

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

**March 3, 2008**

PQRI: Opportunity to Suggest Measures for Consideration for Inclusion in 2009

### **Physician Quality Reporting Initiative (PQRI): Opportunity to Suggest Measures for Consideration for Inclusion in 2009**

The Centers for Medicare & Medicaid Services (CMS) is now accepting quality measure suggestions for consideration for possible inclusion in the proposed set of quality measures to be published in the 2009 Medicare Physician Fee Schedule (MPFS) Proposed Rule for the PQRI.

For more information on this opportunity to suggest measures for consideration for inclusion in 2009, please go to <http://www.cms.hhs.gov/PQRI>, and select the Measures/Codes tab on the left side of the page. Next, scroll down to the Downloads section and select “Notice of 2009 Measure Suggestions.”

### **Updates to the 2008 PQRI Tool Kit:**

The PQRI Tool Kit has been updated to include a downloadable file containing Data Collection Worksheets for all 119 2008 PQRI quality measures. To access this file, please go to <http://www.cms.hhs.gov/PQRI>, and select the PQRI Tool Kit tab on the left side of the page. Then, scroll down to the Downloads section and select “2008 PQRI Data Collection Worksheets”.

### **NEW Frequently Asked Questions (FAQs):**

CMS updates the FAQs for PQRI on an ongoing basis, as inquiry volumes and new program developments indicate the need for new or updated FAQs. The following new FAQs may be of particular interest at this time, as they focus on the process for validating whether a professional participating in the 2008 PQRI is reporting on a sufficient number of measures.

**#8973 -- Question:** Is there a Measure Applicability Validation (MAV) process for 2008 Physician Quality Reporting Initiative (PQRI)?

**#8973 -- Answer:** Yes. The PQRI 2008 Measure Applicability Validation Process for Claims-Based Participation is described in a document available for download from the Analysis and Payment page of the PQRI section of the CMS website (at url: [http://www.cms.hhs.gov/PQRI/25\\_AnalysisAndPayment.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/25_AnalysisAndPayment.asp#TopOfPage)).

**#8974 -- Question:** How does the two-step validation process work for the Physician Quality Reporting Initiative (PQRI)?

**#8974 – Answer:** Professionals who report successfully on each of fewer than three measures are subject to the 2008 PQRI Measure Applicability Validation (MAV) process for claims-based participation. Professionals who report on three or more measures are not subject to MAV. (The 2008 PQRI Measure Finder Tool is available to assist you in finding measures that may apply to your practice, and is available for download from the PQRI Toolkit page of the CMS website at:

<http://www.cms.hhs.gov/PQRI/Downloads/2008PQRIMeasureFinderTool.zip> )

Step 1 of MAV relates measures to one another by placing them in closely related clusters. This test is based on the concept that if one measure in a cluster of measures related to a particular clinical topic or professional service is applicable to a professional's practice, then other closely related measures (measures in that same cluster) may also be applicable. The 2008 PQRI MAV clusters and the measures included in each are described in the document titled "2008 Measure-Applicability Validation Process for Claims-Based Participation", which is available for download from the Analysis and Payment page of the PQRI section of the CMS web site. CMS has not included in any clusters certain measures that are not suited for MAV clustering in the 2008 PQRI, for reasons described in the MAV process document.

Step 2 of MAV looks to see if an eligible professional treated more than a minimum number (threshold) of eligible cases that met the requirements of other measures within the cluster. For 2008 claims-based participation in PQRI, measure-specific thresholds may be determined based on analysis of data that will become available during the reporting period. In no case, however, will any measure's 2008 PQRI applicability threshold be less than 30 reportable instances. The cases to which a measure applies are identified by the line-item diagnosis and service codes billed for each rendering NPI. Any complicating diagnoses on the Part B base claim are not considered in 2008 PQRI analyses for claims-based participation. Cases that count toward the applicability threshold for any individual NPI will also not include those for which the qualifying diagnosis and procedure codes are identified by another rendering professional's individual NPI. Eligible professionals who pass Step 2 of 2008 PQRI MAV will be eligible for the PQRI incentive payment.

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**March 4, 2008**

## Tamper-Resistant Prescriptions for Medicaid Recipients

**To: Participating Medicaid Providers**

Beginning April 1, 2008, all written prescriptions for Medicaid recipients must be on paper with at least one tamper-resistant feature as outlined by CMS and defined by your State. Beginning October 1, 2008 these same prescriptions must be on paper that meets all three baseline characteristics of tamper-resistant pads. CMS has outlined the three baseline characteristics as those that: (1) prevent unauthorized copying of a completed or blank prescription form; (2) prevent the erasure or modification of information written on the prescription by the prescriber; or (3) prevent the use of counterfeit prescription forms.

States are responsible for defining specific features that meet the baseline characteristics in order for a prescription to be considered tamper-resistant in that State. Therefore, we recommend reviewing your State's website for guidance on acceptable tamper-resistant features. Additional information on CMS' requirements can be found at: [http://www.cms.hhs.gov/DeficitReductionAct/30\\_GovtInfo.asp](http://www.cms.hhs.gov/DeficitReductionAct/30_GovtInfo.asp)

Please note that electronic prescriptions, faxed prescriptions and prescriptions sent over the telephone are exempt from this requirement.

Failure to comply with this requirement could result in a withholding of Medicaid reimbursement.

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**March 5, 2008**

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

Noridian Administrative Services (NAS), 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](https://www.noridianmedicare.com/cap_drug/train/workshops/index.html)

Upcoming workshops will be held on the following dates:

- 3/12/08 at 10:00 am CST
- 4/22/08 at 2:00 pm CST
- 5/28/08 at 10:00 am CST

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## March 7, 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!**

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\*\*\*\*\* *Happy Friday everyone—I hope you've had a good week! Just a few items for you today, including information on:*

### 1. **March is National Nutrition Month**



2. New from the Medicare Learning Network
3. Special ODF on Public Health and Medical Preparedness

*I also wanted to mention that I am receiving news updates and health advisories from the Centers for Disease Control and Prevention (CDC) as part of their Clinician Outreach and Communication Activity Initiative. They have asked that I circulate this information to the extent that I can so I am including them as part of my Friday message to you. However, some of the items are rather long so I have put them in a separate document and attached it to this e-mail.*

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\*\*\*\*\* **March is National Nutrition Month®** –

Please join with the Centers for Medicare & Medicaid Services (CMS) in promoting increased awareness of nutrition, healthful eating and the medical nutrition therapy (MNT) benefit covered by Medicare. Approximately 8.6 million Americans<sup>[1]</sup> at least 60 years or older are diagnosed with diabetes or acute renal failure. MNT provided by a registered dietitian or nutrition professional may result in improved diabetes and renal disease management and other health outcomes and may help delay disease progression.

### **Medicare Coverage**

Medicare provides coverage of medical nutrition therapy (MNT) for beneficiaries diagnosed with diabetes and/or renal disease (except for those receiving dialysis) when provided by a registered dietitian or nutrition professional who meets the provider qualification requirements. The beneficiary's treating physician must provide a referral and indicate a diagnosis of diabetes or renal disease. Medicare provides coverage for 3 hours of MNT in the first year and 2 hours in subsequent years. Additional hours may be covered in certain situations.

***NOTE:** For the purpose of this benefit, renal disease means chronic renal insufficiency or the medical condition of a beneficiary who has been discharged from the hospital after a successful renal transplant for up to 36 months post transplant. Chronic renal insufficiency means a reduction in renal function not severe enough to require dialysis or transplantation [Glomerular Filtration Rate (GFR) 13-50 ml/min/1.73m<sup>2</sup>].*

### **Help Us Spread the Word**

As a trusted source of health care information, your patients rely on their physician's or other health care professional's recommendations. CMS needs your help to ensure that all eligible people with Medicare are aware of the medical nutrition therapy benefit. Talk with your eligible Medicare patients about the benefits of managing diabetes and renal disease through MNT and encourage them to make an appointment with a registered dietitian or nutrition professional qualified to provide MNT services covered by Medicare.

### **For More Information**

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<sup>[1]</sup> The United States Renal Data System and National Diabetes Information Clearinghouse;  
<http://diabetes.niddk.nih.gov/dm/pubs/statistics>.

CMS has developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare.

1. The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for Medicare Learning Network (MLN) preventive services educational products and resources for health care professionals and their staff.

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

2. Diabetes-Related Services Brochure ~ This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of diabetes screening tests, diabetes self-management training, medical nutrition therapy, and supplies and other services for Medicare beneficiaries with diabetes.

<http://www.cms.hhs.gov/MLNProducts/downloads/DiabetesSvc.pdf> To order copies of the brochure, go to the MLN Product Ordering System located at:

[http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5)

1. The CMS website provides additional information about the MNT benefit at <http://www.cms.hhs.gov/MedicalNutritionTherapy/>

- For information to share with your Medicare patients, visit <http://www.medicare.gov>
- For more information about National Nutrition Month®, please visit <http://www.eatright.org>.

Thank you for your support in helping CMS spread the word about the benefits of good nutrition, healthful eating and the medical nutrition therapy benefit covered by Medicare that may help people with Medicare learn to control and manage their medical conditions.

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1 The United States Renal Data System and National Diabetes Information Clearinghouse;

<http://diabetes.niddk.nih.gov/dm/pubs/statistics> .

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### **New From the Medicare Learning Network**

The revised *Hospice Payment System Fact Sheet* (December 2007), which offers providers information about the Medicare hospice benefit, 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.”

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**Special Open Door Forum:**  
**Public Health & Medical Preparedness -- HSPD-21,**  
**Paragraph 40**  
**Enhancing Healthcare Provider Preparedness**

Friday, March 14, 2008

Time: 1pm-3pm

**(Conference Call Only)**

The Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Preparedness and Response (ASPR) will hold a Special Open Door Forum (ODF) to discuss ideas and suggestions for implementing Paragraph 40 from Homeland Security Presidential Directive 21 (HSPD-21), Public Health and Medical Preparedness: “. . .to create financial incentives to enhance private sector health care facility preparedness. . .” Paragraph 40 describes criteria for implementing such a plan, namely that it rely on current grant funding programs, private payer incentives, market forces, CMS requirements, and other identified means in such a manner as not to increase healthcare costs.

HSPD-21, Public Health and Medical Preparedness (published on October 18, 2007) (<http://www.fas.org/irp/offdocs/nspd/hspd-21.htm>) established a national strategy for public health and medical preparedness to transform our national approach to protecting the health of the American people against all disasters. This ODF will deal only with one aspect of mass casualty care issues, namely Paragraph 40.

Since Katrina, CMS and ASPR have engaged in many Emergency Preparedness stakeholder forums with providers, suppliers, beneficiaries, state survey agencies, credentialing agencies, and other relevant stakeholders. The ODF will be used to share ideas that have been previously gleaned from these and other discussions (especially under the auspices of CMS and ASPR) that may enhance ways for the Federal government to facilitate private sector healthcare facility preparedness without increasing healthcare costs. The ODF will solicit reactions to these ideas, collect new, innovative atypical or intuitive ideas and proposals, if applicable, especially those that are evidenced-based, historical or previously piloted, and identify, if possible, specific regulations, policy and procedures, or other official guidance which creates barriers to multi casualty preparedness. The purpose of the ODF is not to debate the merits of specific policies, procedures, requirements, or proposals. An E-Mailing List notice will be sent when materials summarizing relevant provider feedback to date are available on the CMS Special ODF website.

During this ODF, ASPR will provide: (1) an overview of HSPD-21, paragraph 40, (2) describe how input has been received to date, (3) moderate brief presentations from ODF participants, and (4) explain the next steps in the process.

Participants wishing to provide advanced materials that describe innovative new ideas for proposed solutions are encouraged to forward a one-page synopsis of their proposals, especially highlighting the extent to which these ideas are evidence-based, to [HSPD21-40\\_ndms@hhs.gov](mailto:HSPD21-40_ndms@hhs.gov) no later than March 10, 2008. You may be contacted for more information if needed.

We look forward to your participation

**Open Door Forum Participation Instructions:**

**CMS Staff and Authorized Speakers Only**

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

**General Public**

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

**Reference Conference ID 37577264**

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 **March 20, 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/opendoorforum/>

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*I hope you enjoy a wonderful weekend and don't forget to set those clocks forward!*

*With best regards ~ Valerie*

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CDC March 7.doc

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[1] The United States Renal Data System and National Diabetes Information Clearinghouse;  
<http://diabetes.niddk.nih.gov/dm/pubs/statistics>.

**March 14, 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!**

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- **Get Accredited for DMEPOS Competitive Bidding!**
- **New from the Medicare Learning Network**
- **Flu Shot Reminder**



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**GET ACCREDITED FOR DMEPOS COMPETITIVE BIDDING!**

In order to participate in the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program, suppliers must meet quality standards and be accredited by a CMS-approved Deemed Accreditation Organization. Suppliers that are interested in bidding in the second round of the program must be aware of two key deadlines:

- Suppliers must be accredited or have applied for accreditation by May 14, 2008 to submit a bid for the second round of competitive bidding. CMS cannot accept a bid from any supplier that is not accredited or that has not applied for accreditation by May 14, 2008.
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- Suppliers will need to be accredited to be awarded a contract. The accreditation deadline for the second round of competitive bidding is October 31, 2008. Suppliers must be accredited before this date to be awarded a contract. Suppliers should apply for accreditation immediately to allow adequate time to process their applications.

For a list of the CMS-approved Deemed Accreditation Organizations, visit [http://www.cms.hhs.gov/MedicareProviderSupEnroll/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/MedicareProviderSupEnroll/01_Overview.asp#TopOfPage). For information about the Medicare DMEPOS Competitive Bidding program, visit <http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/>

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

The Centers for Medicare & Medicaid Services (CMS) is making the following DVD available for Indian Health providers: ***Our Health, Our Community: Medicare, Medicaid and SCHIP outreach to American Indians/Alaskan Natives*** is a brief informational DVD on the benefits of enrolling in Medicare, Medicaid and SCHIP for the American Indian/Alaskan Native audience. This DVD can be used in hospital, clinic, and physician office waiting rooms, local TV stations, exhibits, training events, or any place American Indians and Alaskan Natives are gathered. (ICN# 6940)(Dec 2007) Run time is 7mins, 51 seconds

This product is only for those providers that serve the American Indian and Alaskan Native populations. To order a free copy, go to the Medicare Learning Network MLN Product Ordering Page [http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5) and select the DVD title from the product list.

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### **Flu Shot Reminder**

#### **It's Not Too Late to Give and Get the Flu Shot!**

In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!**

**Remember** - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website."

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*Have a great weekend!*

Hazeline Roulac, for  
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Visit the [Medicare Learning Network](#) ~ it's free!

**March 18, 2008**

A Few Tuesday Updates

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

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*Hello everyone! News items are coming in quickly this week so I thought I'd go ahead and issue an early week edition, including information on:*

- A/B MAC Award Update
- March is National Colorectal Cancer Awareness Month!
- New from the Medicare Learning Network
- Payment-Related News
- Decision on Section 220.1 of the National Coverage Decision Determination Manual titled "Computed Tomography" (Pub. 100-3, 220.1)
- News That Benefits Beneficiaries
- Flu Shot Reminder



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### **A/B MAC Award Update**

The Medicare Administrative Contractor (A/B MAC) award for Jurisdiction 12 (J12) has been restored to Highmark Medicare Services (HMS) of Camp Hill, Pennsylvania. All of the workload will be transitioned into the new MAC contract by the end of 2008.

This announcement follows the resolution of a protest filed a protest with the Government Accountability Office (GAO) of the A/B MAC award made under solicitation CMS-2006-0033 and announced by CMS on October 24, 2007.

Highmark Medicare Services will be the A/B MAC for the states of Pennsylvania, New Jersey, Maryland, Delaware, and the District of Columbia and will serve as the first point of contact for the processing and payment of Medicare fee-for-service claims from hospitals, skilled nursing facilities, physicians and other health care practitioners in this geographical area.

For more information go to <http://www.cms.hhs.gov/MedicareContractingReform> and click on “What's New” on the left.

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### **March is National Colorectal Cancer Awareness Month!**

The goal of this national health observance is to increase awareness that colorectal cancer is largely preventable, treatable and beatable. In conjunction with National Colorectal Cancer Awareness Month, the Centers for Medicare & Medicaid Services (CMS) remind health care professionals that Medicare provides coverage for certain colorectal cancer screenings. Colorectal cancer affects both men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older. And the risk for developing colorectal cancer increases with age.

#### **Medicare Covered Colorectal Cancer Screenings**

Medicare provides coverage of colorectal cancer screenings for the early detection of colorectal cancer. All Medicare beneficiaries age 50 and older are covered; however, when an individual is at high risk, there is no minimum age required to receive a screening colonoscopy or a barium enema rendered in place of the screening colonoscopy. An individual is considered to be at high risk for colorectal cancer if he or she has had colorectal cancer before or has a history of polyps, has a family member who has had colorectal cancer or a history of polyps, or has a personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis.

Medicare provides coverage for the following colorectal cancer screenings subject to certain coverage, frequency, and payment limitations:

- Fecal Occult Blood Test (FOBT)
- Colonoscopy
- Sigmoidoscopy
- Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy or screening colonoscopy)

### **Prevention Is Key**

Colorectal cancer is the second leading cancer killer in the United States; however it doesn't have to be. Colorectal cancer is largely preventable through screening which can find precancerous polyps-abnormal growths in the colon or rectum-so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment can often lead to a cure. CMS needs your help to ensure that eligible Medicare patients get screened for colorectal cancer. Talk with your Medicare patients and their caregivers about the importance of being screened and those patients who were screened before entering Medicare should be encouraged to continue with screening at clinically appropriate intervals.

### **For More Information**

- CMS has developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare.
  - The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for Medicare Learning Network (MLN) preventive services educational products and resources for health care professionals and their staff.  
[http://www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp#TopOfPage](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage)
  - Cancer Screenings Brochure ~ This tri-fold brochure provides health care professionals with an overview of cancer screenings covered by Medicare, including colorectal cancer screening services.  
[http://www.cms.hhs.gov/MLNProducts/downloads/Cancer\\_Screening.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/Cancer_Screening.pdf). To order copies of the brochure, go to the MLN Product Ordering Page located at:  
[http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5)

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

For more information about National Colorectal Cancer Awareness Month, please visit <http://www.preventcancer.org/colorectal3c.aspx?id=1036>

**Colorectal cancer is preventable, treatable and beatable. Encourage your patients to get screened—it could save their lives.**

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## New from the Medicare Learning Network

### **New Fact Sheets!**

The ***Hospital Outpatient Prospective Payment System Fact Sheet*** (revised January 2008), which provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set, 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 ***Ambulatory Surgical Center Fee Schedule Fact Sheet***, which provides general information about the Ambulatory Surgical Center (ASC) Fee Schedule, ASC payments, and how ASC payment amounts are determined, 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.”

### **DVD Available for Indian Health Providers!**

The Centers for Medicare & Medicaid Services (CMS) is making the following DVD available for Indian Health providers: ***Our Health, Our Community: Medicare, Medicaid and SCHIP Outreach to American Indians/Alaskan Natives*** is a brief informational DVD on the benefits of enrolling in Medicare, Medicaid and SCHIP for the American Indian/Alaskan Native audience. This DVD can be used in hospital, clinic, and physician office waiting rooms, local TV stations, exhibits, training events, or any place American Indians and Alaskan Natives are gathered. (ICN# 6940) (Dec 2007) Run time is 7 minutes, 51 seconds.

This product is only for those providers that serve the American Indian and Alaskan Native populations. To order a free copy, go to the Medicare Learning Network *MLN Product Ordering Page* [http://cms.meridianksi.com/kc/main/kc\\_frame.asp?kc\\_ident=kc0001&loc=5](http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5) and select the DVD title from the product list.

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## **Payment-Related News**

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Part B Drug and Biological Average Sales Price (ASP) Payment Amounts for April 1,

2008 to June 30, 2008 on the CMS website at [http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a\\_2008aspfiles.asp](http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a_2008aspfiles.asp). The files are located in the "Downloads" section of this web page.”

The Inpatient PC Pricer was recently updated due to issues regarding accessing certain provider data. If you use the Inpatient PC Pricer, please download this latest version of the PC Pricer from the CMS website at [http://www.cms.hhs.gov/PCPricer/03\\_inpatient.asp](http://www.cms.hhs.gov/PCPricer/03_inpatient.asp).

Due to low utilization payment adjustment (LUPA) pricing logic, the “Home Health Prospective Payment System (HH PPS) PC Pricer” web page, [http://www.cms.hhs.gov/PCPricer/05\\_HH.asp](http://www.cms.hhs.gov/PCPricer/05_HH.asp), has been updated. If you use the HHA PC Pricer, please go to the web page above and download the latest version of the PC Pricer.

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**Decision Regarding Section 220.1 of the National Coverage Decision Determination Manual titled “Computed Tomography” (Pub. 100-3, 220.1)**

The Centers for Medicare & Medicaid Services (CMS) has decided to make no change to section 220.1 of the National Coverage Decision Determination Manual titled “Computed Tomography” (Pub. 100-3, 220.1). We have decided that no national coverage determination on the use of cardiac computed tomography angiography for coronary artery disease is appropriate at this time and that coverage should be determined by local contractors through the local coverage determination process or case-by-case adjudication.

The Decision Memo for Computed Tomographic Angiography (CAS-00385N) may be found in its entirety using the link below:

<https://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=206>

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**News That Benefits Beneficiaries**

**“SUPPORTING RURAL FAMILY CAREGIVERS”**  
*Satellite Broadcast*  
**Wednesday, March 19, 2008 1:00–3:30 PM Eastern Time**

**Goal:**

This is a government-wide effort directed at eliminating the barriers that prevent people with disabilities from participating in full community life. Everyone benefits when people with disabilities and older adults are fully engaged in community life. This satellite

broadcast, “Supporting Rural Family Caregivers” will feature rural family caregivers and experts who have worked and conducted research in the rural family caregiver arena. They will discuss the issues confronting rural family caregivers, and present possible interventions to address these challenges. This satellite broadcast is presented by the DHHS New Freedom Initiative (NFI) Subcommittee on Caregiving in partnership with the Centers for Medicare & Medicaid Services.

#### **To View Program:**

First, **register** for the program by going to our website at:

<http://registration.casals.com/cms> . Second, choose how you will view the program.

You have **five options**:

**1. Satellite Downlink**—If you are part of an organization that operates a steerable commercial satellite dish capable of receiving the broadcast signal, please **register your agency as a downlink site** on our website. If you **are not** part of an organization that operates a steerable commercial satellite dish, you may reserve a seat at one of the **downlink sites** listed on the website.

**2. Webcasting**—View the broadcast as a live webcast through a NIH weblink <http://videocast.nih.gov>.

**3. Audiolines**—You can listen via telephone. There will be 500 audiolines available. Please call 1-800-779-5364 as early as 30 minutes before program start time (1 PM Eastern Time) and use “Caregivers” as the passcode.

**4. Videoconferencing**—If your office has videoconferencing capability, please fill out form on registration site and e-mail it to [ytic@cms.hhs.gov](mailto:ytic@cms.hhs.gov) . Then testing will take place for compatibility. If compatibility is found, dialing logistics will be sent to you.

**5. Archived Broadcast**—View the archived broadcast via the CMS website and NIH videocast at <http://videocast.nih.gov> . A list of supporting documents for the broadcast can be found at [http://registration.casals.com/cms/supporting\\_docs.asp](http://registration.casals.com/cms/supporting_docs.asp) . There you will find a Resource Document on Rural Family Caregivers, Faculty Biographies, Evaluation Form, Moderator’s Guide and Frequently Asked Questions.

#### **To Register:**

To register and to find more information on the broadcast and where it can be viewed, please go to: <http://registration.casals.com/cms/> . If you have any questions, please e-mail us at [caregivers@cms.hhs.gov](mailto:caregivers@cms.hhs.gov) or contact: Crystal Barnes at 410-786-8475; Spencer Schron 410-786-1075; or Rick Greene 202-357-3586.

## **HCAHPS: The Patient’s Perspective on Hospital Care**

The first national, standardized survey of patients' perspectives of hospital care, the CAHPS<sup>®</sup> Hospital Survey (better known as **HCAHPS**), has now been in the field for over a year, and results for over 2,500 participating hospitals will be publicly reported for the first time in late March 2008.



HCAHPS has already caught the attention of many healthcare organizations and hospital administrators, and it is quite possible that, armed with survey results for one or more hospitals, patients soon will be soliciting your advice.

The survey, which asks a random sample of discharged, adult patients across medical conditions about their experience of care (including communication with doctors) and rating of hospital, was developed by researchers at the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS), who also oversees survey administration and public reporting.

Participating hospitals (and by 2009 nearly all acute care hospitals will participate, or risk losing significant government payments) must adhere to standardized survey administration protocols and submit to government review. Hospital-level scores will be publicly reported on the *Hospital Compare* website ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)), alongside the current clinical and mortality measures. Results are adjusted for survey mode (mail, telephone, etc.) and certain patient characteristics (self-reported health status, age, ER admission, etc.) to eliminate sources of potential bias.

If you are curious, the 27 items on the HCAHPS survey can be viewed at <http://www.hcahpsonline.org/surveyinstrument.aspx>. The official HCAHPS website, [www.hcahpsonline.org](http://www.hcahpsonline.org), houses a wealth of information about survey content, development, and administration.

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### **Flu Shot Reminder**

***It's Not Too Late to Give and Get the Flu Shot! In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. Don't Get the Flu. Don't Give the Flu. Get Vaccinated!***

***Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.***

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***Well, that's all for now but you'll probably be hearing from me later this week.***

***With best regards ~ Valerie***

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### March 20, 2008

CMS Selects Contractor to Administer Medicare Claims Payment in Connecticut and New York

#### **CMS SELECTS NATIONAL GOVERNMENT SERVICES TO ADMINISTER MEDICARE CLAIMS PAYMENT IN CONNECTICUT AND NEW YORK**

The Centers for Medicare & Medicaid Services (CMS) recently announced that National Government Services (NGS) has been awarded a contract of up to five years for the combined administration of Part A and Part B Medicare claims payment in Connecticut and New York.

NGS will serve as the first point of contact for the processing and payment of Medicare fee-for-service claims from hospitals, skilled nursing facilities, physicians and other health care practitioners in the two states. The new Part A/Part B Medicare Administrative Contractor (A/B MAC) was selected using competitive procedures in accordance with federal procurement rules.

The new contractor will take claims payment work now performed by two fiscal intermediaries and four carriers in the two states. The A/B MAC contract, which has an approximate value of \$323 million over five years, will fulfill the requirements of the Medicare Modernization Act's (MMA) contracting reform provisions. As the A/B MAC contractor, NGS will immediately begin implementation activities and will assume full responsibility for the claims processing work in its two-state jurisdiction no later than November 2008.

The list of new contractors and the states they cover, along with other information, can be found at <http://www.cms.hhs.gov/MedicareContractingReform/> . To read the CMS press release issued today click here:

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

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### Important announcement regarding Round 1 of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program!

The Centers for Medicare & Medicaid Services (CMS) has announced the single payment amounts for Round 1 of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program.

Please visit the CMS web site at [www.cms.hhs.gov/CompetitiveAcqforDMEPOS/](http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/) to view additional information.

To view the Press Release, please click: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp).

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## March 21, 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!**

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*Happy Spring everyone! Just a couple of things to mention on this Friday afternoon, including:*

- **A Request from Yours Truly**
- **New from the Medicare Learning Network**
- **Updates to the Long Term Care PPS PC Pricer Web Page**
- **Updates from the Centers for Disease Control and Prevention (attached)**



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### **A Request from Yours Truly**

One of the primary goals of our Provider Partnership Program is to solicit valuable feedback that will assist us in reaching Medicare fee-for-service health care professionals with the education they need for their Medicare business functions. As part of the Medicare Learning Network system, CMS has been approved by the Accreditation Council for Continuing Medical Education (ACCME) to be an accredited provider of Continuing Medical Education (CME) credits and by the International Association for Continuing Education and Training (IACET) to become an accredited provider of Continuing Education Units (CEU). We believe that offering continuing education credits to the health care professional community gives the learner the incentive of receiving the credits required for professional education and allows CMS to get the education to the most appropriate audience for the given subject matter.

We would very much like to enhance our Medicare Learning Network product inventory by developing several new products that qualify for CME or CEU credits. To that end, ***I am requesting your feedback and ideas for Medicare-related topics for these products. Please let me know the kind of information you need from us that would help you with your Medicare-related practices, as well as with your continuing education needs.*** I always receive outstanding feedback from all of you, so I'm very much looking forward to hearing from you ~ thanks very much!

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### **New From the Medicare Learning Network!**

The revised ***Acute Inpatient Prospective Payment System Fact Sheet*** (November 2007), which provides general information about the Acute Inpatient Prospective Payment System (IPPS) and how IPPS rates are set, 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."

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## Updates to the Long Term Care PPS PC Pricer Web Page

The Long Term Care PPS PC Pricer web page has recently been updated. You may go to [http://www.cms.hhs.gov/PCPricer/07\\_LTCH.asp](http://www.cms.hhs.gov/PCPricer/07_LTCH.asp) to view the latest update.

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*I hope you enjoy your weekend!*

*With best regards ~ Valerie*

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## **March 25, 2008**

Medicare Part B Drug Competitive Acquisition Program (CAP): Systems Changes for Prescription Order Numbers for the CAP

**Medicare Part B Drug Competitive Acquisition Program (CAP): Systems Changes for Prescription Order Numbers for the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals**

The Centers for Medicare & Medicaid Services (CMS) has recently changed the implementation date for certain Medicare Part B claims processing system edits that affect CAP claims.

Specifically, the implementation date has been changed from July 1, 2008 to July 7, 2008. For additional information, please see the MLN Matters article at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5855.pdf>.

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**March 27, 2008**

A Few News Items For You

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

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*Hello everyone! I'll be out of the office tomorrow, so here's what I have for this week:*

- **New from the Medicare Learning Network**
- **Medicare Trustees Report Shows Serious Financial Status of Medicare Program**



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**New from the Medicare Learning Network**



***2008 Physician Quality Reporting Initiative (PQRI): New Educational Product is available!***

CMS is pleased to announce that a new educational resource ~ ***The 2008 PQRI Fact Sheet*** ~ is now available on the CMS website. This Fact Sheet provides an overview of the 2008 Physician Quality Reporting Initiative. To access this new product, as well as all available PQRI educational resources, visit <http://www.cms.hhs.gov/PQRI> on the CMS website and click on the Educational Resources tab. Once on the *Educational Resources* page, scroll down to the "Downloads" section and click on the "2008 PQRI Fact Sheet" link.

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 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 ***Ambulance Fee Schedule Fact Sheet***, which provides general information about the Ambulance Fee Schedule, 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."

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## ***Medicare Trustees Report Shows Serious Financial Status of Medicare Program***

In their annual report, the Medicare Trustees recently announced that both the Medicare Hospital Trust Fund and the Supplementary Medical Insurance Trust Fund expenditures are growing faster than the rest of the economy. The Trustees report expenditures were \$432 billion in 2007, or 3.2 percent of gross domestic product (GDP), and are projected to increase to nearly 11 percent of GDP in 75 years.

The Trustees report that Medicare's Hospital Insurance (HI) Trust Fund will become insolvent earlier in 2019 than reported last year. HI expenditure growth is estimated to average 7.4 percent each year over the next 10 years, a higher rate than either Gross Domestic Product (GDP) or Consumer Price Index (CPI) growth. This year the HI Trust Fund will spend more than its income, and from 2009 through 2017, about \$342 billion will need to be transferred from the Federal treasury to cover beneficiaries' hospital insurance costs.

The report itself is available at <http://www.cms.hhs.gov/ReportsTrustFunds/>

This press release in its entirety is available at <http://www.hhs.gov/news>

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### ***Flu Shot Reminder***

#### ***It's Not Too Late to Give and Get the Flu Shot!***

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*Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.*

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***I hope you enjoy a wonderful weekend!***

***With best regards ~ Valerie***

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