>) by September 19, 2008. CMS will conduct a dialogue session at the meeting that offers meeting participants an opportunity to provide feedback on agenda topics.

*Please note:* Due to time constraints not all participants will have an opportunity to speak, but written submissions will be accepted at [MFG@cms.hhs.gov](mailto:MFG@cms.hhs.gov) through September 30, 2008. CMS will give consideration to feedback received but written responses will not be provided.

**Meeting Registration Details:** All participants must pre-register for the meeting through on-line registration located at (<http://registration.intercall.com/go/cms2>). Registration will open on August 29, 2008 and will close on September 17, 2008. Registered participants may be contacted for follow-up meetings to solicit additional individual opinions and clarify any issues that may arise during the September 22 Town Hall meeting.

You will receive a confirmation page to indicate the completion of your registration. Please print this page as your registration receipt. We encourage you to complete your registration as soon as possible. **Registration after 5:00 p.m. on September 17, 2008 will not be accepted.**

**Meeting Participation Details:** All persons attending the meeting in person will be required to show a photographic identification (a valid driver's license or passport). Further details can be found in the **August 22, 2008 Federal Register Notice**. All persons participating via conference call will receive dial-in information with their confirmation email.

**Additional Questions/Information:** For questions or additional information about the Medicare Provider Feedback Town Hall Meeting, please send an email to [MFG@cms.hhs.gov](mailto:MFG@cms.hhs.gov)

## **Information That Benefits Your Medicare Beneficiaries**

### ***SSA Redetermination Mailing and Upcoming Open Enrollment Items***

**The Medicare Annual Open Enrollment Period is nearly here and in preparation of this year's open enrollment, we wanted to update you on a couple of important items and deadlines:**

#### **I. SSA Information on Redeterminations**

SSA is in the process of mailing "SSA Review of Your Eligibility for Extra Help" redetermination notices to some beneficiaries who are currently receiving the low-income subsidy. About 253,000 beneficiaries will receive this mailing beginning Tuesday, September 2, 2008. Beneficiaries must complete the enclosed form within 30 days and submit it to the Wilkes-Barre Data Operations Center in the enclosed pre-paid envelope for processing. If a beneficiary needs assistance, they should contact SSA at 1-800-SSA-1213 (1-800-772-1213) or their local SSA field office. If a beneficiary does not complete and return the form, eligibility for Extra Help may be terminated effective January 1, 2009. A sample of the cover letter and form is located at <http://www.ssa.gov/prescriptionhelp/SSA-1026B-OCR-SM-INST.pdf>.

#### **II. Upcoming Mailing**

The "Loss of Deemed Status Letter" (GREY Letter) (Pub. No. 11198) is scheduled to be mailed to beneficiaries in mid-September. CMS, in coordination with Social Security, mails these notices to people who no longer automatically qualify for extra help as of January 1, 2009. The mailing includes an application for extra help with a postage paid envelope to return to SSA. More information and materials will be circulated soon.

#### **III. Other important dates**

CMS expects to announce an overview of plan offerings for next year late in September, before marketing begins on October 1. Also, around mid-October, the Medicare Prescription Drug Plan Finder and Medicare Options Compare will be updated with next year's plan offerings.

#### **IV. 2008 Mailings Chart**

CMS has developed a 2008 Mailings Chart that provides an overview of materials people with Medicare may receive from CMS, SSA and plan sponsors. Hyperlinks to these mailings are referenced in the chart for your convenience. This document is also available at:

<http://www.cms.hhs.gov/LimitedIncomeandResources/Downloads/2008Mailings.pdf> on the web.

These reference tools will help with your planning efforts and activities during the open-enrollment period. Together, we can provide Medicare consumers the assistance they need to enroll in a drug plan, make changes to health care and drug coverage, and apply for extra help.

*I hope you enjoy the long Labor Day Weekend!*

*With best regards ~ Valerie*

#### **August 29, 2008 cont'd**

Save the Date: National E-Prescribing Conference

**Register Today!** Be part of a groundbreaking opportunity. CMS along with industry partners from health and technology are hosting a **National E-prescribing Conference on October 6 – 7, 2008 at the Sheraton Boston Hotel, Boston, MA.**

Our goal in holding this conference is to educate providers and beneficiary constituencies on the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) e-prescribing program and help promote the adoption of e-prescribing throughout the health care community.

Join us to find out how to earn incentives from Medicare, learn how e-prescribing can work for your business, and get answers to your questions about privacy, security, and risk management. Register for the conference now at <http://www.e-prescribeconference.com>.

Please share this message with your colleagues and members.

We look forward to seeing you in Boston in October!