

Provider Partnership Program (PPP) E-mail Notification Archives

April 1, 2008

CMS to Host Audio Conference/Q&A Session Regarding DMEPOS Supplier Accreditation

The Centers for Medicare & Medicaid Services (CMS) will host an audio conference/Q&A session regarding Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) supplier accreditation.

This audio conference is the [second](#) in a series of four designed to provide guidance to DMEPOS suppliers regarding accreditation. We will be discussing compliance with the DMEPOS Quality Standards and the accreditation process, and will provide ample time to answer questions from the supplier audience. To view the presentation materials, please click on the following link:

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/DMEPOS Accreditation Presentation.pdf>

Conference call details:

Date: April 17, 2008
Conference Title: DMEPOS Accreditation 101
Time: 1:00-2:30 p.m. EDT

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 1:00 p.m. EDT on April 16, 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/041708>
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 they may have gotten caught in that.

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 2:30 p.m. EDT 4/17/2008 until 11:59 p.m. EDT 4/24/2008. The call in data for the replay is (800) 642-1687 and the passcode is 39283514.

April 2, 2008

A Few Mid-Week Items

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

Hello everyone! Just a couple of things to mention on this Wednesday afternoon, including:

- **Pricer Updates**
- **Medicare Acts to Reduce the Number of Yearly Drug Plan Reassignment Among Low-Income Beneficiaries**
- **Thousands More Medicaid Enrollees Could Get Home and Community-Based Care Under New Rule**
- **E-Prescribing Tools To Help Prevent Adverse Drug Interactions**
- **Session to Be Held on Brain Pacemakers: A Promising Approach and a New Era of Hope for Neurological Disorders**
- **Updates from the Centers for Disease Control and Prevention (attached)**

Pricer Updates

Due to issues with leap year dates, updates to the Inpatient PPS PC Pricer at http://www.cms.hhs.gov/PCPricer/03_inpatient.asp were required. The Inpatient PPS PC Pricer was updated on March 25, 2008. If you use the Inpatient PC Pricer, please go to Downloads section of the web page above to download the latest version.

Due to provider update logic issues, the HH PPS PC Pricer, on the web page http://www.cms.hhs.gov/PCPricer/05_HH.asp, was updated. If you use the Home Health Agency (HHA) PC Pricer, please go to the Downloads section of the web page above to download the latest version.

MEDICARE ACTS TO REDUCE THE NUMBER OF YEARLY DRUG PLAN REASSIGNMENTS AMONG LOW-INCOME BENEFICIARIES

The Centers for Medicare & Medicaid Services (CMS) recently issued a final regulation that could allow nearly one million Medicare beneficiaries with limited income and resources to remain in the Medicare prescription drug plan in which they are enrolled without having to pay a premium.

“It’s important that we provide stability and predictability in the prescription drug program, particularly for the beneficiaries who receive Medicare’s extra help,” said CMS Acting Administrator Kerry Weems. “By changing the method that we use to determine the benchmarks for the low-income subsidy, we are able to ensure that there will continue to be a wide choice of zero-premium plans available to these beneficiaries.”

To view the entire Press Release-http://www.cms.hhs.gov/apps/media/press_releases.asp
The rule will be available at –
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/CMS4133F.pdf>

THOUSANDS MORE MEDICAID ENROLLEES COULD GET HOME AND COMMUNITY-BASED CARE UNDER NEW RULE

Thousands of Medicaid beneficiaries who were previously limited to receiving care in an institutional setting may now be given the option to receive that care in their homes and communities, under a proposed rule recently published by the Centers for Medicare & Medicaid Services (CMS).

The Deficit Reduction Act of 2005 (DRA) gave states a new option to provide home-and-community based services (HCBS) to Medicaid beneficiaries without applying for a demonstration waiver. The proposed rule provides guidance to states on how to implement this provision of the DRA.

For further information regarding this announcement please visit the CMS website at one of the following links.

Link to Press Release-http://www.cms.hhs.gov/apps/media/press_releases.asp
Link to Medicaid Regulations Page-
http://www.cms.hhs.gov/MedicaidGenInfo/08_Medicaidregulations.asp
Direct Link to NPRM (PDF File)-
<http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/CMS2249P.pdf>

E-PRESCRIBING TOOLS TO HELP PREVENT ADVERSE DRUG INTERACTIONS

NEW MEDICARE STANDARDS WILL HELP DOCTORS OFFER LOWER-COST GENERIC OPTIONS WHEN WRITING A PRESCRIPTION

People who are eligible to enroll in Medicare's prescription drug program are expected to experience greater safety, increased use of lower-cost generic equivalents, and more efficient communication between their doctor and pharmacy as a result of a new regulation issued today by the Centers for Medicare & Medicaid Services (CMS). The final rule establishes Part D e-prescribing standards for four types of information: formulary and benefits, medication history, fill status notification, and identification of individual health care providers.

To view the entire press release: http://www.cms.hhs.gov/apps/media/press_releases.asp

To view the final rule on Part D e-prescribing standards (CMS-0016-F/CMS-0018-F) and the earlier final rule establishing e-prescribing foundation standards (CMS-0011-F): <http://www.cms.hhs.gov/EPrescribing/>

Brain Pacemakers: A Promising Approach and a New Era of Hope for Neurological Disorders

Co-sponsored by the Office on Disability, U.S. Department of Health and Human Services and the Cleveland Clinic Center for Neurological Restoration

Date: Tuesday, May 6, 2008

Time: 8:15am – 4:30pm

Location: The Great Hall, Hubert H. Humphrey Building, Washington, D.C.

Deep brain stimulation (DBS) is among the most rapidly growing areas in medicine with enormous potential for treating various chronic and disabling neurological disorders. The beneficial impact of DBS for Americans with neurological disorders and disabilities cannot be understated. For many, DBS therapy is life altering and studies indicate profound improvements in the quality of life for those who have exhausted other treatment options. This conference will review the current FDA-approved indications for DBS and explore emerging applications for patients with Parkinson's Disease, obsessive compulsive disorder, depression, epilepsy and traumatic brain injury.

Distinguished Speakers:

Andrew C. Von Eschenbach, Commissioner of the Food and Drug Administration

MD Rear Admiral Steven K. Galson, MD, Acting Surgeon General

Michael Kinsley, Journalist

Conference Co-Chairs

Margaret Giannini, MD, FAAP, Director, Office on Disability, U.S. Department of Health and Human Services

Ali R. Rezai, MD, Director, Center for Neurological Restoration Cleveland Clinic

There is no charge to attend, but pre-registration is requested. You can register online at <http://www.ccfcmc.org/dbs> . Please by-pass the credit card payment section when you register.

For additional information: <http://www.ccfcmc.org/dbs> or Martha Tobin, 800-223-2273, ext 53449

I hope you're having a good week!

With best regards, Valerie

April 3, 2008

NPI: Understanding the Readiness of Other Health Plans, Steps to Facilitate a Smooth Transition to NPI-Only Medicare Billing & More!

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

***Information for all Health Care Providers
Medicare & Non-Medicare***

CMS encourages all health care providers to ensure they understand the readiness of other health plans with which they interact, especially if those health plans may be primary or secondary to Medicare. Medicare will only accept/send NPI-only transactions beginning May 23rd and providers need to understand from these other plans what will happen if they are unable to send/receive NPI-only transactions.

Important Information for Medicare FFS Providers

CMS is pleased to announce that Medicare is receiving more than 98% of claims with an NPI. The next milestone - May 23rd - requires providers to take the next step so they do not risk disruption in cash flow. Begin billing with **NPI-only** now to test how May 23rd will impact you.

CMS is concerned that the percentage of Medicare claims with **NPI-only** is not growing fast enough.

Steps to Facilitate a Smooth Transition to NPI-Only

- 1) Bill with Medicare legacy ID & NPI
 - Once claims are successfully processed, move to Step 2.
- 2) Bill with NPI –Only
 - Start with a small batch of claims. If, or when, the results are positive, begin sending a greater volume and move to Step 3.
 - Billing with NPI-only also tests the ability to receive the NPI on 835 transactions.
- 3) Test NPI-Only on Other HIPAA Transactions
 - CMS will require use of the NPI on the 270/271, 276/277 and NCPDP transactions. Providers should begin testing the use of the NPI on these transactions, in small quantities, prior to May 23rd to ensure a smooth transition. Also, be prepared to accept the NPI-only on the 835 remittance advice transaction.

Institutional Providers Submitting Taxonomy Codes to Identify Subparts – UPDATE: Medicare is Using Alternative Data to Obtain NPI/OSCAR Match

On January 1, 2007, Medicare implemented change request (CR) 5243, which required the submission of taxonomy codes all claims submitted by institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.).

The intent of CR 5243 was to enable Medicare to appropriately crosswalk a provider NPI to each of the provider's subparts through the reporting of taxonomy codes in the claims. Medicare has found that using taxonomy codes has been unsuccessful in obtaining a one-to-one match on the crosswalk for those providers having one NPI tied to multiple OSCAR/Certification numbers. As a result, the taxonomy code is no longer used as part of the crosswalk criteria that are used to attempt to match an NPI with an OSCAR/Certification Number. Currently, the fiscal intermediary shared system (FISS) uses these matching criteria to obtain a one-to-one match between an institutional Medicare provider's NPI and its OSCAR/Certification Number:

- First level of match: **Type of bill (TOB) to OSCAR/Certification Number** If the system is unable to identify a valid match, the search will continue with the next level of match.
- Second level of match: **Revenue code to OSCAR/Certification Number** If the system is unable to identify a valid match, the search will continue with the next level of match.
- Third and final level of match: **Facility ZIP code on the claim** This final level prompts the systems logic to limit the list of appropriate OSCAR numbers by matching the facility ZIP code on the claim against the ZIP code of the master address in the FISS provider address file.

Note: If the system is unable to make a valid match, the claim will suspend with reason code 32105, and the provider will receive an additional development letter (ADR) requesting the OSCAR number.

Action Required by Institutional Providers with Subparts

Providers are strongly encouraged to enumerate their subparts. The following documents may assist providers in answering additional questions on this subject.

- CMS Medicare Subpart Expectations paper may be accessed on the CMS Web site at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf>

- Read NPI Fact Sheet titled "For Health Care Providers Who are Organizations" at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Org_Prov_web_07-03-07.pdf
- Review the article titled "Information Regarding National Plan and Provider Enumeration System Errors, Using the NPI on Medicare Claims and 835 Remittance Advice Changes" available in the August 2007 Medicare A Bulletin at http://www.floridamedicare.com/Part_A/Medicare_A_Bulletins/Archive/110043.pdf
- Review Special Edition article <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0608.pdf>
- National Plan and Provider Enumeration System (NPES) <https://nppes.cms.hhs.gov/NPPES>.

Encourage Clearinghouses to Allow Testing of NPI-Only

It has come to CMS' attention that some clearinghouses may not allow important NPI-only testing prior to May 23rd. CMS encourages Medicare providers to work with their clearinghouses to allow use of the NPI-only to facilitate this testing. If you do not test, you will not be aware, in advance, of any problems that could prohibit Medicare from processing and paying claims.

Registration Available for NPI Roundtable

CMS subject matter experts will be available to address questions from the provider community on **April 17, 2008 from 2-3:30PM ET**. Participants are able to submit questions using the online registration system for this call. To register, visit http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_4-10-08_call.pdf on the CMS website.

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 can 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.

April 3, 2008 cont'd

Update to Audiology Policies

On February 29, 2008, the Centers for Medicare and Medicaid Services (CMS) issued Change Request 5717 titled "Update to Audiology Policies". Transmittal 1470 of that change request provided clarifications to the Medicare Claims Processing Manual (Pub. 100-02). In Pub 100-02, Chapter 12, Section 30.3, the manual instructions state, ". . . the audiologist's NPI is required on all claims for services furnished by audiologists." Use of the NPI in the primary identifier field on a claim requires Medicare enrollment.

Note that CMS is instructing contractors to, prior to October 1, 2008, continue to process claims without the NPI of the audiologist. All other instructions in Change Request 5717 remain unchanged.

CMS **will** require the use of the NPI on claims for diagnostic test services furnished by audiologists on or after October 1, 2008. Audiologists are encouraged to obtain an NPI and enroll as soon as possible.

April 4, 2008

Second MLN Matters Article Now Available on Implementation of the DMEPOS Competitive Bid Program!

CMS is pleased to announce that the *MLN Matters Special Edition Article # SE0806* entitled ~ **"Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Grandfathering, Repair and Replacement, Mail Order Diabetic Supplies and Advanced Beneficiary Notices (ABNs) – the second in a series of articles on the new DMEPOS Competitive Bidding Program."** ~ is now posted on the CMS Website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0806.pdf> .

This is the second in a series of educational articles that will assist you in understanding details on four areas of this new DMEPOS program. As a reminder, the new program begins **July 1, 2008**. Additional educational materials will be made available to you in the coming weeks.

This article will be of particular interest to any provider that may order, refer, or supply durable medical equipment to a Medicare beneficiary affected by the new Medicare DMEPOS Competitive Bidding Program.

April 4, 2008 cont'd

New Information for DME Suppliers Who Are Planning to Bid in Round 2 of the Competitive Bidding Program

While the Centers for Medicare & Medicaid Services (CMS) has not yet announced the bidding timeframe for Round 2 of the DMEPOS Competitive Bidding Program, CMS urges suppliers who are planning to bid in the upcoming 2008 bidding cycle to take action now to make sure their National Supplier Clearinghouse (NSC) enrollment record is current. Specifically, suppliers should verify that their most recent CMS-855S, Medicare Enrollment Application, has the correct Authorized Official (AO) listed in section 15; the AO's date of birth and Social Security number is correctly listed in section 6A; and the correct address is listed in section 2A2.

To assist potential bidders, CMS has issued *MLN Matters Special Edition Article # SE0811* entitled, “**Pre-Bidding Activities for the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program**” which is now posted on the CMS Website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0811.pdf> .

April 4, 2008 cont'd

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 a couple of things to mention on this Friday afternoon, including information on:

- Release of CMS Regulations Modernizing Dialysis Centers
- New from the Medicare Learning Network
- Reminder Regarding DMEPOS Competitive Bid Program Round 1 Information
- Update to the FY 2006 SNF PC Pricer
- Hospital Compare Consumer Website
- Updates from the Centers for Disease Control and Prevention (attached)

CMS Releases Regulations Modernizing Dialysis Centers

Conditions for Coverage Final Rule Promotes Higher Quality of Care for Dialysis Patients

The Centers for Medicare & Medicaid Services (CMS) recently released a final rule that will modernize the Medicare conditions for coverage for the nation's dialysis centers and promote higher quality of care for patients receiving dialysis.

The final regulation will enhance the quality of care available to more than 336,000 Medicare beneficiaries with End-Stage Renal Disease (ESRD) who receive dialysis treatment from over 4,700 Medicare-approved renal dialysis facilities across the U.S. The regulation reflects important clinical and scientific advances in dialysis technology and standards of care practices since it was last substantively updated in 1976.

The rule features important updates to the minimum standards that dialysis facilities must meet in order to participate in the Medicare program, such as:

- Updating facility requirements that will strengthen patient infection control procedures;
- Requiring defibrillators in every dialysis facility to respond rapidly to a heart attack;
- Protecting beneficiaries' rights during grievance and discharge procedures;
- Prescribing minimum qualifications for patient care technicians (PCTs); and
- Instituting a facility-level quality assurance and performance improvement (QAPI) to help facilities plan programs for improving the quality of patient care.

The final rule is displayed at:

<http://www.cms.hhs.gov/CFCsAndCoPs/downloads/ESRDdisplayfinalrule.pdf> on the CMS website. A Fact Sheet is attached for your information.

New from the Medicare Learning Network

Medicare Claims Review Program (MR, NCCI Edits, MUEs, CERT and RAC): *New Educational Product is available!*

CMS is pleased to announce that a new educational resource discussing the Medicare Claims Review Program is now available on the CMS website. This booklet provides an overview of the several initiatives implemented by CMS to prevent improper payments before a claim is processed and identify and recoup improper payments after a claim has been processed. To access this new product, visit

http://www.cms.hhs.gov/MLNProducts/downloads/MCRP_Booklet.pdf on the CMS website. Printed copies will be available at a later date.

MLN Matters Special Edition Article #SE0810 – Announcing the Release of the Revised CMS-855 Medicare Enrollment Applications. View the article on the CMS website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0810.pdf>.

The ***Ambulance Fee Schedule Fact Sheet***, which provides general information about the Ambulance Fee Schedule, is 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.”

The revised ***Medicare Physician Fee Schedule Fact Sheet*** (January 2008), which provides general information about the Medicare Physician Fee Schedule, is 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.”

Reminder Regarding DMEPOS Competitive Bidding Program Round 1 Information

CMS recently released two MLN Matters Special Edition Articles (SE0805 and SE0806) on topics related to Round 1 of the DMEPOS Competitive Bidding Program. These articles are the first and second in a series of educational articles that will assist you in understanding this new DMEPOS program and help you interact with your patients. The new program begins July 1, 2008. We hope that you will use these articles to educate your membership by further announcing them on your listservs and placing them in your newsletters and other communication vehicles.

The articles can be found on the CMS website as follows:

MLN Matters Special Edition Article # SE0805 entitled ~ “Overview of New Medicare Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) – the first in a series of articles on the implementation of this program,” ~ <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0805.pdf>.

MLN Matters Special Edition Article # SE0806 entitled ~ “Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Grandfathering, Repair and Replacement, Mail Order Diabetic Supplies and Advanced Beneficiary Notices (ABNs) – the second in a series of articles on the new DMEPOS Competitive Bidding Program,” ~ <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0806.pdf>.

As always, thanks so much for helping us get this important information out to the Medicare fee-for-service provider community!

Update to FY 2006 SNF PC Pricer

Due to Core-Based Statistical Area (CBSA) pricing logic issues, the **FY 2006** SNF PC Pricer has been updated. Please go the http://www.cms.hhs.gov/PCPricer/04_SNF.asp to download the latest version of this pricer

**New Website Helps Patients Shop for Hospital Care
Based On Quality and Price**
*CMS Website Features Updated and More Robust Information to Help
Consumers with Their Health Care Choices*

The Centers for Medicare & Medicaid Services (CMS) recently posted new survey information at the Hospital Compare Consumer Website offering consumers more insight about the hospitals in their communities.

In addition to adding the new information from Medicare patients about their hospital stays, CMS is adding information about the number of certain elective hospital procedures provided to those patients and what Medicare pays for those services. For the first time, consumers have the three critical elements -- quality information, patient satisfaction survey information, and pricing information for specific procedures -- they need to make effective decisions about the quality and value of the health care available to them through local hospitals.

Read the entire Press Release at
http://www.cms.hhs.gov/apps/media/press_releases.asp .

I hope you have a great weekend ~ Valerie

April 8, 2008

DMEPOS Accreditation 101 for Physicians and Rehabilitation Providers

The Centers for Medicare & Medicaid Services (CMS) will host an audio conference/Q&A session regarding Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) accreditation.

This audio conference is designed to provide guidance to Physicians and the Rehabilitative industry that provides DMEPOS supplies/equipment to Medicare beneficiaries. We will be discussing compliance with the DMEPOS Quality Standards and the accreditation process, and will provide ample time to answer questions from the supplier audience.

To view the presentation materials, please click on the following link:

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/DMEPOS Accreditation Presentation.pdf>

Conference call details:

Date: April 22, 2008

Conference Title: DMEPOS Accreditation 101 for Physicians and Rehabilitation Providers

Time: 1:00-2:30 p.m. EST

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 1:00 p.m. EST on April 21, 2008, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

6. To register for the call participants need to go to:
<http://www2.eventsvc.com/palmettogba/042208>
7. Fill in all required data.
8. Verify your time zone is displayed correctly the drop down box.
9. Click "Register".
10. 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 they may have gotten caught in that.

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 2:30 p.m. EST 4/22/2008 until 11:59 p.m. EST 4/29/2008. The call in data for the replay is (800) 642-1687 and the passcode is 41105634.

April 10, 2008

Your Latest NPI Update: Register Now for the April 17th NPI Roundtable!

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

Reminder: Registration Available for NPI Roundtable

CMS NPI subject matter experts will be available to address questions from the provider community on **April 17, 2008 from 2-3:30PM ET**. Participants are able to submit questions using the online registration system for this call. To register, visit http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_4-10-08_call.pdf on the CMS website. Registration closes on Wednesday, April 16th so register today!

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 can 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.

April 11, 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! A few things to mention on this Friday afternoon, including:

- [New from the Medicare Learning Network](#)
- [Scheduled Release of Modifications to the HCPCS Code Set](#)
- [Updates to the Inpatient PPS PC Pricer](#)
- [2009 Medicare Advantage Payment Rates and MA & Part D Payment Updates](#)
- [News That Benefits Beneficiaries](#)

New from the Medicare Learning Network

A Few New Fact Sheets:

The ***Outpatient Maintenance Dialysis - End-Stage Renal Disease Fact Sheet***, which provides general information about outpatient maintenance dialysis for End-Stage Renal Disease, the composite payment rate system, and separately billable items and services, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/ESRDpaymtfctsht08-508.pdf> .

The ***Clinical Laboratory Fee Schedule Fact Sheet***, which provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services Medicare Learning Network at http://www.cms.hhs.gov/MLNProducts/downloads/clinical_lab_fee_schedule_fact_sheet.pdf .

The ***CMS Online Manual System: A Web-based Manual System for Medicare Contractors, Providers and State Agencies Brochure***, which explains how to navigate the CMS Online Manual System, is now available in both print and downloadable formats. To view the PDF file, go to <http://www.cms.hhs.gov/MLNProducts/downloads/on-linebrochure.pdf>. To order print copies go to the MLN Product Ordering Page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS website.

The ***Medicare Appeals Process: Five Levels to Protect Providers, Physicians and Other Suppliers Brochure***, which provides an overview of the Medicare Part A and Part B administrative appeals process available to providers, physicians and other suppliers who provide services and supplies to Medicare beneficiaries, as well as details on where to obtain more information about this appeals process, is now available in both print and downloadable formats. To view the PDF file, go to <http://www.cms.hhs.gov/MLNProducts/downloads/MedicareAppealsProcess.pdf>. To order print copies go to the MLN Product Ordering Page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS website.

A Few MLN Matters Articles Related to DMEPOS Competitive Bidding:

SE0805 – Overview of New Medicare Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) – The first in a series of articles on the implementation of this program.
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0805.pdf>

SE0806 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Grandfathering, Repair and Replacement, Mail Order Diabetic Supplies and Advanced Beneficiary Notices (ABNs) – The second in a series of articles on the new DMEPOS competitive bidding program.

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0806.pdf>

SE0811 – Pre-Bidding Activities for the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0811.pdf>

Scheduled Release of Modifications to the HCPCS Code Set

The Centers for Medicare & Medicaid Services is pleased to announce the scheduled release of modifications to the Healthcare Common Procedure Coding System (HCPCS) code set. These changes have been posted to the HCPCS website at

http://www.cms.hhs.gov/HCPCSReleaseCodeSets/02_HCPCS_Quarterly_Update.asp.

Changes are effective on the date indicated on the update.

Updates to the Inpatient PPS PC Pricer

Due to issues with leap year date edits, the Inpatient PPS PC Pricer was updated on April 8, 2008. If you use the Inpatient PC Pricer, please go to

http://www.cms.hhs.gov/PCPricer/03_inpatient.asp and then to the Downloads section to download the latest version.

CMS ANNOUNCES 2009 MEDICARE ADVANTAGE PAYMENT RATES AND MA & PART D PAYMENT UPDATES

The Centers for Medicare & Medicaid Services (CMS) recently released the Announcement of Calendar Year (CY) 2009 Medicare Advantage (MA) Capitation.

2009 Rate Increases

For MA plans, the aged and disabled capitation rates will increase on average about 3.6 percent. This increase is slightly lower than the estimated 3.7 percent Medicare growth trend for 2009. Individual counties may see different increases because CMS rebased the FFS rates and recalibrated the CMS-HCC risk adjustment model for 2009

Audit Initiative for Coding Intensity

CMS is announcing a new audit initiative to determine the accuracy of the diagnosis code information submitted to CMS by MA plans.

For more on the CY 2009 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies visit

<http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/AD/list.asp#TopOfPage>

To read the CMS Fact sheet issued on this subject, click here:

http://www.cms.hhs.gov/apps/media/fact_sheets.asp

News That Benefits Beneficiaries

MEDICARE ANNOUNCES FUNDING FOR HEALTH INSURANCE COUNSELING PROGRAMS FOR 2008 ~ \$35.8 Million to Continue Helping Beneficiaries Learn About Medicare

The Centers for Medicare & Medicaid Services (CMS) recently announced that nearly \$36 million will be distributed to State Health Insurance Assistance Programs (SHIPs) to help people with Medicare get more information about their health care choices.

The nearly \$36 million being distributed to the SHIPs today is the first installment of more than \$50 million that will be provided to the SHIPs in 2008. This \$20 million increase in funding over fiscal year 2007 reflects more than \$39 million in regular SHIP grants, performance-based grants to be awarded in September, and SHIP support, as well as an additional \$15 million in supplemental funding that will be distributed on June 1.

SHIPs are state based programs that use community-based networks to provide Medicare beneficiaries with local, personalized assistance on a wide variety of Medicare and health insurance topics. A significant accomplishment of the SHIPs has been their success in helping to educate many of the 39 million Medicare beneficiaries with prescription drug coverage about their prescription drug coverage options so that they can make a choice about their health care that best meets their needs.

For detailed information on State Health Insurance Programs (SHIPs) click here:

http://www.cms.hhs.gov/partnerships/10_SHIPS.asp

To view the CMS National press release issued today click here:

http://www.cms.hhs.gov/apps/media/press_releases.asp

I sincerely hope you enjoy your weekend ~ Valerie

April 15, 2008

CMS Issues Proposed Hospital Inpatient PPS Rule

CMS PROPOSES TO EXPAND QUALITY PROGRAM FOR HOSPITAL INPATIENT SERVICES IN FY 2009

The Centers for Medicare & Medicaid Services (CMS) recently proposed additional steps to strengthen the tie between the quality of care provided to Medicare beneficiaries and payment for the services provided when they are in the hospital. Through its proposed rule, "Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rate," CMS is proposing to expand the list of conditions which are reasonably preventable through proper care and for which Medicare will no longer pay at a higher rate if the patient acquires them during a hospital stay. In addition, CMS is adding 43 new quality measures for which hospitals will have to report data in order to receive the full annual payment update for their services.

"CMS is taking aggressive actions to ensure that beneficiaries get safe, high quality, and efficient care from their health care providers, and the actions we are announcing today build on our efforts," said CMS Acting Administrator Kerry Weems. "The status of the Medicare Hospital Insurance Trust Fund requires us to find the best solutions to ensure that Medicare stays strong while paying providers appropriately for the care they deliver. The reforms we are proposing in this rule should lead to greater value for Medicare beneficiaries and the Medicare program."

The proposed regulation builds on efforts across Medicare to transform the program to a prudent purchaser of health care services, paying based on quality of care, not just quantity of services. CMS is also making hospital quality and cost information available to help consumers make more informed choices. On March 28, CMS posted updated pricing and quality information at <http://www.hospitalcompare.hhs.gov>, along with the results of surveys of patients about their experience with the care they received while in the hospital.

The proposed rule would apply to services provided to patients who are discharged from the hospital during fiscal year (FY) 2009, which begins on October 1, 2008, and would apply to more than 3,500 acute care hospitals paid under the Inpatient Prospective Payment System (IPPS). The proposed rule also includes proposals to update Medicare payment rates and policies for inpatient hospitals for FY 2009. Overall, the proposed rule is estimated to increase Medicare payments to acute care hospitals by nearly \$4.0 billion.

Provisions related to the physician self-referral law are also included in the proposed rule.

The proposed rule went on display at the Office of the Federal Register at 9:19 am on April 14, 2008, and can be viewed on-line at: <http://www.cms.hhs.gov/AcuteInpatientPPS/IPPS/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=4&sortOrder=descending&itemID=CMS1209719&> . The scheduled publication date is April 30, 2008.

Comments on the proposed rule will be accepted through June 13. CMS will respond to comments in a final rule to be issued on or before August 1, 2008.

To view the CMS Press Release, go to: http://www.cms.hhs.gov/apps/media/press_releases.asp . In addition, three Quality Fact

Sheets and an Executive Summary Fact Sheet can be viewed at:
http://www.cms.hhs.gov/apps/media/fact_sheets.asp .

April 17, 2008

Special Open Door Forum on Electronic Health Records Demonstration

**Special Open Door Forum on
Electronic Health Records Demonstration
April 23, 2008
2:00pm 3:30pm ET
Conference Call Only**

The Centers for Medicare & Medicaid Services (CMS) will host a Special Open Door Forum to discuss the CMS-developed, 5-year Demonstration Project designed to foster the implementation and adoption of Electronic Health Records (EHRs) and Health Information Technology (HIT). The EHR demonstration project will encourage small to medium-sized primary care physician practices to use electronic health records to improve quality of patient care. The demonstration is designed to show that widespread adoption and use of EHRs will reduce medical errors and improve the quality of care.

CMS is soliciting partners interested in working with CMS to implement the EHR Demonstration in their communities. CMS Acting Administrator Kerry Weems, along with representatives from the CMS Office of Research, Development, and Information, will discuss the scope and requirements of the project and the application process, as well as allow time for question and answer.

Organizations seeking to partner with CMS to implement this demonstration in their regions must complete a "Medicare Waiver Demonstration Application". In some states, this process has been initiated by community partners. For information on contacting community partners in your area, please contact your CMS Regional Office.

More information on the demonstration project, including the Demonstration Fact Sheet, application and Frequently Asked Questions can be found at:
<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1204776&intNumPerPage=10>

States or areas where Medicare already has similar projects and evaluations underway will be excluded from participating in this demonstration. A complete list of excluded areas can be found in the Demonstration Application Instructions at:
http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR_Instructions.pdf

To submit questions prior to or after the Special ODF, you may send them to:
EHR_Demo@cms.hhs.gov

We look forward to your participation.

Open Door Participation Instructions:

Dial: **1-800-837-1935** & Reference Conference ID: **44055307**

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 and will be accessible for downloading beginning **April 30, 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.

April 17, 2008 cont'd

Third MLN Matters Article Now Available on Implementation of the DMEPOS Competitive Bid Program!

CMS is pleased to announce that the *MLN Matters Special Edition Article # SE0807* entitled **“Important Exceptions and Special Circumstances that Occur Under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program:--The third in a series of articles on the new DMEPOS Competitive Bidding Program.”** ~ is now posted on the CMS Website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0807.pdf> .

This is the third in a series of educational articles that will assist you in understanding the details of this new DMEPOS program. As a reminder, the new program begins **July 1, 2008**. Additional educational materials will be made available to you in the coming weeks.

This article will be of particular interest to physicians and other treating practitioners who are enrolled DMEPOS suppliers; physicians and others who order or refer DMEPOS items or services for their patients; skilled nursing facilities and nursing facilities; and physical therapists and occupational therapists in private practice who are Medicare enrolled DMEPOS suppliers.

The first two special edition articles on the DMEPOS Competitive Bidding Program can be viewed at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0805.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0806.pdf>

Thank you for helping CMS get this important information to your association members!

April 17, 2008 cont'd

The Latest Physician Quality Reporting Initiative Update

QUALITY REPORTING INITIATIVE WILL HELP IMPROVE HEALTH CARE FOR BENEFICIARIES AND PROVIDE INCENTIVES FOR ELIGIBLE PROFESSIONALS

The Centers for Medicare & Medicaid Services (CMS) today announced steps it is taking to encourage physicians and other eligible professionals to take part in the Physician Quality Reporting Initiative (PQRI), a program designed to improve the quality of care provided to Medicare beneficiaries. These steps, including a variety of new reporting options, will make it easier for eligible professionals to participate and receive feedback on their performance.

The 2008 PQRI Program allows the use of 119 measures that were published in the Physician Fee Schedule for 2008.

Details about how an eligible professional can qualify for an incentive payment under this new option are available at <http://www.cms.hhs.gov/PQRI> on the CMS website.

2008 PQRI: Establishment of Alternative Reporting Periods and Reporting Criteria is posted at <http://www.cms.hhs.gov/PQRI/downloads/2008PQRIalterrptperiods.pdf> on the CMS website.

To read the CMS Press Release issued today (4/17) click here: http://www.cms.hhs.gov/apps/media/press_releases.asp on the CMS website.

April 17, 2008 cont'd

More of the Latest Physician Quality Reporting Initiative Update! More Ways to Participate in 2008!

The Centers for Medicare & Medicaid Services (CMS) today announced new options under the PQRI program that make it easier than ever to participate.

CMS is pleased to announce that a new PQRI law now allows CMS to offer:

- New reporting approaches that give you more options to successfully participate;
- New, alternate reporting periods to allow you to begin reporting on July 1, 2008, and still receive an incentive payment (1.5% of allowable charges for services provided from July 1 through December 31, 2008); and
- New options to submit quality measures data to CMS through a qualified, established clinical data registry, in which you may already be participating.

Also, for the 2008 reporting period, the new law removed the limit (cap) on your incentive.

How Can You Learn More?

- **Join our Open Door Forum.** Keep informed of developments of interest to you and other physicians and health care practitioners by subscribing to CMS' Physicians, Nurses, and Allied Health Open Door Forum ListServ. The Forum will hold its next meeting on Tuesday, April 22, 2008. To sign up for the ListServ and receive PQRI updates and Forum meeting invitations by e-mail, visit http://www.cms.hhs.gov/OpenDoorForums/23_ODF_PNAHP.asp on the CMS website.
- **Attend our National Provider Conference Call with Q&A Session.** CMS will host the second in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative. This toll-free call will take place from 1:30 p.m. – 3:30 p.m., EDT, on Wednesday, April 30, 2008. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts. We are pleased to announce that CMS will be offering continuing education units (CEUs) for eligible participants. *The agenda and details on how to register for the call are forthcoming.*
- **Visit our website.** For more information about these new PQRI program changes, including how you can participate, visit us at <http://www.cms.hhs.gov/PQRI> on the CMS website.

April 17, 2008 cont'd

Details on the 2008 Physician Quality Reporting Initiative (PQRI) 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 second in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 1:30 p.m. – 3:30 p.m., EDT, on Wednesday, April 30, 2008.

The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) was enacted on December 29, 2007. MMSEA authorizes CMS to make PQRI incentive payments for satisfactorily reporting quality measures data in 2008.

MMSEA also provides professionals greater flexibility for participating in the 2008 PQRI by authorizing CMS to establish alternative reporting criteria and alternative reporting periods for the reporting of measures groups and for the submission of data on PQRI quality measures through clinical data registries.

In 2008, eligible professionals may earn an incentive payment of 1.5 percent of their total allowed charges for physician fee schedule covered professional services furnished during the respective alternative reporting periods based on data submitted via these mechanisms. While TRHCA established a cap on incentive payments for 2007, based on an average per measure payment amount, there is no cap on incentive payments under MMSEA for 2008 and 2009.

These provisions provide increased opportunities for eligible professionals to report PQRI quality measures and the possibility to earn incentive payments for satisfactory reporting. This call will provide an overview of these new flexibilities.

A PowerPoint slide presentation will be posted to the PQRI webpage at, http://www.cms.hhs.gov/PQRI/30_EducationalResources.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, Dr. Daniel Green and Rachel Nelson. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

NOTE: We are pleased to announce that CMS will be offering continuing education units (CEUs) for eligible participants; the agenda and details on how to register to obtain CEUs for this call is forthcoming.

Conference call details:

Date: April 30, 2008
Conference Title: 2008 Physician Quality Reporting Initiative National
Provider Call
Time: 1:30-3:30 p.m. EDT

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 1:30 p.m. EDT on April 29, 2008, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

11. To register for the call participants need to go to:
<http://www2.eventsvc.com/palmettogba/event/2f7d0cda539b41dfb0fa57ad119b2ba9>

12. Fill in all required data.

13. Verify your time zone is displayed correctly the drop down box.

14. Click "Register".

15. 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 3:30 p.m. EDT 4/30/2008 until 11:59 p.m. EDT 5/07/2008. The call in data for the replay is (800) 642-1687 and the passcode is 42860144.

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

April 18, 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 a few things to mention on this Friday afternoon, including information on:

- Important News Regarding the National Plan and Provider Enumeration System (NPES)
- New from the Medicare Learning Network
- Upcoming Training for the Medicare Part B Drugs Competitive Acquisition Program (CAP)

Please pay particular attention to the first item as it does affect access to the National Provider Identifier (NPI) registry on Monday, April 21.

Important News Regarding the National Plan and Provider Enumeration System (NPES)

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

NPES & NPI Registry will be Unavailable on April 21st due to Implementation of Enhancements/Upgrades to the System. On April 21, 2008, the National Plan and Provider Enumeration System (NPES) will undergo system maintenance during the day. Neither NPES nor the NPI Registry will be available on April 21, 2008. CMS will be implementing several enhancements/updates to the system. For more information, see: <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPES-Enhancements.pdf>

New from the Medicare Learning Network

Some New MLN Matters Articles:

SE0807 – Important Exceptions and Special Circumstances that Occur under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: – The third in a series of articles on the new DMEPOS competitive bidding program.

<http://www.cms.hhs.gov/MLNMArticles/downloads/SE0807.pdf>

MM5987 – Clinical Laboratory Fee Schedule - Implementation of Section 113 Medicare, Medicaid and State Children's Health Insurance Program (MMSCHIP) Legislation

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5987.pdf>

MM5835 – Medicare Shared Systems Modifications Necessary to Accept and Crossover to Medicaid National Drug Codes (NDC) and Corresponding Quantities Submitted on CMS-1500 Paper Claims

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5835.pdf>

MM5985 – Exception to 60-Day Limit on Substitute Physician Billing Arrangements for Physicians Called to Active Duty in the Armed Forces Reserves

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5985.pdf>

MM5968 – Nursing Facility Services (Codes 99304 - 99318)

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5968.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 number of CAP topics and requirements such as billing for CAP claims, and NAS personnel are available to answer questions. Physicians and/or their staff are strongly encouraged to attend.

Interested parties may view additional information about and register for these workshops at: https://www.noridianmedicare.com/cap_drug/train/workshops/index.html

Upcoming workshops will be held on the following dates:

- 4/22/08 at 2:00 pm CST
- 5/28/08 at 10:00 am CST

I hope you have a really great weekend!

With best regards ~ Valerie

April 21, 2008

Two News Items for You

Hello everyone! Just two items I wanted to send you this Monday afternoon. The first item contains important information on the Medicare DMEPOS Competitive Bidding Program and is of special interest to Medicare physicians, suppliers and other providers that order, refer or supply certain medical equipment and supplies to Medicare beneficiaries. The second item relates to today's release of a CMS proposed rule for inpatient rehabilitation services in FY 2009. Please share with your members as appropriate. Thanks!

Information You Need: New Medicare-covered Equipment and Supplies Program In Certain Designated Areas

If you order, refer or supply certain medical equipment and supplies, such as oxygen or power wheelchairs, you should know about a new Medicare program that may change the suppliers your patients will need to use.

The new program will begin July 1, 2008 in 10 geographic areas around the country, including Charlotte-Gastonia-Concord, NC-SC; Cincinnati-Middletown, OH-KY-IN; Cleveland-Elyria-Mentor, OH; Dallas-Fort Worth-Arlington, TX; Kansas City, MO-KS; Miami-Fort Lauderdale-Miami Beach, FL; Orlando-Kissimmee, FL; Pittsburgh, PA; Riverside-San Bernardino-Ontario, CA; San Juan-Caguas-Guaynabo, PR. The program will expand to 70 additional areas in 2009 and to additional areas thereafter.

If your patient lives in or travels to one of these 10 designated areas and you order, refer or supply any medical equipment or supplies that fall within the 10 product categories listed below, the patient must now get the equipment or supplies from a Medicare-contracted supplier.

The 10 product categories that are included in the program are:

1. Oxygen supplies and equipment;*
2. Standard power wheelchairs, scooters and related accessories;
3. Complex rehabilitative power wheelchairs and related accessories;*
4. Mail-order diabetic supplies;
5. Enteral nutrients, equipment, and supplies;*
6. Continuous Positive Airway Pressure (CPAP) devices and Respiratory Assist Devices (RADs) and related supplies;
7. Hospital beds and related accessories;*
8. Negative pressure wound therapy pumps and related supplies and accessories;
9. Walkers and related accessories; and
10. Support surfaces, including group 2 mattresses and overlays (in Miami-Fort Lauderdale-Miami Beach, FL only).*

(* Indicates product category is NOT included in San Juan-Caguas-Guaynabo, PR)

To ensure that his or her medical products and services will be covered by Medicare, we encourage you to help your patient find out which suppliers are Medicare contract suppliers. After the suppliers are announced in May, you can find out if a supplier is included in the program by visiting <http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS>.

For the latest provider information on this new program, CMS has released 3 MLN Matters educational articles, which can be found at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0805.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0806.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0807.pdf>

Once again, if **your patient lives in or travels to one of the 10 designated areas** and you order, refer or supply any medical equipment or supplies that fall within the 10 product categories, please **discuss the new program requirements with** your patient, and provide them with the Medicare fact sheet entitled “What You Should Know if You Need Medicare-covered Equipment or Supplies.”

<http://www.medicare.gov/Publications/Pubs/pdf/11307.pdf>

CMS PROPOSES MORE ACCURATE PAYMENTS FOR INPATIENT REHABILITATION SERVICES IN FY 2009

The Centers for Medicare & Medicaid Services (CMS) today proposed a rule that will improve the accuracy of payment for services furnished to people with Medicare who need the intensive rehabilitation services provided by Inpatient Rehabilitation Facilities (IRFs). These include patients who are recovering from serious illnesses or injuries, such as stroke, spinal cord injuries, severe burns, amputations and a number of other conditions. There are currently more than 1,200 facilities that are paid as IRFs.

Website Resources:

The rule is available at:

<http://www.cms.hhs.gov/InpatientRehabFacPPS/LIRFF/itemdetail.asp?itemID=CMS1209922>.

The press release is available at: http://www.cms.hhs.gov/apps/media/press_releases.asp

The fact sheet is available at: http://www.cms.hhs.gov/apps/media/fact_sheets.asp

April 24, 2008

Your Latest NPI Update!

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

Important Information for ALL Providers –

Medicare and Non-Medicare

Check with Other Health Plans to Understand May 23rd Expectations

CMS encourages all health care providers to contact other health plans with which you interact in order to ensure you fully understand their expectations for May 23, 2008.

Important Information for Medicare FFS Providers

Clarification of 4/3/2008 Statement “*Institutional Providers Submitting Taxonomy Codes to Identify Subparts – What Medicare is using to Obtain NPI/OSCAR Match*”

Providers who submit Medicare claims may continue to send their Medicare Provider Taxonomy Codes. However, Medicare Fee-For-Service claims processing systems will not use this data to adjudicate claims. The taxonomy codes will be crossed over to the secondary payers as CMS understands that some payers may use this information to adjudicate claims.

When to Update NPPES if an Update to Medicare Enrollment Information is Also Needed

The NPI Final Rule requires covered providers to update their required NPPES data within 30 days of the change. If a Medicare provider needs to update information in NPPES, it will also need to update the corresponding information in its Medicare enrollment record via the CMS-855. Providers should not make updates to NPPES data until after their CMS-855s are processed and those updates are effective in the Medicare enrollment system (PECOS, or the NSC for Medicare DMEPOS suppliers). After the update is effective in PECOS or the NSC (whichever is appropriate), providers have up to 30 days to make the corresponding updates in NPPES. In a change of ownership (CHOW) situation, for example, the new owner would not make changes in the NPPES record of the provider that is being sold until after the CMS-855 is processed and its changes are effective in the Medicare enrollment system. If a new NPI is to be obtained as part of the CHOW and an existing NPI is to be deactivated (those decisions are up to the buyer and the seller), the NPI should not be deactivated until after all claims using that NPI reach final settlement (this could involve health plans in addition to Medicare).

May 23rd is Only 4 Weeks Away, ARE YOU PREPARED?

URGENT: CMS continues to be concerned about the low percentage of claims being submitted with an NPI alone in the primary provider identifier fields. See below for specific steps to begin using the NPI alone in the primary provider identifier fields.

Don't be Surprised on May 23...TRY NPI-ONLY NOW

Now that the NPI is required on all Medicare claims in the primary provider fields, if your claims are being successfully processed with NPI/legacy pairs (and most are) now is the time to begin sending a small batch of claims with NPI alone. If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will reject. You can and should try sending NPI-only now! If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI. If the claims reject, go into your NPPES record and validate that the information

you are sending on the claim is consistent with the information in NPES. If it is different, make the updates in NPES and resend a small batch of claims 3-4 days later. If your claims are still rejecting, you may need to update your Medicare enrollment information to correct this problem. Call the Customer Service Representative at your Medicare carrier, FI, or A/B MACor at your DME MAC to discuss your situation and, if necessary, have it investigated. Have a copy of your NPES record or your NPI Registry record available. The contractor telephone numbers are likely to be quite busy, so don't wait.

If you bill Medicare using a billing service or clearinghouse, you should work with them to establish a way to try sending NPI-only claims. It may be difficult for some of these 3rd party vendors to send small batches of your NPI-only claims and continue sending NPI and Legacy claims as well, so contact them and develop an alternative solution so you can try NPI-only.

Sending a sample of NPI-only claims will allow time for any needed corrections prior to May 23, 2008, the date when only the NPI will be accepted in all provider fields.

NPIs in Secondary Provider Fields

May 23, 2008, is also the deadline for using the NPI-only in the secondary provider identifier fields on a claim transaction. This includes the prescriber field in a Medicare fee-for-service retail pharmacy drug claim submitted in an NCPDP 5.1 transaction. CMS will be providing guidance with respect to the reporting of NPIs in the Service Facility Location loop in the X12 N 837 claims transactions.

NPIs on ALL HIPAA Standard Transactions

May 23, 2008 is also the deadline for the use of NPI on ALL HIPAA standard transactions (e.g., 837I, 837P, NCPDP, DDE, 276/277, 270/271 and 835).

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 can 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.

April 24, 2008 cont'd

NPI Plus More From the Medicare Learning Network!

As Medicare's **May 23rd National Provider Identifier (NPI) implementation** approaches, the Centers for Medicare & Medicaid Services (CMS) reminds providers to visit the NPI *MLN Matters* national provider education articles, courtesy of the *Medicare Learning Network*. The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty.

The *Medicare Learning Network* has created many *MLN Matters* articles on the various aspects of Medicare's NPI implementation. A comprehensive list of the NPI articles is available at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/MMArticles_NPI.pdf on the CMS website.

New MLN Quarterly Journal Ad—NPI MLN Matters Articles -- This quarter's journal ad features the MLN Matters articles available regarding Medicare's implementation of the National Provider Identifier (NPI).

Each calendar quarter, the *Medicare Learning Network* creates a journal advertisement based on an initiative or new product of particular importance during that time frame. National, state and local associations are encouraged to use this journal ad in their publications and/or newsletters and websites, as appropriate.

The files for this quarter's ad, as well as future ads, can be found at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS Website. Once on the page, click on **Quarterly MLN Journal Ad** (zip file) in the Downloads Section

Medicare Learning Network (MLN) Bookmark Now Available!

The MLN Bookmark lists: the topics covered by the educational products and services of the MLN, the various product types available to the learner, as well as the web address for the MLN. This product is appropriate for distribution at health care professional conferences, provider outreach and education activities and other appropriate types of provider/supplier events.

The MLN Bookmark is available for download at <http://www.cms.hhs.gov/MLNProducts/downloads/MLNBookmrk-006960.pdf> on the

CMS website. You can also order hard copies of the bookmark through the MLN Product Ordering page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the web.

A version of the MLN Bookmark is also available for distribution to Indian Health Care Professionals. To view this bookmark, go to <http://www.cms.hhs.gov/MLNProducts/downloads/MLN-AIANBookmrk006954.pdf> or to order hard copies go to http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the web.

“Medicare Claims Review Program (MR, NCCI Edits, MUEs, CERT and RAC)”: New Educational Product is available!

CMS is pleased to announce that a new educational resource discussing the Medicare Claims Review Program is now available on the CMS website. This Booklet provides an overview of the several initiatives implemented by CMS to prevent improper payments before a claim is processed and identify and recoup improper payments after a claim has been processed. To access this new product, visit http://www.cms.hhs.gov/MLNProducts/downloads/MCRP_Booklet.pdf on the CMS website. Printed copies will be available at a later date.

MUE website: http://www.cms.hhs.gov/NationalCorrectCodInitEd/08_MUE.asp#TopOfPage

April 25, 2008

**URGENT NPI-RELATED MESSAGE FOR ALL MEDICARE
FEE-FOR-SERVICE INSTITUTIONAL PROVIDERS THAT
HAVE SUBPARTS**

**URGENT MESSAGE FOR ALL MEDICARE FEE-FOR-SERVICE
INSTITUTIONAL
PROVIDERS THAT HAVE SUBPARTS**

It has come to our attention that our message of April 3, 2008, concerning the use of taxonomy codes to facilitate NPI matching with the Medicare NPI Crosswalk, has caused both confusion and consternation. We regret this unintended consequence. We believe that your claims will be successfully processed using your NPI, regardless of whether you enumerate your subparts with NPIs. We continue to encourage you to test NPI-only claims before the May 23, 2008, deadline.

Since February 2006, we have been encouraging providers with subparts (with separate OSCAR numbers attached to those subparts) to enumerate those subparts with an NPI. We believed then and now that such enumeration of subparts may be helpful towards ensuring Medicare crosswalk matches. This recommendation was not a mandated requirement nor is it mandated now (as some have assumed with the April 3, 2008, message).

In addition, while we originally thought that the taxonomy code would help facilitate matching a provider's NPI to the appropriate subpart's OSCAR number, experience has shown that other data elements on the claim did a much better job of achieving this match. To be clear, this successful matching using claims data rather than the taxonomy code is working for those providers that did not enumerate their subparts.

In summary, providers with subparts do not need to do anything new or different as a result of the April 3, 2008, message. We continue to encourage you to enumerate your subparts, but we believe the data coming in on your claim will enable successful matches to the crosswalk, as is currently happening in most cases. While Medicare may not be using the taxonomy code, we will pass it on to our trading partners on crossover claims, in the event they use it.

We hope this clarification eases some of the concerns we are hearing. Again, you do not need to change your systems nor do anything new or different.

April 28, 2008

Important Information About the Upcoming DMEPOS Competitive Bidding Program!

Three *MLN Matters* Articles Now Available!

This is an important reminder that the Centers for Medicare & Medicaid Services (CMS) has now issued three articles through the Medicare Learning Network (MLN) to educate and prepare you for the **July 1, 2008** implementation of the Medicare for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. These Special Edition *MLN Matters* articles are:

MLN Matters Special Edition # SE0805 entitled ~ **“Overview of New Medicare Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) – The first in a series of articles on the implementation of this program.”** ~ This article is posted on the CMS Website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0805.pdf> .

MLN Matters Special Edition Article # SE0806 entitled ~ “**Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Grandfathering, Repair and Replacement, Mail Order Diabetic Supplies and Advanced Beneficiary Notices (ABNs) – the second in a series of articles on the new DMEPOS Competitive Bidding Program.**” ~ This article is posted on the CMS Website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0806.pdf> .

MLN Matters Special Edition Article # SE0807 entitled ~ “**Important Exceptions and Special Circumstances that Occur Under the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program:--The third in a series of articles on the new DMEPOS Competitive Bidding Program.**” ~ This Article is posted on the CMS Website at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0807.pdf> .

Additional educational materials will be made available to you as we approach the **July 1, 2008** implementation date.

National Provider Training Call

CMS will be conducting its **first national provider conference call on Tuesday, May 13th at 1:00 p.m. EDT** for the various provider audiences affected by the program. More information on this call will be coming to you in the very near future so be on the lookout!

Advance Beneficiary Notice (ABN) Information

We would also like to take this opportunity to highlight the importance of using an Advance Beneficiary Notice under the Medicare DMEPOS Competitive Bidding Program. Given the range of situations wherein Medicare may or may not pay for a specific item of DMEPOS, it is imperative that non-contract suppliers understand the significance of issuing or not issuing an ABN to beneficiaries to whom they are furnishing a competitively bid item. More information on this subject can be found in the *MLN Matters* Special Edition article #SE0806.

Also, please be aware that a revised Advance Beneficiary Notice (ABN) of Noncoverage (CMS-R-131) was released on March 3, 2008, and providers (including independent laboratories), physicians, practitioners, and suppliers are authorized to begin using the notice immediately for all situations where Medicare payment is expected to be denied. The revised ABN replaces the existing ABN-G (Form CMS-R-131G), ABN-L (Form CMS-R-131L), and NEMB (Form CMS-20007). CMS will allow a 6-month transition period from the date of implementation for use of the revised form and instructions. Thus, all providers and suppliers must begin using the revised ABN (CMS-R-131) **no later than September 1, 2008**. Revised manual instructions will be published within the next few weeks and a *MLN Matters* article will also be released at that time. The revised ABN and form instructions can be accessed at the following url:

http://www.cms.hhs.gov/BNI/02_ABNGABNL.asp#TopOfPage

April 28, 2008 cont'd

2008 Physician Quality Reporting Initiative National Provider Conference Call

Registration will close at **1:30 p.m. EDT on April 29, 2008**, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

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 second in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 1:30 p.m. – 3:30 p.m., EDT, on Wednesday, April 30, 2008.

The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) was enacted on December 29, 2007. MMSEA authorizes CMS to make PQRI incentive payments for satisfactorily reporting quality measures data in 2008.

MMSEA also provides professionals greater flexibility for participating in the 2008 PQRI by authorizing CMS to establish alternative reporting criteria and alternative reporting periods for the reporting of measures groups and for the submission of data on PQRI quality measures through clinical data registries.

In 2008, eligible professionals may earn an incentive payment of 1.5 percent of their total allowed charges for physician fee schedule covered professional services furnished during the respective alternative reporting periods based on data submitted via these mechanisms. While TRHCA established a cap on incentive payments for 2007, based on an average per measure payment amount, there is no cap on incentive payments under MMSEA for 2008 and 2009.

These provisions provide increased opportunities for eligible professionals to report PQRI quality measures and the possibility to earn incentive payments for satisfactory reporting. This call will provide an overview of these new flexibilities.

A PowerPoint slide presentation will be posted to the PQRI webpage at, http://www.cms.hhs.gov/PQRI/30_EducationalResources.asp, on the CMS

website for you to download prior to the call so that you can follow along with the presenters, Dr. Michael Rapp, Dr. Daniel Green and Rachel Nelson. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

NOTE: We are pleased to announce that CMS will be offering continuing education units (CEUs) for eligible participants; the agenda and details on how to register to obtain CEUs for this call is forthcoming.

Conference call details:

Date: April 30, 2008
Conference Title: 2008 Physician Quality Reporting Initiative National
Provider Call
Time: 1:30-3:30 p.m. EDT

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 1:30 p.m. EDT on April 29, 2008, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

16. To register for the call participants need to go to:
<http://www2.eventsvc.com/palmettogba/event/2f7d0cda539b41dfb0fa57ad119b2ba9>

17. Fill in all required data.

18. Verify your time zone is displayed correctly the drop down box.

19. Click "Register".

20. 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 3:30 p.m. EDT 4/30/2008 until 11:59 p.m. EDT 5/07/2008. The call in data for the replay is (800) 642-1687 and the passcode is 42860144.

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

April 28, 2008 cont'd

NPI Information for Medicare FFS Providers: May 7th is "Legacy Free" Day!

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

Important Information for Medicare FFS Providers

May 7 is "Legacy Free" Day – An opportunity to check your NPI readiness!

CMS, in collaboration with the Healthcare Information and Management Systems Society (HIMSS), has requested clearinghouses that submit claims to FFS Medicare to participate in a **one day NPI preparation exercise**. Specifically, on Wednesday, May 7, 2008, ***participating*** clearinghouses should submit Medicare claims with NPI-only in all provider identifier fields for which a provider uses NPI/legacy pairs. On May 8th, ***participating*** clearinghouses will revert back to sending Medicare NPI/legacy pairs as received from the providers.

Through its monthly NPI messages, CMS has been requesting providers to begin testing NPI-only by sending a group of claims with NPI alone in primary provider fields. This "exercise" will result in feedback from your Medicare contractor on your readiness as it pertains to your National Provider Identifiers.

On May 7, 2008, ***participating*** clearinghouses will send Medicare claims with NPI-only in provider fields which originally contain NPI/legacy pairs from the provider. In other words, clearinghouses will strip the legacy identifiers when they are submitted as part of an NPI/legacy pair. Of course, fields already containing NPI-only will be sent to Medicare, as usual, and secondary provider identifier fields containing legacy-only will be sent to Medicare, as usual.

This exercise will help Medicare providers evaluate their NPI readiness prior to the May 23, 2008 deadline.

The outcomes of this exercise are described below:

- Claims are processed and paid by Medicare. Under this scenario, the provider can feel confident that their cash flow will not be affected by the May 23rd implementation date. Or
- Claims are rejected or suspended. Under this scenario, the provider will know in advance that there are problems that must be resolved prior to May 23rd. Resolution might include changes to the NPES data or to the 855 enrollment record.

Again, on May 8, 2008, ***participating*** clearinghouses will revert back to sending Medicare NPI/legacy pairs, if sent to them by the provider.

Participating clearinghouses will be soon notifying provider clients about details so pay close attention to Clearinghouse communications.

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 can 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 www.cms.hhs.gov/NationalProvIdentStand CMS webpage.

April 29, 2008

CMS to Host NPI Roundtable on May 14, 2008 - Register Today!

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

CMS to Host NPI Roundtable on May 14th, 2008

The Centers for Medicare & Medicaid Services (CMS) will host a national NPI Roundtable to address additional questions from the Medicare provider community regarding Medicare's NPI implementation. The Roundtable will be on May 14th from 2-3:30PM EDT. Providers will be able to submit questions through the online registration system at the time of sign up for the call. For registration details, visit

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_5-14-08_call.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 can 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.

Valerie A. Haugen Director
Division of Provider Information Planning & Development
Provider Communications Group, CMS
(410) 786-6690
Valerie.Haugen@cms.hhs.gov



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