

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

**May 2, 2008**

### **Your Friday Reading Materials**

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

*Happy Friday everyone! Several things included in today's news, including information on:*

- **Proposed Wage Index Changes for the Medicare Hospice Benefit**
  - **Rate Year 2009 Payment and Policy Changes for Long-Term Care Hospitals**
  - **Rate Year 2009 Payment Update for Inpatient Psychiatric Facilities Payment-Related Updates**
  - **CMS Proposes More Accurate Payment Rates for Medicare Skilled Nursing Facilities**
  - **Changes to Long Term Care Hospital PPS**
  - **Medicare Expansion of Coverage of Heart Devices**
  - **Revised Advance Beneficiary Notice (ABN)**
  - **New from the Medicare Learning Network**
  - **May is National Osteoporosis Awareness and Prevention Month**
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- **Hospital-Specific Ask the Contractor Call**
  - **IPPS Evaluation Reports Now Available**
  - **Refinement of Medicare's Home Health PPS System: Final Report**
  - **Name Change for CMS PPAC Mailbox**
  - **News of Benefit to Beneficiaries**

#### **CMS Announces Proposed Wage Index Changes For The Medicare Hospice Benefit**

The Centers for Medicare & Medicaid Services (CMS) recently issued a proposed rule to update and revise the Medicare hospice wage index (WI) for fiscal year (FY) 2009. CMS proposes to phase out an outdated adjustment to the hospice wage index that was put into place over 10 years ago. Elimination of this adjustment will save Medicare \$2.29 billion over five years. While hospice payment rates are projected to increase in 2009, it is estimated that the increase will be approximately 1.1 percent lower for FY 2009, the first year of the three-year phase-out of the adjustment.

To view the entire Fact Sheet: [http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)  
Additional information can be found on the CMS Hospice Page at:  
<http://www.cms.hhs.gov/center/hospice.asp>

#### **Rate Year 2009 Payment And Policy Changes For Long-Term Care Hospitals**

The Centers for Medicare & Medicaid Services (CMS) recently published the final regulation establishing rate year (RY) 2009 Federal payment rates and policies for long-term care hospitals (LTCHs), a step that ensures that some of the most vulnerable Medicare beneficiaries continue to receive high quality care from their long-term care hospitals (LTCHs), while helping to ensure the solvency of the Medicare Trust Fund. The nearly 400 LTCHs across the nation are acute care hospitals that treat some of Medicare's most severely ill or medically complex patients.

The final rule (CMS-1393-F) and supporting documents are posted on the CMS Web site at:

(<http://www.cms.hhs.gov/LongTermCareHospitalPPS/LTCHPPSRN/itemdetail.asp?itemID=CMS1210314>).

The Press Release is available at: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

### **Rate Year 2009 Payment Update for Inpatient Psychiatric Facilities**

CMS-1401-N updates the prospective payment rates for Medicare inpatient psychiatric hospital services provided by inpatient psychiatric facilities (IPFs). These changes are applicable to IPF discharges occurring during the rate year beginning July 1, 2008 through June 30, 2009.

**EFFECTIVE DATE:** The updated IPF prospective payment rates are effective for discharges occurring on or after July 1, 2008 through June 30, 2009.

To view the display copy of the notice, go to

<http://www.cms.hhs.gov/InpatientPsychFacilPPS/Downloads/CMS-1401-Ndisplay.pdf>  
on the CMS website.

### **CMS Proposes More Accurate Payment Rates For Medicare Skilled Nursing Facilities In Fiscal Year 2009 Recalibration Of Case-Mix Adjustment**

The Centers for Medicare & Medicaid Services recently announced its proposal for new, more accurate fiscal year (FY) 2009 payment rates for Medicare skilled nursing facilities that more closely reflect differences in patient care needs.

“CMS is committed to providing high quality care to those in skilled nursing facilities and to paying those facilities properly for that care,” said Acting Administrator Kerry Weems. “The proposed adjustments to the payment rates for next year reflect that policy.”

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

To view the SNF PPS Page: <http://www.cms.hhs.gov/SNFPPS/>

## **Interim Final Rule With Comment Implementing Medicare, Medicaid, And SCHIP Extension Act Of 2007 Changes To Long Term Care Hospital Prospective Payment System**

On May 1, 2008, the Centers for Medicare & Medicaid Services (CMS) issued an interim final rule with comment (IFC) implementing changes to the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) that were mandated by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA). The LTCH provisions in the law, signed by the President on December 29, 2007, affect, among others, several policies that were adopted in the LTCH PPS final rule for the Rate Year (RY) 2008, which was published in the May 11, 2007 Federal Register. In this IFC, CMS is incorporating the MMSEA changes into its existing LTCH PPS regulations.

This IFC includes changes other than the proposed changes that were included in the LTCH PPS proposed rule for RY 2009, which was published in the January 29, 2008 Federal Register and for which the deadline for submission of comments was March 24, 2008.

### **Website Resources:**

Long Term Care Hospital Main Page:

<http://www.cms.hhs.gov/LongTermCareHospitalPPS/>

Long Term Care Hospital Regulation List:

<http://www.cms.hhs.gov/LongTermCareHospitalPPS/LTCHPPSRN/list.asp>

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

### **Payment-Related Updates**

CMS has processed the April 2008 quarterly **Provider Specific Files (PSF)** and has made them available on the Provider Specific Data for Public Use web page at [http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/03\\_psf.asp](http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/03_psf.asp) on the CMS website.

Due to receiving updated quarterly provider data, the **SNF PC Pricer file** (file name: FY2008.2 SNF PC Pricer) has been updated on the web page: [http://www.cms.hhs.gov/PCPricer/04\\_SNF.asp](http://www.cms.hhs.gov/PCPricer/04_SNF.asp).

The provider data distributed with the **Inpatient Rehabilitation Facility (IRF) PPS PC Pricer** has been updated as of April 2008. The FY2007 AND FY2008 IRF PC Pricers on the web page, [http://www.cms.hhs.gov/PCPricer/06\\_IRF.asp](http://www.cms.hhs.gov/PCPricer/06_IRF.asp), have been updated with the latest provider data. If you use the IRF PC Pricer, please go to the web page above and download the latest version of the IRF PC Pricers posted 04/25/2008.

The provider data distributed with the **IPF PPS PC Pricer** has been updated as of April 2008. The IPF PPS PC Pricer on the web page, [http://www.cms.hhs.gov/PCPricer/09\\_inppsy.asp](http://www.cms.hhs.gov/PCPricer/09_inppsy.asp), has been updated with the latest provider data. If you use the IPF PPS PC Pricer, please go to the web page above and download the latest version of the PC Pricer posted 04/23/2008.

Due to updated provider data that is distributed with the *HH PPS PC Pricer*, 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 with April 2008 provider data.

The provider data distributed with the *Inpatient PPS PC Pricer* has been updated as of April 2008. The web page, [http://www.cms.hhs.gov/PCPricer/03\\_inpatient.asp](http://www.cms.hhs.gov/PCPricer/03_inpatient.asp), has been updated with the latest provider data. Please go to the web page above and download the latest version of the PC Pricer posted 04/22/2008.

### **Medicare Expands Coverage For Artificial Heart Devices**

The Centers for Medicare & Medicaid Services (CMS) recently issued a final National Coverage Determination (NCD) expanding Medicare coverage of artificial hearts when they are implanted as part of a study that is approved by the Food and Drug Administration (FDA) and that meets CMS’ Coverage with Evidence Development (CED) clinical research criteria.

“Our decision revises a long-standing non-coverage policy and allows beneficiary access to this advanced technology,” said CMS Acting Administrator Kerry Weems. “Our decision also encourages the completion of FDA post-approval studies.”

To view the entire Press Release:

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

To view the National Coverage

Decision: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=211>

### **Revised Advance Beneficiary Notice (ABN)**

A revised Advance Beneficiary Notice (ABN) of Noncoverage (CMS-R-131) was released on March 3, 2008, and providers are authorized to begin using the notice immediately. Beginning September 3, 2008, all providers, practitioners, and suppliers paid under Part B, as well as hospice providers and religious non-medical health care institutions (RNHCIs) paid exclusively under Part A, must use the revised ABN in place of the ABN-G (CMS-R-131-G) and ABN-L (CMS-R-131-L). Revised manual instructions in Chapter 30 of the Claims Processing Manual (Pub. 100-04) 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 <http://www.cms.hhs.gov/bni>

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

The following Medicare Learning Network (MLN) products have been updated and are now available to download from the CMS website or may be ordered, free of charge, from the MLN Product Ordering Page, 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) on the Web.

- ***The Quick Reference Information: Medicare Preventive Services Chart*** - This two-sided laminated reference chart gives Medicare fee-for-service physicians, providers, suppliers, and other health care professionals a quick reference to Medicare's preventive services and screenings. (Feb. 2008)  
[http://www.cms.hhs.gov/MLNProducts/downloads/MPS\\_QuickReferenceChart\\_1.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf)
- ***The Quick Reference Information: Medicare Part B Immunization Billing Chart*** - This two-sided laminated reference chart gives Medicare fee-for-service physicians, providers, suppliers, and other health care professionals quick information to assist with filing claims for the influenza, pneumococcal, and hepatitis B vaccines and their administration. (Feb. 2008)  
[http://www.cms.hhs.gov/MLNProducts/downloads/qr\\_immun\\_bill.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf)
- ***The Outpatient Maintenance Dialysis - End-Stage Renal Disease Fact Sheet*** – This fact sheet provides general information about outpatient maintenance dialysis for End-Stage Renal Disease, the composite payment rate system, and separately billable items and services. (March 2008)  
<http://www.cms.hhs.gov/MLNProducts/downloads/ESRDpaymtfctsht08-508.pdf>

### **May is National Osteoporosis Awareness and Prevention Month**

In conjunction with National Osteoporosis Awareness and Prevention Month, the Centers for Medicare & Medicaid Services (CMS) reminds health care professionals that Medicare provides coverage of **bone mass measurements** for beneficiaries at clinical risk for osteoporosis.

Osteoporosis, or porous bone, is a disease characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased risk of fractures of the hip, spine, and wrist. Both men and women are affected by osteoporosis. One out of every two women and one in four men over 50 will have an osteoporosis-related fracture in their lifetime. The good news is that osteoporosis is a disease that can be prevented and treated. Medicare's bone mass measurement benefit can aid in the early detection of osteoporosis before fractures occur, provide a precursor to future fractures, and determine rate of bone loss.

As a health care professional, you play a crucial role in helping your patients maintain strong, healthy bones throughout their life. CMS needs your help to ensure that all eligible Medicare beneficiaries take full advantage of the bone mass measurement benefit. Please join with CMS in spreading the word about prevention and early detection of osteoporosis and the bone mass measurement benefit covered by Medicare.

### **How Can I Help?**

National Osteoporosis Awareness and Prevention Month provides an excellent opportunity for health care professionals to help increase awareness, knowledge and

understanding of prevention, early detection, and treatment of osteoporosis as well as strategies for managing the disease. You can help in a number of ways:

- 1) Stay abreast of the latest clinical guidelines for prevention, diagnosis, and treatment;
- 2) Become familiar with Medicare's coverage of bone mass measurements;
- 3) Talk with your patients about their risk factors for osteoporosis, prevention measures they can take to reduce their risk factors, and the importance of utilizing bone mass measurements; and
- 4) Encourage eligible Medicare patients to take full advantage of Medicare's bone mass measurement benefit.

Together we can help Medicare beneficiaries reduce bone fractures and maintain strong healthy bones.

#### **For More Information**

- For more information about Medicare's coverage of bone mass measurements, please visit the CMS website <http://www.cms.hhs.gov/BoneMassMeasurement/>
- The Medicare Learning Network (MLN) *Bone Mass Measurements* Brochure – this tri-fold brochure provides fee-for-services health care professionals and their staff with an overview of Medicare's coverage of bone mass measurements. [http://www.cms.hhs.gov/MLNProducts/downloads/Bone\\_Mass.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/Bone_Mass.pdf)
- To learn more about National Osteoporosis Awareness and Prevention Month, please visit The National Osteoporosis Foundation website <http://www.nof.org/>

“Osteoporosis – It's Beatable. It's Treatable.”

Thank you for your support.

#### **Hospital-Specific Ask the Contractor Conference Call**

The National Contractor for the Section 1011 program, TrailBlazer Health Enterprises®, is hosting the first of three **Ask the Contractor Teleconferences (ACT)** on **Tuesday, May 20, 2008 from 1-2:30 p.m. (CT)**.

This **hospital-specific** ACT is designed for established Section 1011 hospital providers and will examine program recurrences and resolutions.

#### **Section 1011 Ask the Contractor Teleconference - HOSPITALS Tuesday, May 20, 2008 1-2:30 p.m. (CT)**

You may register for the event on the calendar of events page of the Section 1011 Web site, <http://www.trailblazerhealth.com/Section1011/Default.aspx>.

A toll-free, dial-in number and participant code will be provided when your registration is approved. A confirmation e-mail with this information will be sent to the e-mail address provided when you register.

A question-and-answer session will conclude the teleconference, but time is limited. E-mail your questions in advance through the close of business Friday, May 2, 2008 to [section.1011@trailblazerhealth.com](mailto:section.1011@trailblazerhealth.com) with **Ask the Contractor** in the subject line.

### **IPPS Evaluation Reports Now Available**

In the FY 2009 IPPS Proposed Rule, issued on April 14, 2008, we stated that we had contracted with RAND to evaluate how the relative weights would change if we were to adopt regression-based cost to charge ratios (CCRs) to address charge compression while simultaneously adopting an HSRV methodology using fully phased-in Medicare Severity-Diagnosis Related Groups (MS-DRGs). Because RAND's analysis was not complete in time for the IPPS proposed rule, we were not able to include a discussion of the report. However, we indicated that we would post the link to the RAND report on our website and we would welcome public comment on the report.

Also in the FY2009 IPPS Proposed Rule, we stated that RTI had been contracted to further analyze charge compression including a reassessment of the regression-based CCR models using both outpatient and inpatient charge data. However, during the development of the IPPS proposed rule, RTI's findings were not available. The IPPS-related chapters of this report are now available, and we have posted the link to the RTI report for public comment.

The RAND and RTI reports can be found on the CMS website at:  
<http://www.cms.hhs.gov/AcuteInpatientPPS/FFD/itemdetail.asp?itemID=CMS1209967> .

Comments on these reports will be accepted for 60 days through June 19, 2008. CMS will respond to comments in a final rule to be issued on or before August 1, 2008.

### **Refinement of Medicare's Home Health Prospective Payment System: Final Report**

On April 30, 2008, CMS posted the Abt Associates Technical report titled, "Refinement of Medicare's Home Health Prospective Payment System: Final Report," describing results of research and analysis conducted to address Medicare's information and program administration needs pertaining to the home health prospective payment system (HH PPS) implemented in October 2000. The reports provide details on the data analysis and simulations used by CMS in the development of the May 4, 2007 Notice of Proposed Rulemaking (CMS-1451-P) and the August 29, 2007 Final Rule with comment (CMS-1541-FC) for the Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008. This report comes in two parts: the ([Technical report](#)) and the ([Appendix containing associated tables](#)) . For more information, go the Home Health Center page at: (<http://www.cms.hhs.gov/center/hha.asp>).



### **Name Change for the CMS PPAC Mailbox**

This is to inform you of the name change for the CMS PPAC mailbox. This is the result of a significant increase in the number of spam emails received. The former PPAC mailbox has been closed and email address made obsolete. The new CMS PPAC mailbox address is [PPAC\\_hhs@cms.hhs.gov](mailto:PPAC_hhs@cms.hhs.gov). Physician inquiries can now be sent to the new mailbox.

### **News of Benefit to Beneficiaries**

#### **Critical New Information Added To Nursing Home Compare Web Site**

##### **MULTI-YEAR PLAN FOR IMPROVED NURSING HOME QUALITY ALSO RELEASED**

Medicaid beneficiaries and families searching for top quality long-term care services can find critical new information recently added to the Centers for Medicare & Medicaid Services' (CMS) Web site "Nursing Home Compare."

For the first time, information about nursing homes on the Compare Web site will list whether a home is or has been on CMS' special focus facility (SFF) list. The agency's SFF initiative gives heightened scrutiny to nursing homes that have a history of poor performance or repeated violations of state and federal health and safety rules.

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

To view the Nursing Home Action Plan:

[http://www.cms.hhs.gov/CertificationandCompliance/12\\_NHs.asp#TopOfPage](http://www.cms.hhs.gov/CertificationandCompliance/12_NHs.asp#TopOfPage)

To view the Nursing Home Compare Website: <http://www.medicare.gov>

Link to Wall Street Journal on Nursing Home Compare Article:

[http://online.wsj.com/article/SB120900078501640265.html?mod=googlenews\\_wsj](http://online.wsj.com/article/SB120900078501640265.html?mod=googlenews_wsj)

## **E-H-R Spells the Future of Medical Care**

Imagine if every doctor you saw had your complete medical history at their fingertips: prescription records, details of past treatments, family history, updated test results, everything. Wouldn't it be nice not to have to remember and repeat this information each time you move or see a new doctor? With Electronic Health Records (EHR), this may soon be your experience.

### **What is an Electronic Health Record?**

An EHR is an individual patient medical file that your doctor accesses via computer. Your electronic records can contain a variety of different medical information, including vaccination records, test results, treatment history, progress reports, and x-ray images. EHRs can create a complete, organized patient history that lets your health care providers



easily access – and even share – your health data and provide the most effective treatment.

The government already has strict rules about protecting the privacy and security of this type of electronic information when the information is maintained by entities covered by the Privacy Rule. Under this rule, you generally have a right to see and get a copy of your medical records even when your information is in an EHR.

## **EHRs Help Doctors and Patients**

Electronic Health Records make it much easier for doctors to manage your care, and can improve both your treatment experience and your health outcome. Doctors like EHRs because they are always legible, take up zero office space, and can help coordinate treatment for patients who see multiple specialists in different locations. Easy access to comprehensive records helps doctors make more accurate diagnoses and treatment decisions. And because EHRs can contain a complete record of past tests and procedures, it's less likely you'll have unnecessary or redundant tests and x-rays. Most importantly, EHRs help reduce the many medical errors and adverse drug interactions caused by incomplete or illegible paper records.

As a patient, EHRs let you spend less time rehashing your medical history, and more time face-to-face with your doctors. You'll benefit from better care coordination, faster treatment decisions, and the peace of mind that comes from knowing your medical records are accurate and up-to-date.

## **Better Patient Care with EHRs**

David, a veteran in his 70s, has multiple chronic conditions, including severe gout and congestive heart failure. He needs several medications and is a wheelchair user. His doctor described how EHRs help David's care: "David is a very complex patient, and his conditions are a lot to manage. Without the benefit of his Electronic Health Record, at best his care would be slow or delayed."

David recently moved from California to Texas, and his EHR easily went with him. His new doctor immediately had access to his health history from California, and with the click of a button was able to review David's records the first day they met.

David's EHR also helps his doctor coordinate care with David's other specialists. Without it, "He might actually be harmed by some conflicting medications and certainly we wouldn't be able to coordinate care," said his doctor.

## **When Are EHRs Coming?**

There is no question that EHRs will be a key part of future medical care. More and more doctors are adopting this new technology, and patients are benefiting. A new five-year Medicare demonstration project designed to help primary care doctors and providers implement EHRs in their offices was just launched this year. Your doctor might not be

carrying a paper folder or clipboard at your next visit – he or she might be consulting your electronic records instead.

For more information about Medicare's EHR demonstration project, visit [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008\\_Electronic\\_Health\\_Records\\_Demonstration.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf).

*I hope you all enjoy a great weekend ~ Valerie*

## **May 8, 2008**

### **2008 Physician Quality Reporting Initiative Message ~ CMS Recruiting Registries as a New Way to Submit PQRI Data**

#### **CMS Recruiting Registries as a New Way to Submit PQRI Data *Registry Self-Nominations Due to CMS by May 31, 2008***

The Centers for Medicare & Medicaid Services (CMS) seeks self-nominations from clinical data registries interested in becoming a part of the submission process for the 2008 Physicians Quality Reporting Initiative (PQRI) Program.

In April 2008, CMS announced new options for participating in the PQRI program, including the option for eligible professionals to submit quality measures data to CMS through a qualified, established clinical data registry.

CMS is now accepting self-nominations from registries that wish to be considered a qualified, established clinical data registry to help eligible professionals qualify for PQRI incentive bonus payments.

Interested registries should visit the CMS PQRI website for information about:

- How a registry can nominate itself for consideration as a PQRI-participating registry; and
- The criteria CMS will use to determine whether a registry qualifies for inclusion in the list of qualified, established clinical data registries under the 2008 PQRI Program.

CMS is accepting self-nominations from registries through **May 31, 2008**. To learn more about how registries can apply, read CMS' selection criteria and process online at <http://www.cms.hhs.gov/PQRI/Downloads/2008PQRIRegistryRequirements.pdf> on the CMS website. (Refer to the document, "2008 PQRI Registry Requirements for Submission under New Options.")

For general information about the PQRI program, visit CMS' PQRI webpage at <http://www.cms.hhs.gov/PQRI> on the CMS website.

## May 8, 2008 cont'd

Your Latest DMEPOS Competitive Bidding Program Update!

### **REMINDER: CMS to Host National Education Call on May 13th, 2008**

The Centers for Medicare & Medicaid Services (CMS) will host a national education conference call to address the implementation of the new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding program scheduled to begin on July 1, 2008. This call is being conducted for Medicare fee-for-service DMEPOS suppliers, physicians, and other providers – all of which may be affected by the program. The call will give a general overview of the new program and address some of the exceptions and situations you may encounter as the program is implemented. A presentation will be made by the Competitive Bidding Implementation Contractor (CBIC) and CMS Subject Matter Experts will be available to answer questions. A PowerPoint presentation will be posted on the CMS Website prior to the call.

Conference call details:

Date:	<b><u>May 13, 2008</u></b>
Conference Title:	Overview of the DMEPOS Competitive Bidding Program
Time:	12:30-2:00 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 12:30 p.m. EDT on May 12, 2008, or when available space has been filled.** No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to:  
<http://www2.eventsvc.com/palmettogba/051308>
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 5/13/2008 until 11:59 p.m. EDT 5/17/2008. The call in data for the replay is (800) 642-1687 and the passcode is 45744159.

CMS recommends the review of three *MLN Matters* articles prior to the call. There is a substantial amount of program information and how it will impact DMEPOS suppliers, physicians and other providers.

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> .

## **May 8, 2008 cont’d**

Clarification for Identifying Secondary Providers in Medicare Claims & More NPI Roundtable Information

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

## ***Important Information for Medicare FFS Providers***

### **Additional Guidance and Clarification for Identifying Secondary Providers in Medicare Claims**

In accordance with the NPI final rule, when an identifier is reported on a paper or electronically submitted claim for ordering/referring /attending/operating/supervising/purchased service/other/service facility provider (in the x12N 837 claims transactions) or for prescriber (in the NCPDP 5.1 retail drug claim transaction), that identifier must be an NPI. For Medicare purposes, this requirement is effective May 23, 2008. If the entity to be identified as the ordering/referring/attending/operating/supervising/purchased service/other/service facility provider or prescriber does not furnish an NPI at the time of the order/referral/purchase or time of service, the billing provider must attempt to obtain that NPI in order to use it in the claim. The billing provider may use the NPI Registry or may need to contact the ordering/referring/ attending/operating/supervising/purchased service/other/service facility or prescriber in order to obtain the NPI. While the Implementation guides for the X12N claims transactions permit the reporting of the Social Security Number (SSN) for some secondary providers if there is no NPI, we do not believe the billing provider will be successful in the obtaining the SSN.

- If unable to obtain the NPI of the entity to be identified in the service facility location loop, no identifier should be reported in that loop.
- If unable to obtain the NPI of the ordering/referring/attending/operating/supervising/purchased service/other or prescriber, the billing provider (in the X12N 837 transactions) or the service provider (in the NCPDP 5.1 transaction) shall use its own NPI to identify those secondary providers. Medicare will not pay these claims if these secondary providers are not identified by NPIs.

### **CMS will Host NPI National Roundtable Q&A Session on May 19, 2008**

CMS will host a national NPI Roundtable Q&A session to address questions from the Medicare provider community prior to May 23<sup>rd</sup>. This Roundtable will be on May 19th from 2-3:30PM EDT. Questions will not be collected during the registration process for this call. There will be no presentations during this call; we will open the lines to take questions following a brief introduction. For registration details, visit [http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv\\_wording\\_5-19-08\\_call.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_5-19-08_call.pdf) on the CMS website.

### **REMINDER: CMS will Host NPI National Roundtable on May 14, 2008**

Registration is still open for the Roundtable to be held 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 this call. Similar to the most recent NPI Roundtable, Subject Matter Experts will create presentations based on the questions submitted. For registration details, visit [http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv\\_wording\\_5-14-08\\_call.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_5-14-08_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 [www.cms.hhs.gov/NationalProvIdentStand](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](http://www.cms.hhs.gov/NationalProvIdentStand) CMS webpage.

# May 9, 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 items this afternoon, including information on:*

- **Follow Up from the Recent End-Stage Renal Disease Open Door Forum**
- **New from the Medicare Learning Network**
- **News of Benefit to Beneficiaries**

### **Follow Up from the Recent End-Stage Renal Disease Open Door Forum**

CMS is offering members of the End-Stage Renal Disease (ESRD) provider community and other ESRD stakeholders a venue to submit questions about the newly published ESRD Conditions for Coverage (CfCs). Our goal is to provide responses that will help inquirers understand the new requirements. We are requesting that members of the ESRD renal community submit questions pertaining to the ESRD CfCs to the CMS ESRD\_Final\_Rule\_Rollout mailbox at [ESRD\\_Final\\_Rule\\_Rollout@cms.hhs.gov](mailto:ESRD_Final_Rule_Rollout@cms.hhs.gov) beginning May 12, 2008. Please submit only questions that pertain to the CfCs, as we will only answer these questions, and on a rolling basis. We will also try to communicate the questions and answers in the most efficient manner back to stakeholders. Our goal is to be as timely as possible with responses, but we cannot commit to a prescribed schedule.

Questions pertaining to ESRD payment, claims processing, Network activity, and survey and certification issues should be directed to your usual contact within CMS. Please contact Lynn Riley at 410-786-1286 or Lauren Oviatt at 410-786-4683 with questions about this announcement.

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

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 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.”

### **News of Benefit to Beneficiaries**

## **CMS PROPOSES NEW PROTECTIONS FOR MEDICARE BENEFICIARIES IN MEDICARE ADVANTAGE AND PRESCRIPTION DRUG PROGRAMS**

The Centers for Medicare & Medicaid Services (CMS) recently proposed enhanced protections for beneficiaries who are enrolled in Medicare Advantage (MA) health plans and Medicare prescription drug plans. CMS' actions today will strengthen marketing standards and extend additional protections to all beneficiaries including those receiving the low-income subsidy (LIS) and beneficiaries enrolled in special needs plans.

"These proposed changes will have a direct, positive impact on people with Medicare," said Kerry Weems, Acting Administrator of CMS. "The Medicare Advantage program is a valuable source of enhanced benefits and coordinated care for beneficiaries, and it should not be undermined by the actions of a limited number of unscrupulous sales agents."

To read the entire CMS press release: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

The proposed regulation will be available on the CMS website today at: <http://www.cms.hhs.gov/HealthPlansGenInfo/>  
Comments must be submitted by 5:00 p.m. Eastern time on July 15, 2008.

## **CMS LAUNCHES PILOT TO TEST PERSONAL HEALTH RECORDS FOR MEDICARE BENEFICIARIES IN SOUTH CAROLINA**

The Centers for Medicare & Medicaid Services (CMS) recently announced a new project that expands its efforts to encourage beneficiaries covered by traditional Medicare to take advantage of Internet-based resources to track their health care services and better communicate with their providers.

The CMS pilot uses an on-line tool called a Personal Health Record (PHR) to give Medicare beneficiaries the ability to collect and then access information about their health or health care services, such as medical conditions, hospitalizations, doctor visits and medications, and collect information about their health. CMS is ensuring that strict privacy and security safeguards are in place to protect all beneficiary data.

The pilot test will take place in South Carolina, where beneficiaries will be given an opportunity to use a PHR populated by their own Medicare claims data. Key information from hospital and provider medical claims will be automatically entered into the PHR once the individual registers and requests the data. Prescription drug information, even for individuals who participate with a Part D Drug Plan, will not be automatically entered into the PHR, but the individual may choose to enter his or her own prescription drug and over-the-counter medications into the PHR.

"By using a PHR, patients with the pilot will have easy access to personalized medical information that will enable them to be more involved with their health care services," said CMS Acting Administrator Kerry Weems. "Furthermore, the steps we are taking today will help CMS understand how to best educate beneficiaries on the use of a PHR so that we can encourage use of these tools in the future."



A PHR is a record of health information that is under the control of the consumer or patient. Sometimes it only contains data entered by the individual or his or her provider, but it can also include information from a health plan – as is the case in this pilot, where Medicare provides information from its claims data base. A PHR is different than an electronic health record (EHR), which is owned by and under the control of the physician.

One feature of this PHR allows individuals to look up information specific to their own personal health status and health conditions. The PHR tool used in this pilot also provides convenient links to carefully selected Web sites with educational material on health topics. This makes it easier for the beneficiary or other authorized users to do research that will help them understand their health issues and better manage their own care.

The beneficiary also will control who is able to see the information in the PHR, and will decide whether and with whom the information can be shared – from health care providers to caregivers and family members.

The pilot, which began on April 4, 2008, is expected to run for 12 months and CMS will use information gathered from the pilot to determine future steps with respect to PHRs.

The PHR tool selected for this pilot is offered by HealthTrio, which currently offers PHRs to thousands of individuals through employer contracts. The Medicare data will be provided through Palmetto GBA, a Medicare contractor serving the region, which includes South Carolina. The pilot is being managed by QSSI, headquartered in Gaithersburg, Maryland, and is called “MyPHRSC,” where the “SC” stands for South Carolina. The pilot is accepting enrollment online at <http://www.MyPHRSC.com> and at local events in South Carolina.

The South Carolina PHR pilot follows another initiative launched in June of 2007, where CMS is collaborating with seven health plans to test the use of PHRs for beneficiaries who are enrolled in a Medicare Advantage or Part D Prescription Drug Plan.

Currently, Medicare beneficiaries are able to receive some personalized information about their Medicare benefits and services at the MyMedicare.gov page on <http://www.medicare.gov>. However, a PHR can provide additional information and support for people with Medicare, their providers and caregivers because the PHR provides access to a fuller, more comprehensive view of medical history, along with interactive educational resources.

Participation in the pilot is voluntary, and more information about the project is available at <http://www.myphrsc.com>. Medicare beneficiaries wanting more information about this project should call 1-888-697-4772. Providers will learn more about the pilot through newsletters and efforts of the CMS Region IV office in Atlanta.

*Happy Mother's Day to everyone!*

*With best regards ~ Valerie*

**May 12, 2008**

**ALERT: Food and Drug Administration (FDA) Heparin Recall for All Provider Types**

Please help FDA spread the word about recalls of injectable heparin products and heparin flush solutions that may be contaminated with oversulfated chondroitin sulfate (OSCS). Affected heparin products have been found in medical care facilities in one state since the recall announcement. Although product recall instructions were widely distributed, they may not have been fully acted upon at all sites where heparin is used. There have been many reports of deaths associated with allergic or hypotensive symptoms after heparin administration (see FDA link at [http://www.fda.gov/cder/drug/infopage/heparin/adverse\\_events.htm](http://www.fda.gov/cder/drug/infopage/heparin/adverse_events.htm) ).

We ask that health professionals and facilities please review and examine all drug/device storage areas, including emergency kits, dialysis units and automated drug storage cabinets to ensure that all of the recalled heparin products have been removed and are no longer available for patient use. In addition, FDA would like to inform health professionals about other types of medical devices that contain, or are coated with, heparin. To read this update, and to learn how to report these problems to FDA, please go to: <http://www.fda.gov/cdrh/safety/heparin-healthcare-update.html>.

Please report to FDA adverse reactions associated with these devices, as well as any reactions associated with heparin or heparin flush solutions. If you have questions or would like more information about this request, please contact the Division of Drug Information at 301-796-3400.

**May 12, 2008 cont'd**

**REMINDER: The Deadline to Register for the May 13, 2008 National Provider DMEPOS Competitive Bidding Program Conference Call Is TODAY!**

**REMINDER: Registration will close TODAY, Monday, May 12, 2008 at 12:30 p.m. EDT.** No exceptions will be made, so please be sure to register prior to this time.

Just in case you need them, here are the details of the call:

The Centers for Medicare & Medicaid Services (CMS) will host a national education conference call to address the implementation of the new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding

program scheduled to begin on July 1, 2008. This call is being conducted for Medicare fee-for-service DMEPOS suppliers, physicians, and other providers – all of which may be affected by the program. The call will give a general overview of the new program and address some of the exceptions and situations you may encounter as the program is implemented. A presentation will be made by the Competitive Bidding Implementation Contractor (CBIC) and CMS Subject Matter Experts will be available to answer questions. A PowerPoint presentation will be posted on the CMS Website prior to the call.

Conference call details:

Date: **May 13, 2008**  
Conference Title: Overview of the DMEPOS Competitive Bidding Program  
Time: 12:30-2:00 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 12:30 p.m. EDT on May 12, 2008.** No exceptions will be made, so please be sure to register prior to this time.

2. To register for the call participants need to go to:  
<http://www2.eventsvc.com/palmettogba/051308>
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 5/13/2008 until 11:59 p.m. EDT 5/17/2008. The call in data for the replay is (800) 642-1687 and the passcode is 45744159.

CMS recommends the review of three *MLN Matters* articles prior to the call. There is a substantial amount of program information and how it will impact DMEPOS suppliers, physicians and other providers.

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> .

## **May 12, 2008 cont'd**

### **DMEPOS Competitive Bidding News**

#### **Change Request 5978: Installment 1 of New Chapter in Medicare Internet Only Manual for DMEPOS Competitive Bidding Program**

The Centers for Medicare & Medicaid Services (CMS) has published the first of several installments by adding a new chapter 36 to the existing Medicare Claims Processing Manual (Pub. 100-04) which provides instructions for Medicare contractors for the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program. This first installment contains instructions regarding the overall policy of the Medicare DMEPOS Competitive Bidding Program including, but not limited to, policy on grandfathered suppliers and items, and transfer of title of capped rental DME items, oxygen and oxygen equipment. Suppliers should be aware of the notification requirement to its Medicare customers who maintain a permanent residence in competitive bidding areas (CBAs) and are furnished grandfathered items. To view sample notification letters that suppliers may use to notify Medicare beneficiaries of whether or not they elect to become a grandfathered supplier, please visit the CBIC website at: <http://www.dmecompetitivebid.com/>.

Subsequent installments of this chapter on the Medicare DMEPOS Competitive Bidding Program will contain additional instructions and information about the program. In addition, the instructions within this first installment may be revised in subsequent installments in order to clarify language or add additional information on policy.

To view the first installment of Chapter 36 of the Claims Processing Manual entitled, “Competitive Bidding Program for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)” (Change Request 5978), please visit the CMS website at:

<http://www.cms.hhs.gov/transmittals/downloads/R1502CP.pdf>.

### **New DMEPOS Competitive Bidding Web Page Re-Design**

CMS announces the release of its newly redesigned web page on the DMEPOS Competitive Bidding Program. This dedicated web page provides the most current and reliable information for Medicare providers, suppliers and referral agents. The web address is:

<http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. Bookmark this NEW page as new information and resources will continue to be posted.

## **May 13, 2008**

### **Upcoming Training for the Medicare Part B Drug CAP**

#### **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](https://www.noridianmedicare.com/cap_drug/train/workshops/index.html)

Upcoming workshops will be held on the following dates:

- 05/28/08 at 10:00 am CT
- 06/24/08 at 2:00 pm CT
- 07/24/08 at 10:00 am CT

## **May 14, 2008**

2008 Physician Quality Reporting Initiative (PQRI) ~ National Provider Call Announcement!

### **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 third in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:30 p.m. – 5:00 p.m., EDT, on Wednesday, May 28, 2008.

This call will provide an overview of the alternative reporting periods and alternative criteria for satisfactorily reporting quality measures for the 2008 PQRI as authorized by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) which was enacted on December 29, 2007.

MMSEA requires that for 2008 and 2009 the Secretary establish alternative reporting periods and alternative criteria for satisfactorily reporting groups of measures. It also requires that for 2008 and 2009 the Secretary establish alternative reporting periods and alternative criteria for satisfactorily reporting quality measures data through registries.

In 2008, eligible professionals may earn an incentive payment of 1.5 percent of their total allowed charges for Physician Fee Service 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.

A PowerPoint slide presentation will be posted to the PQRI webpage at, [http://www.cms.hhs.gov/PQRI/30\\_EducationalResources.asp#TopOfPage](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.

### **Conference call details:**

Date:	May 28, 2008
Conference Title:	2008 Physician Quality Reporting Initiative National Provider Call
Time:	3:30 p.m. -5:00 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 3:30 p.m. EDT on May 27, 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/052808>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.

For those of you unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 5:30 p.m. EDT 5/28/2008 until 11:59 p.m. EDT 6/5/2008. The call-in data for the replay is (800) 642-1687 and the passcode is 46870023.

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

## May 15, 2008

NPI News for Medicare FFS Providers: May 23rd is Days Away - Are you Prepared?

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

### *NPI News for Medicare FFS Providers*

#### **May 23<sup>rd</sup> is Days Away – Are you Prepared?**

As of May 23, Medicare FFS will require and send NPI-Only in ALL provider identifier fields for all HIPAA and paper transactions where a provider identifier is required. **If you send Medicare a transaction with a Medicare legacy identifier in any of the provider fields, your claim will be rejected.** These transactions include all electronic and paper claims (837I, 837P, NCPDP, DDE and paper CMS-1500 and UB-04), the 276/277 claims status transaction, the 270/271 eligibility transaction, 835 remittance advice and SPR paper remittance.



If your billing software is set up to continue to send both the NPI and the legacy identifier, and your clearinghouse or billing service will not be stripping the legacy identifier from your claim as of May 23rd, the responsibility falls to the provider to send in the Medicare claim with NPI-only, i.e., NO legacy identifiers.

### **NPIs for Secondary Providers**

If the entity that is required to be identified in the secondary provider field (i.e., the ordering/referring/attending/operating/supervising/purchased service/other/service facility provider or prescriber) does **not** furnish an NPI, the billing provider must attempt to obtain that NPI in order to enter it on the claim. The billing provider may use the NPI Registry (<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>) to obtain the secondary provider's NPI or it may need to directly contact the ordering/referring/attending/operating/supervising/purchased service/other/service facility or prescriber in order to obtain the NPI.

- If the billing provider has exhausted all possibilities of finding the NPI of the ordering/referring/attending/operating/supervising/purchased service/other or prescriber, Medicare FFS is permitting the billing provider (in the X12N 837 transactions) or the service provider (in the NCPDP 5.1 transaction) to use their own NPI as the identifier for those secondary providers. Medicare will reject claims if Medicare policy requires a secondary identifier and there is no NPI present.
- For service facility location loop, if the billing provider is still unable to obtain the NPI of the entity, no identifier should be reported in that loop.

### **New FAQ Available Regarding Use of an NPI in the Prescriber ID field on NCPDP Transactions**

View this FAQ at [http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std\\_adp.php?p\\_faqid=9100&p\\_created=1208980030&p\\_sid=kyH43F3j&p\\_accessibility=0&p\\_lva=&p\\_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dyaWRzb3J0PSZwX3Jvd19jbnQ9MSZwX3Byb2RzPTAmcF9jYXRzPSZwX3B2PSZwX2N2PSZwX3NIYXJjaF90eXBIPWFuc3dlcnMuc2VhcmNoX25sJnBfcGFnZT0xJnBfc2VhcmNoX3RleHQ9OTEwMA\\*\\*&p\\_li=&p\\_topview=1](http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=9100&p_created=1208980030&p_sid=kyH43F3j&p_accessibility=0&p_lva=&p_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dyaWRzb3J0PSZwX3Jvd19jbnQ9MSZwX3Byb2RzPTAmcF9jYXRzPSZwX3B2PSZwX2N2PSZwX3NIYXJjaF90eXBIPWFuc3dlcnMuc2VhcmNoX25sJnBfcGFnZT0xJnBfc2VhcmNoX3RleHQ9OTEwMA**&p_li=&p_topview=1) on the CMS website.

### **Transcript for April 17<sup>th</sup> NPI Roundtable Now Available**

View the transcript at [http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Transcript\\_for\\_April\\_17th\\_NPI\\_Roundtable.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Transcript_for_April_17th_NPI_Roundtable.pdf) on the CMS website.

### **CMS will Host NPI National Roundtable Q&A Session on May 19, 2008**

CMS will host a national NPI Roundtable Q&A session to address questions from the Medicare provider community prior to May 23<sup>rd</sup>. This Roundtable will be on May 19th from 2-3:30PM EDT. Questions will not be collected during the registration process for this call. There will be no presentations during this call; we will open the lines to take

questions following a brief introduction. For registration details, visit [http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv\\_wording\\_5-19-08\\_call.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/listserv_wording_5-19-08_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 [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand) CMS webpage.

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

### **Your Latest News on Medicare's DMEPOS Competitive Bidding Program**

#### **Now available! CMS' New DMEPOS Competitive Bidding Web Page**

The Centers for Medicare & Medicaid Services is pleased to announce the release of its newly redesigned web page on the DMEPOS Competitive Bidding Program. This dedicated web page provides one-stop shopping for Medicare providers, suppliers and referral agents who want the most current and reliable information on this new program. Features include links to:

- Policy information such as the Metropolitan Statistical Areas (MSAs) and Product Categories included in Round One of the program;
- Federal regulations, notices and manual instructions (including the recently-released first installment of Chapter 36 of the Claims Processing Manual);
- Provider educational products and resources;
- The latest announcements and communications to the Medicare provider community;
- Frequently-Asked Questions; and
- The Competitive Bidding Implementation Contractor (CBIC) Website.

We will also be adding links to beneficiary-related educational products so that you can help educate your Medicare patients about the new program and how it might affect them.

The web address is: <http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. We encourage you to bookmark this NEW page as we will continue to post new information and resources!

### **CMS to Host Second National Education Call on May 27th, 2008**

The Centers for Medicare & Medicaid Services (CMS) will host the second national education conference call to address the implementation of the new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding program scheduled to begin on July 1, 2008. This call is being conducted for Medicare fee-for-service DMEPOS suppliers, physicians, and other providers – all of which may be affected by the program. CMS Subject Matter Experts will be available to answer questions and address some of the exceptions and situations you may encounter as the program is implemented. To view a PowerPoint presentation that was used in the first national call, please click here:

[http://www.cms.hhs.gov/DMEPOSCompetitiveBid/Downloads/policy\\_teleconference\\_final.pdf](http://www.cms.hhs.gov/DMEPOSCompetitiveBid/Downloads/policy_teleconference_final.pdf)

Conference call details:

Date:	May 27, 2008
Conference Title:	Medicare DMEPOS Competitive Bidding Program Q&A session
Time:	1:00-2:30 p.m. EDT

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

**Registration will close at 1:00 p.m. EDT on May 26, 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/052908>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive

the confirmation email, please check your spam/junk mail filter as it may have been directed there.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 4:00 p.m. EDT 5/27/2008 until 11:59 p.m. EDT 6/4/2008. The call in data for the replay is (800) 642-1687 and the passcode is 47261135.

## **May 16, 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! News items this afternoon include information on:*

- **Special Open Door Forum on Wage Index Reform**
- **Newly Published ESRD Conditions of Coverage**
- **CMS Demonstration to Encourage Greater Collaboration and Improve Quality Using Bundled Hospital Payments**
- **News of Interest to All DME MAC Electronic Submitters and Vendors**
- **Revised Change Request (CR) 5567: Reporting of Additional Data to Describe Services on Hospice Claims**
- **New from the Medicare Learning Network**
- **Spring 2008 LIS Outreach Campaign**

### **Special Open Door Forum on Wage Index Reform**

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES SPECIAL OPEN DOOR FORUM: WAGE INDEX REFORM**

**Tuesday, May 20, 2008  
2pm - 4pm Eastern Time**

**Conference Call Only**

The purpose of this Special Open Door Forum (ODF) is to provide an opportunity for the public to discuss and share their opinions, suggestions, and expertise on the wage index and alternative methods for computing the wage index. Participants will be asked to comment on the nine matters related to the wage index that Section 106(b)(2) of the MIEA-TRHCA requires CMS to consider, the MedPAC's recommendations, and CMS's proposals in the FY 2009 IPPS proposed rule. The comment period for the FY 2009 IPPS

proposed rule ends on June 13, 2008 (see the Federal Register, volume 73, page 23528, April 30, 2008, for instructions on submitting comments for the proposed rule).

The agenda for this Special Open Door Forum has been posted to the CMS website and can be found under the Downloads section on the following webpage:

[http://www.cms.hhs.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp#TopOfPage](http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp#TopOfPage) .

**Background:**

Section 106(b)(1) of the Medicare Improvements and Extension Act, Division B of the Tax Relief and Health Care Act of 2006 (Pub. L. 109-432; MIEA-TRHCA) required the Medicare Payment Advisory Commission (MedPAC) to submit a report on the hospital wage index by June 30, 2007, including recommendations on alternatives for computing the wage index. The MedPAC's report was included in the Commission's June 2007 Report to Congress. In addition, section 106(b)(2) of the MIEA-TRHCA required CMS to take into account the MedPAC's recommendations and include in the FY 2009 proposed rule for the hospital inpatient prospective payment system (IPPS) one or more proposals that consider nine specific issues related to the wage index. CMS awarded a Task Order to Acumen, LLC to assist CMS in evaluating the impact of MedPAC's recommended revisions to the hospital wage index and in developing one or more proposals to revise the wage index.

Note: Participants who are unable to present their comments during the Special ODF, or are unable to elaborate within the 2 minute time frame allotted for commenting, will be able to submit them to CMS following the Special ODF via the following email address, [CMS\\_Wage\\_Index\\_ODF@cms.hhs.gov](mailto:CMS_Wage_Index_ODF@cms.hhs.gov) . Submitting your comments to this email address will not replace the formal comment submission process listed in the Federal Register.

We look forward to your participation.

**Open Door Participation Instructions:**

**Dial: 1-800-837-1935 & Reference Conference ID: 46680542**

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 **May 28, 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.

### **Newly Published ESRD Conditions for Coverage**

The Centers for Medicare & Medicaid Services (CMS) is offering members of the End-Stage Renal Disease (ESRD) provider community and other ESRD stakeholders a venue to submit questions about the newly published ESRD Conditions for Coverage (CfCs). Our goal is to provide responses that will help inquirers understand the new requirements. We are requesting that members of the ESRD renal community submit questions pertaining to the ESRD CfCs to the CMS ESRD\_Final\_Rule\_Rollout mailbox at [ESRD\\_Final\\_Rule\\_Rollout@cms.hhs.gov](mailto:ESRD_Final_Rule_Rollout@cms.hhs.gov) beginning May 12, 2008. Please submit only questions that pertain to the CfCs, as we will only answer these questions, and on a rolling basis. We will also try to communicate the questions and answers in the most efficient manner back to stakeholders. Our goal is to be as timely as possible with responses, but we cannot commit to a prescribed schedule.

Questions pertaining to ESRD payment, claims processing, Network activity, and survey and certification issues should be directed to your usual contact within CMS. Please contact Lynn Riley at 410-786-1286 or Lauren Oviatt at 410-786-4683 with questions about this announcement.

### **CMS ANNOUNCES DEMONSTRATION TO ENCOURAGE GREATER COLLABORATION AND IMPROVE QUALITY USING BUNDLED HOSPITAL PAYMENTS**

The Centers for Medicare & Medicaid Services (CMS) today announced a new demonstration for hospitals to test the use of a bundled payment for both hospital and physician services for a select set of episodes of care to improve the quality of care delivered through Medicare fee-for-service.

“We are always looking for ways to improve the Medicare program, both in efficiency and in better care for patients, and this new demonstration promises to be a big step in that direction,” said Health and Human Services Secretary Mike Leavitt. “It brings patients and health care providers together in an innovative cooperative effort to improve the quality of care for all.”

The goal of the Acute Care Episode (ACE) demonstration is to use a global payment to better align the incentives for both types of providers leading to better quality and greater efficiency in the care that is delivered. The demonstration will also test the effect that transparent price and quality information has on beneficiary choice and provider referrals for select inpatient care.

To view the entire press release:

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

More information about this demonstration can be found at:

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1204388&intNumPerPage=10>.

### **News of Interest to All DME MAC Electronic Submitters and Vendors**

#### **Attention All Durable Medical Equipment (DME) Medicare Administrative Contractors (MAC) Electronic Submitters and Vendors**

- **Electronic Trading Partners in Jurisdictions B and C must be transitioned to CEDI before June 1, 2008.**
- **Electronic Trading Partners in Jurisdictions A and D should have already transitioned to CEDI as of May 1, 2008.**

### **CEDI**

National Government Services, Inc. (NGS) was awarded the Durable Medical Equipment (DME) Common Electronic Data Interchange (CEDI) front end contract by CMS on December 14, 2007. With this contract, CEDI will provide a single front end solution for the submission and retrieval of electronic transactions for the DME MACs.

With this change, DME MAC Trading Partners (Electronic Submitters) will send all electronic claims (X12 837 and NCPDP) and 276 Claim Status Inquiry transactions to CEDI. CEDI will return all electronic front end reports directly to the submitter.

CEDI will also receive the X12N 835 Electronic Remittance Advice (ERA) and 277 Claims Status Response transactions from the DME MACs and deliver them to the Trading Partner's (Electronic Submitters) CEDI mailbox.

### **CEDI Production Submitters**

CMS and CEDI strongly encourage all electronic Trading Partners (Submitters) to transition to CEDI prior to June 1, 2008. Please visit the CEDI website, Outreach Materials web page at ([http://www.ngscedi.com/outreach\\_materials/outreachindex.htm](http://www.ngscedi.com/outreach_materials/outreachindex.htm)) to view important instructions for all vendors, billing services, and clearinghouses.

### **Revised Change Request (CR) 5567: Reporting of Additional Data to Describe Services on Hospice Claims**

The Centers for Medicare & Medicaid Services (CMS) has issued a revised [CR 5567](#), (re-issued April 29, 2008), which requires hospice providers to report data on their claims for Medicare payment, describing the visits provided in the course of delivering each hospice level of care billed. The premise of the revisions to CR 5567 is that for



services provided on or after July 1, 2008, CMS will not require the reporting of visit data from non-hospice staff in contract facilities providing General Inpatient Care, at this time.

**[CMS has also posted revised CR#5567 Q's and A's with regards to this CR, replacing those previously posted.](#)**

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

The April 2008 version of the Sole Community Hospital Fact Sheet, which provides information about Sole Community Hospital classification and payments, is now available in downloadable format from the Centers for Medicare & Medicaid Services

**Medicare Learning Network**

at <http://www.cms.hhs.gov/MLNProducts/downloads/2007sch.pdf> .

### **CMS to Conduct Spring 2008 LIS Outreach Campaign**

Today, CMS is launching a 2008 Spring LIS Campaign to increase awareness and applications submitted to the Social Security Administration (SSA) for the Medicare Part D low-income subsidy (LIS). This special outreach will be aimed at individuals without Medicare Part D coverage who may potentially qualify for the LIS. For those who qualify, Medicare can pay 75% or more of their prescription drug costs. Most will get 95% covered. This can mean big savings for people who are paying for all their drug costs out of pocket.

CMS efforts focus on targeted areas where the new data indicate a high level of potentially eligible beneficiaries. Updated CMS LIS data and outreach materials are now available in our **2008 LIS Outreach Toolkit** located

at <http://www.cms.hhs.gov/Partnerships/Toolkits/itemdetail.asp?itemID=CMS1188820>

Today, CMS is hosting a LIS Partner Summit meeting in Washington, D.C. to share outreach plans and ideas to effectively engage individuals who may qualify for the extra help. This summit is being recorded and will be available on cms.hhs.gov in the near future.

CMS' campaign will be conducted from May to July and will coincide with SSA's Mother's Day and Father's Day outreach campaign. Please join CMS in our efforts to reach out to people with Medicare and their family members or caregivers to promote the availability of this extra help and increase the number of LIS applications submitted to SSA for processing.

## **May 20, 2008**

## **CMS Announces Contract Suppliers for Round 1 of DMEPOS Competitive Bidding Program**

## **MEDICARE ANNOUNCES THE CONTRACT SUPPLIERS FOR THE FIRST ROUND OF THE MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM**

The Centers for Medicare & Medicaid Services (CMS) has announced the contract suppliers for the first round of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. The competitive bidding program will offer beneficiaries in the designated competitive bidding areas (CBAs) access to quality DMEPOS products and services with lower out-of-pocket costs.

A total of 325 suppliers receiving 1,345 contracts were selected for the ten Round 1 communities. To participate in the program, suppliers were required to meet Medicare's financial and quality standards. In addition, suppliers had to be accredited by one of CMS' approved accrediting organizations to be eligible to receive a contract.

To take advantage of the savings available under the program, people with Medicare living in one of the CBAs will need to choose a new supplier if their current supplier is not a contract supplier or a supplier who may be allowed to offer items and supplies as a grandfathered supplier. Grandfathered suppliers are those who chose to continue to provide certain rented durable medical equipment, oxygen and oxygen equipment for existing clients.

As a Medicare provider, CMS has many educational and informational resources available to assist you in your role as a DMEPOS supplier or referral agent. All of these resources, including [the](#) single payment amounts, links to both provider and beneficiary educational materials, and the most current news and announcements regarding the program, can be accessed through our DMEPOS Competitive Bidding web page at <http://www.cms.hhs.gov/DMEPOSCompetitiveBid/>.

The list of contract suppliers is now available on <http://www.dmecompetitivebid.com/cs>.

### **May 21, 2008**

#### **Revised Accreditation Deadlines for Round 2 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 changes to two key deadlines:

- Suppliers must be accredited or have applied for accreditation by **July 21, 2008** (change from 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 July 21, 2008.

- Suppliers will need to be accredited to be awarded a contract. The accreditation deadline for the second round of competitive bidding is **January 14, 2009** (change from 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.

CMS has extended these deadlines because a significant number of suppliers in the 70 metropolitan statistical areas (MSAs) included in Round Two of the DMEPOS Competitive Bidding Program have not yet applied for accreditation. **Suppliers in these MSAs that do not meet these accreditation deadlines cannot become DMEPOS competitive bidding contract suppliers and will therefore be unable to furnish competitively bid items to any beneficiary residing in any part of the competitive bidding area during the contract period.**

Suppliers can determine if they are serving beneficiaries in a Round 2 MSA by visiting the following web site: <http://www.census.gov/population/www/estimates/metrodef.html> and looking up their MSAs in the section called “counties with metropolitan and micropolitan statistical area codes.” (In this file, MSAs are called CBSAs.) For example, the Los Angeles-Long Beach-Santa Ana, CA MSA is comprised of two counties: Los Angeles and Orange.

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

## **May 21, 2008 cont'd**

Reminder: CMS to Host Second National Provider Education Call on the DMEPOS Competitive Bidding Program - May 27, 2008

**Reminder: CMS to Host Second National Provider Education Call on May 27th, 2008**

The Centers for Medicare & Medicaid Services (CMS) will host the second national [provider](#) education conference call to address the implementation of the new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding program scheduled to begin on July 1, 2008. This call is being conducted for Medicare fee-for-service DMEPOS suppliers, physicians, and other providers – all of which may be affected by the program. CMS Subject Matter Experts will be available to answer questions and address some of the exceptions and situations you may encounter as the program is implemented. To view a PowerPoint presentation that was used in the first national call, please click [here](#):

[http://www.cms.hhs.gov/DMEPOSCompetitiveBid/Downloads/policy\\_teleconference\\_final.pdf](http://www.cms.hhs.gov/DMEPOSCompetitiveBid/Downloads/policy_teleconference_final.pdf)

Conference call details:

Date: May 27, 2008  
Conference Title: Medicare DMEPOS Competitive Bidding Program Q&A session  
Time: 1:00-2:30 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 May 26, 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/052908>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 4:00 p.m. EDT 5/27/2008 until 11:59 p.m. EDT 6/4/2008. The call in data for the replay is (800) 642-1687 and the passcode is 47261135.

**May 22, 2008**

It's May 22nd -- Are You Ready?

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

## ***NPI News for Medicare FFS Providers***

### **It's May 22<sup>nd</sup> – Are You Ready?**

As of May 23, Medicare FFS will require and send NPI-Only in ALL provider identifier fields for all HIPAA and paper transactions where a provider identifier is required. **If you send Medicare a transaction with a Medicare legacy identifier in any of the provider fields, your claim will be rejected.** These transactions include all electronic and paper claims (837I, 837P, NCPDP, DDE and paper CMS-1500 and UB-04), the 276/277 claims status transaction, the 270/271 eligibility transaction, 835 remittance advice and SPR paper remittance.

### **NPIs for Secondary Providers**

If the entity that is required to be identified in the secondary provider field (i.e., the ordering/referring/attending/operating/supervising/purchased service/other/service facility provider or prescriber) does **not** furnish an NPI, the billing provider must attempt to obtain that NPI in order to enter it on the claim. The billing provider may use the NPI Registry (<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>) to obtain the secondary provider's NPI or it may need to directly contact the ordering/referring/attending/operating/supervising/purchased service/other/service facility or prescriber in order to obtain the NPI.

- If the billing provider has exhausted all possibilities of finding the NPI of the ordering/referring/attending/operating/supervising/purchased service/other or prescriber, Medicare FFS is permitting the billing provider (in the X12N 837 transactions) or the service provider (in the NCPDP 5.1 transaction) to use their own NPI as the identifier for those secondary providers. Medicare will reject claims if Medicare policy requires a secondary identifier and there is no NPI present.
- For service facility location loop, if the billing provider is still unable to obtain the NPI of the entity, no identifier should be reported in that loop.

### **Transcript for April 17<sup>th</sup> NPI Roundtable Now Available**

View the transcript at

[http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Transcript\\_for\\_April\\_17th\\_NPI\\_Roundtable.pdf](http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Transcript_for_April_17th_NPI_Roundtable.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 [www.cms.hhs.gov/NationalProvIdentStand](http://www.cms.hhs.gov/NationalProvIdentStand) CMS webpage.

## May 23, 2008

### Your Friday Reading Materials

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

*Happy Friday everyone! Several items for you this afternoon, including information on:*

- **Acute Care Episode (ACE) Demonstration Teleconference**
- **Hospital-Acquired Conditions and Present on Admission Indicator Reporting**
- **Applicants for Electronic Health Record Demonstration Project**
- **Physician Quality Reporting Initiative Updates**
- **Call for Imaging Efficiency Measure Suggestions**
- **Reminder of DMEPOS Competitive Bidding Program National Provider Conference Call**
- **New from the Medicare Learning Network**
- **Revised Change Request (CR) 5567: Reporting of Additional Data to Describe Services on Hospice Claims**
- **National Ad Campaign Highlights Patient Ratings for More Than 1,000 Local U.S. Hospitals**
- **Complementary Efforts by FDA and Medicare to Improve Patient Safety and Quality of Medical Care**

### **Acute Care Episode (ACE) Demonstration Teleconference**

On May 16, 2008, CMS announced a new demonstration for hospitals to test the use of a bundled payment for both hospital and physician services for a select set of episodes of care to improve the quality of care delivered through Medicare fee-for-service.

There will be an informational teleconference for this demonstration, the Acute Care Episode (ACE) demonstration, for potential applicants and other interested parties on **June 4, 2008 from 3 to 4:30 p.m. EST**. The teleconference will be an opportunity to ask questions and for CMS to clarify issues in both the solicitation and the demonstration project itself. The call-in number for the teleconference is 1-888-982-4492 (participant passcode "Acute Care").

For more information about the demonstration, please visit the ACE demonstration webpage at:

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1204388&intNumPerPage=10>

### **Hospital-Acquired Conditions and Present on Admission Indicator Reporting**

The Centers for Medicare & Medicaid Services (CMS) has recently updated all web pages of the Hospital-Acquired Conditions (HAC) & Present on Admission (POA) Indicator Reporting section to reflect considerations in CMS' Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Proposed Rule. The HAC & POA Indicator information is available at <http://www.cms.hhs.gov/HospitalAcqCond/> on the CMS website.

### **HHS Lauds More Than 30 Applicants for Electronic Health Record (EHR) Demonstration Project**

*Selected Communities to be Announced in Early June; Participating Docs Will Receive Incentives for Using EHRs to Improve Quality of Care*

HHS Secretary Mike Leavitt today applauded the more than 30 communities that have applied for a new demonstration project that will provide Medicare incentive payments to primary care physician practices that use certified electronic health records (EHR) to improve the quality of patient care.

The EHR demonstration project is expected to reduce medical errors and improve the quality of care for an estimated 3.6 million Americans. Over a five-year period, financial incentives will be provided to as many as 1,200 small- to medium-sized physician practices in 12 communities for using certified EHRs to improve quality, as measured by their performance on specific clinical quality measures.

The EHR demonstration project is a major step toward the President's goal of most Americans having access to a secure, interoperable electronic health record by 2014. For more information about the EHR demonstration project, visit [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008\\_Electronic\\_Health\\_Records\\_Demonstration.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf).

To read more about the HHS release issued today you may go here: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

To learn more about *Connecting to Better Health Care*, please visit <http://www.hhs.gov/secretary/connectthehealthcare>.

### **Physician Quality Reporting Initiative (PQRI) Updates**

#### **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 third in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:30 p.m. – 5:00 p.m., EDT, on **Wednesday, May 28, 2008**.

This call will provide an overview of the alternative reporting periods and alternative criteria for satisfactorily reporting quality measures for the 2008 PQRI as authorized by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) which was enacted on December 29, 2007.

MMSEA requires that for 2008 and 2009 the Secretary establish alternative reporting periods and alternative criteria for satisfactorily reporting groups of measures. It also requires that for 2008 and 2009 the Secretary establish alternative reporting periods and alternative criteria for satisfactorily reporting quality measures data through registries. In 2008, eligible professionals may earn an incentive payment of 1.5 percent of their total allowed charges for Physician Fee Service 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.

A PowerPoint slide presentation will be posted to the PQRI webpage at, [http://www.cms.hhs.gov/PQRI/30\\_EducationalResources.asp#TopOfPage](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.

### **Conference call details:**

Date:	May 28, 2008
Conference Title:	2008 Physician Quality Reporting Initiative National Provider Call
Time:	3:30 p.m. -5:00 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 3:30 p.m. EDT on May 27, 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/052808>
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 it may have been directed there.

For those of you unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 5:30 p.m. EDT 5/28/2008 until 11:59 p.m. EDT 6/5/2008. The call-in data for the replay is (800) 642-1687 and the passcode is 46870023.

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

### **2008 Physician Quality Reporting Initiative (PQRI): New Educational Product Now Available!**

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that a new educational resource has been posted to the PQRI webpage on the CMS website. The print version will be available shortly.

*2008 PQRI Fact Sheet:* Alternative Reporting Periods and Alternative Criteria for Satisfactorily Reporting for 2008: Measures Groups and Registry-Based Reporting- This Fact Sheet provides an overview of the changes to the 2008 Physician Quality Reporting Initiative Reporting options, such as, alternative reporting periods, and alternative criteria for satisfactorily reporting for 2008 measures groups, and registry-based reporting.

To access this new and all available 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 Reporting Fact Sheet" link.

### **Call for Imaging Efficiency Measure Suggestions to CMS**

L&M Policy Research, LLC, and its partners, the National Imaging Associates and the Lewin Group, have been contracted by the Centers for Medicare & Medicaid Services to develop imaging efficiency measures. In preparation for additional work on this project, L&M would like to take the opportunity to ask the public for suggestions for imaging

efficiency measures that could potentially be considered for development. For this project, the development of the efficiency measures is focused on applying evidence-based medicine to improve the efficient use of imaging technologies based on clinical practice guidelines and tied to health care quality outcomes. Specifically, these measures address one or more of the following types of domains:

- **Duplication** - imaging studies that are duplicative within a short time of each other without identified clinical indication, representing a potential source of waste and inefficiency.
- **Overlap** - imaging studies using different imaging modalities, on the same area of the body, within a short time of each other that serve the same clinical purpose, without an identified clinical indication for such overlapping studies.
- **Screening** - imaging studies that are solely for screening purposes without identified clinical indications for such services based on symptoms or existing diagnoses.
- **Negative Studies or Clinically non-contributory studies** - imaging studies that are negative in a large percentage of the cases, or are that are clinically non-contributory to the subsequent clinical course of care.
- **Studies with and without contrast** - imaging studies repeated in a short period of time on the same body area differing only in whether contrast is used.
- **Adjacent Body Areas** - Imaging studies repeated in a short time on adjacent body areas.
- **Coordination of Care**

There is an Excel spreadsheet that should be used to submit your input. Given the scope of this request, L&M will only be able to accept suggestions provided in that format. The Excel spreadsheet can be downloaded at the following website:

<http://www.imagingmeasures.com>

Suggestions submitted in this form should be sent to the following address no later than June 9, 2008:

[ImagingMeasures@LMpolicyresearch.com](mailto:ImagingMeasures@LMpolicyresearch.com)

Please forward this message and link to any other colleagues or organizations you feel would be interested in submitting suggestions. Thank you in advance for your input. The team is looking forward to hearing from you.

**Reminder: CMS to Host Second National Provider Education Call on the Medicare DMEPOS Competitive Bidding Program – Tuesday, May 27th, 2008**

The Centers for Medicare & Medicaid Services (CMS) will host the second national [provider](#) education conference call to address the implementation of the new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding program scheduled to begin on July 1, 2008. This call is being

conducted for Medicare fee-for-service DMEPOS suppliers, physicians, and other providers – all of which may be affected by the program. CMS Subject Matter Experts will be available to answer questions and address some of the exceptions and situations you may encounter as the program is implemented. To view a PowerPoint presentation that was used in the first national call, please click here:

[http://www.cms.hhs.gov/DMEPOSCompetitiveBid/Downloads/policy\\_teleconference\\_final.pdf](http://www.cms.hhs.gov/DMEPOSCompetitiveBid/Downloads/policy_teleconference_final.pdf)

Conference call details:

Date: May 27, 2008

Conference Title: Medicare DMEPOS Competitive Bidding Program Q&A session

Time: 1:00-2:30 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 May 26, 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/052908>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as it may have been directed there.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 4:00 p.m. EDT 5/27/2008 until 11:59 p.m. EDT 6/4/2008. The call in data for the replay is (800) 642-1687 and the passcode is 47261135.

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

The April 2008 version of the *Medicare Guide to Rural Health Services Information for Providers, Suppliers, and Physicians*, which contains rural information pertaining to rural health facility types, coverage and payment policies, and rural provisions under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the Deficit Reduction Act of 2005, is now available in downloadable format from the Centers for Medicare & Medicaid Services **Medicare Learning Network** at <http://www.cms.hhs.gov/MLNProducts/downloads/MedicareRuralHealthGuide.pdf>.

*The Medicare Remit Easy Print* brochure has been updated and is now available to order print copies or to download as a PDF file. This brochure provides an overview of free software that enables physicians and suppliers to view and print remittance information. To view the PDF file, go to

[http://www.cms.hhs.gov/MLNProducts/downloads/MedicareRemit\\_0408.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/MedicareRemit_0408.pdf). Print copies may be ordered by visiting the MLN Product Ordering Page 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) on the CMS Website.

PLEASE NOTE: Version 2.4 of the MREP software is available for download at [http://www.cms.hhs.gov/AccessstoDataApplication/02\\_MedicareRemitEasyPrint.asp](http://www.cms.hhs.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp) on the CMS website. For a description of the minor changes in this version, see the “What’s New” section of the **MREP User Guide – Version 2.4** at <http://www.cms.hhs.gov/AccessstoDataApplication/Downloads/EasyPrintUserGuide.pdf>.

Note: The latest Codes.ini file is now available. This file is necessary when the MREP software is distributed.

Just a reminder that the Medicare Learning Network (MLN) has developed a series of Quick Reference Charts. These two-sided laminated charts are designed to assist health care professionals and their staff in providing and billing for Medicare Preventive Services.

- Medicare Preventive Services Quick Reference Information: Medicare Part B Immunization Billing (ICN# 6799)(Feb 2008)
- Quick Reference Chart: Medicare Preventive Services (ICN# 6559)(Feb 2008)
- The ABCs of Providing the Initial Preventive Physical Examination Quick Reference Chart (ICN# 6904)(Sep 2007)

These quick reference charts may be ordered, free of charge, from the MLN Product Ordering Page 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) on the CMS website.

### **Revised Change Request (CR) 5567: Reporting of Additional Data to Describe Services on Hospice Claims**

CMS has issued a revised [CR 5567](#), (re-issued April 29, 2008), which requires hospice providers to report data on their claims for Medicare payment, describing the visits provided in the course of delivering each hospice level of care billed. The premise of the revisions to CR 5567 is that for services provided on or after July 1, 2008, CMS will not require the reporting of visit data from non-hospice staff in contract facilities providing General Inpatient Care, at this time. [CMS has also posted revised CR#5567 Q's and A's with regards to this CR, replacing those previously posted.](#)

## **NATIONAL AD CAMPAIGN HIGHLIGHTS PATIENT RATINGS FOR MORE THAN 1,000 LOCAL U.S. HOSPITALS**

**Washington, D.C.** – The U.S. Department of Health and Human Services is launching the first national print advertising campaign focusing on the quality of care available in the nation's hospitals.

The ads, placed by HHS' Centers for Medicare & Medicaid Services (CMS) in the May 21 edition of 58 major daily newspapers, promote Hospital Compare (<http://www.hospitalcompare.hhs.gov>), an easy-to-use Web site that helps consumers make well-informed decisions when choosing a hospital. The ads provide scores from two of the 26 quality and patient satisfaction measures on the Web site for a sample of hospitals in the newspapers' areas. The 26 quality measures allow patients to better understand 10 key aspects of the patient experience.

"The newspaper ads are designed to raise awareness about the important information on Hospital Compare," said CMS Acting Administrator Kerry Weems. "Patients and their family members can use this information to see how well their hospitals are providing care, and hospitals can use the data to focus on areas where there is opportunity to improve the quality of care." The ads highlight two measures found on <http://www.hospitalcompare.hhs.gov>, a Web site that allows users to compare the quality of care provided in nearly 4,000 hospitals across the nation.

To access the Hospital Compare Web site, please visit: <http://www.HospitalCompare.HHS.gov>. Other tools are available at <http://www.medicare.gov> to compare the quality of Medicare health plans, nursing homes, home health agencies, and dialysis facilities.

To view the CMS press release issued today go here: [http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

### **HHS Announces Complementary Efforts by FDA and Medicare to Improve Patient Safety and Quality of Medical Care**

HHS Secretary Mike Leavitt recently announced complementary initiatives by the U.S. Food and Drug Administration (FDA) and the Centers for Medicare & Medicaid Services (CMS) to improve patient safety and the quality of medical care.

In a white paper released by the FDA today, the agency describes plans for the **Sentinel Initiative**, a new electronic system that will enable FDA to query a broad array of information to identify possible post-market adverse events. The Sentinel System will be created through public-private partnerships and will capitalize on existing large electronic claims and medical records data sources maintained by private and government entities that agree to participate in this nationwide effort.

The Sentinel System is an important example of how electronic health records and other electronic health information like the Medicare data can help move the nation toward a system that delivers safer and better quality healthcare. President Bush has established a goal of all Americans having access to an electronic health record by 2014.

In addition, a CMS final regulation called the Medicare Part D Data rule was put on display at the *Federal Register* that will make it possible for federal agencies, States, as well as academic researchers, to use claims data from the Medicare prescription drug program (Part D)—under strict privacy protections—for public health queries care coordination, as well as for other research and analysis.

CMS will be developing guidelines and workshops to inform researchers on how they can request these data.

The HHS press release on the Sentinel Initiative and CMS final rule may be viewed at: <http://www.hhs.gov/news/press/2008pres/05/20080522a.html>

The CMS final rule along with supporting materials will be available at : [http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/08\\_PartDDData.asp](http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/08_PartDDData.asp)

The CMS Fact of the Part D Regulation (CMS-4119-F) may be viewed here: [http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)

*I hope you all enjoy a very happy and safe Memorial Holiday weekend!*

*With best regards ~ Valerie*

**May 28, 2008**

## **New Tip Sheet for Referral Agents under the DMEPOS Competitive Bidding Program**

### **New Tip Sheet for Referral Agents under the DMEPOS Competitive Bidding Program**

Medicare providers in the 10 Competitive Bidding Areas (CBAs) who order or refer Medicare beneficiaries for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) can now access a tip sheet that describes the DMEPOS Competitive Bidding program and outlines the important role you will play as someone who may assist beneficiaries residing in or traveling to competitive bidding areas (CBAs) take the proper actions before July 1, 2008. Many beneficiaries will be required to transition to a contract supplier. For some items, however, Medicare beneficiaries can choose to continue their relationship with current suppliers.

#### **Examples:**

1. Medicare patients in the 10 CBAs who use oxygen will need to take action to either transition to a new contract supplier, or, in the case where their current oxygen supplier elects to become a grandfathered supplier, continue services with their current non-contract supplier.



2. Medicare patients in the 10 CBAs who use enteral nutrients, supplies, and equipment must transition to a contract supplier as of July 1, 2008. If they reside in a Skilled Nursing Facility (SNF)/Nursing Facility (NF) that is not a contract supplier, the SNF/NF will have to make new arrangements with a contract supplier to furnish items to their residents. If they live at home, the beneficiary must make new arrangements with a contract supplier.

The “Referral Agent” tip sheet can be found on the CMS dedicated website at, <http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. Just click on the Provider Educational Products and Resources tab and scroll down to the “Downloads” section.

## May 28, 2008 cont'd

### New Tip Sheet for Grandfathered Suppliers under the DMEPOS Competitive Bidding Program

#### **New Tip Sheet for Grandfathered Suppliers under the DMEPOS Competitive Bidding Program**

Non-contract suppliers in the 10 Competitive Bidding Areas (CBAs) can now access a tip sheet that describes the actions Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers need to take to become a grandfathered supplier.

This tip sheet includes a link to a sample beneficiary notice form that can be used to meet the recommended 30-day advance notification to beneficiaries regarding a suppliers decision to become (or not become) a grandfathered supplier. Supplier notice to Medicare beneficiaries should occur by June 1, 2008 to give adequate time should the beneficiary elect or need to transition to a contract supplier.

The tip sheet can be found on the CMS dedicated website at, <http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. Just click on the Provider Educational Products and Resources tab and scroll down to the “Downloads” section.

## May 30, 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 items this afternoon, including information on:*

- **Your Latest 2008 PQRI Update**
- **Signatures in the Medicare Hospice Benefit**
- **New from the Medicare Learning Network**

**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 fourth in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:30 p.m. – 5:00 p.m., EDT, on Wednesday, June 18, 2008.

This call will provide an overview of the alternative reporting periods and alternative criteria for satisfactorily reporting quality measures for the 2008 PQRI as authorized by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) which was enacted on December 29, 2007.

MMSEA requires that for 2008 and 2009 the Secretary establish alternative reporting periods and alternative criteria for satisfactorily reporting groups of measures. It also requires that for 2008 and 2009 the Secretary establish alternative reporting periods and alternative criteria for satisfactorily reporting quality measures data through registries.

In 2008, eligible professionals may earn an incentive payment of 1.5 percent of their total allowed charges for Physician Fee Service 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.

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

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

Conference call details:

Date:	June 18, 2008
Conference Title:	2008 Physician Quality Reporting Initiative National Provider Call
Time:	3:30-5:00 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 3:30 p.m. EDT on June 17, 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/061808>
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 5:30 p.m. EDT 6/18/2008 until 11:59 p.m. EDT 6/25/2008. The call in data for the replay is (800) 642-1687 and the passcode is 47474458.

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

### **Medicare Hospice Benefit Updates**

Over the course of time, the Centers for Medicare & Medicaid Services (CMS) has received a number of questions related to "signatures" in the Medicare hospice benefit. Change Request (CR) 5971, titled "Signature Requirements Clarification," was issued on March 28, 2008 to clarify instruction on signature requirements for the certification of terminal illness for hospice. Even with that clarification, CMS has continued to receive questions on this subject matter. In a recent Home Health, Hospice, & Durable Medical Equipment Open Door Forum, yet another clarification on signatures in the Medicare hospice benefit, referencing CR 5971 was given. Providers should reference the MLN Matters article at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5971.pdf> . Also, a Frequently Asked Question providing clarification has been added to the CMS website at: [https://questions.cms.hhs.gov/cgi-bin/cmslhs.cfg/php/enduser/std\\_adp.php?p\\_faqid=9149&p\\_created=1211312604&p\\_sid=Hp2-tT4j&p\\_accessibility=0&p\\_lva=&p\\_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dyaWRzb3J0PSZwX3Jvd19jbnQ9MSZwX3Byb2RzPTAmcF9jYXRzPSZwX3B2PSZwX2N2P](https://questions.cms.hhs.gov/cgi-bin/cmslhs.cfg/php/enduser/std_adp.php?p_faqid=9149&p_created=1211312604&p_sid=Hp2-tT4j&p_accessibility=0&p_lva=&p_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dyaWRzb3J0PSZwX3Jvd19jbnQ9MSZwX3Byb2RzPTAmcF9jYXRzPSZwX3B2PSZwX2N2P)

[SZwX3NIYXJjaF90eXBIPWFuc3dlcnMuc2VhcmNoX25sJnBfcGFnZT0xJnBfc2VhcmNoX3RleHQ9OTE0OQ\\*\\*&p\\_li=&p\\_topview=1](http://www.cms.hhs.gov/center/hospice.asp) .

The Centers for Medicare & Medicaid Services (CMS) has posted the hospice aggregate cap amount for the 2008 cap year in the Spotlights section of the Hospice Center web page. The posting includes information showing how to calculate the aggregate cap amount, along with the cap amount. For more information, please see the Hospice Center web page at <http://www.cms.hhs.gov/center/hospice.asp> .

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

The April 2008 version of the *Medicare Disproportionate Share Hospital Fact Sheet* is now available in downloadable format from the Centers for Medicare & Medicaid Services **Medicare Learning Network** at [http://www.cms.hhs.gov/MLNProducts/downloads/2008\\_mdsh.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/2008_mdsh.pdf) . This fact sheet provides information about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005; number of beds in hospital determination; and Medicare DSH payment adjustment formulas.

*I hope you have a wonderful weekend!*

*With best regards ~ Valerie*

## **May 30, 2008 cont'd**

### **DMEPOS Competitive Bidding Program - New Educational Products and Upcoming National Provider Call**

#### **DMEPOS Competitive Bidding Program**

#### **New Educational Products and Upcoming National Provider Call**

- New Tip Sheet
- New MLN Matters article
- June 12, 2008 Call

#### **New DMEPOS Competitive Bidding Program Tip Sheet for Physicians and other Treating Practitioners Who Are Enrolled Medicare DMEPOS Suppliers**

CMS has posted a new tip sheet for physicians and other treating practitioners who are enrolled Medicare DMEPOS suppliers that describes how the new DMEPOS Competitive Bidding Program that begins July 1, 2008 affects this particular group of providers. The tip sheet outlines the instance of when an exception under the DMEPOS Competitive Bidding Program where physicians and other treating practitioners who are enrolled Medicare DMEPOS suppliers can provide certain types of competitively bid items in a CBA to their own patients without being selected as a contract supplier. The tip sheet can be found on the CMS

dedicated website at <http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. Just click on the Provider Educational Products and Resources tab and scroll down to the “Downloads” section.

### **New MLN Matters Article on CMS Medicare Manual Section Covering the DMEPOS Competitive Bidding Program**

On May 9, CMS issued CR 5978 “Phase 1 of Manual Revisions to Reflect Payment Changes for DMEPOS Items as a Result of the DMEPOS Competitive Bidding Program and the Deficit Reduction Act (DRA) of 2005”. The companion MLN MM5978 article is now available.

CR 5978 is the first of several installments in adding a new chapter (Chapter 36) to the existing Claims Processing Manual in an effort to manualize policies and instructions for Medicare Contractors on the DMEPOS Competitive Bidding Program. MLN Matters (MM) 5978 is designed to help Medicare providers gain a broad understanding of all aspects of the new program, including when non-contract suppliers should obtain a signed Advance Beneficiary Notice (ABN) which indicates that the beneficiary was informed in writing prior to receiving the item that there would be no Medicare coverage due to the supplier’s contract status, and that the beneficiary understands that he/she will be liable for all costs that the non-contract supplier may charge the beneficiary for the item. This manual section, in conjunction with the provider tip sheets upcoming and already released can help providers gain a quick and thorough understanding of the program.

MM5978 can be found at, <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5978.pdf>. It will also be available on the CMS dedicated website at, <http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. Just click on the Provider Educational Products and Resources tab and scroll down to the “Downloads” section. All 2008 MLN Matters on the DME Competitive Bidding Program are maintained here.

### **CMS To Host National Provider Call for Referral Agents and Non-contract Suppliers for the DMEPOS Competitive Bidding Program**

CMS will host a national audio call to address additional questions on the DMEPOS Competitive Bidding Program being implemented on July 1, 2008. The call will be held on June 12 from 1:00 – 2:30 PM EDT. This call will not address contract supplier issues, but will instead focus on questions from non-contract suppliers and referral agents (Medicare providers who order or refer DMEPOS in the 10 CBAs).

Please note -- Participants will be able to submit questions through the online registration system at the time of sign up for the call. Registration details follow:

Conference call details:

Date:	June 12, 2008
Conference Title:	Medicare DMEPOS Competitive Bidding Program Q and A Session
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 June 11, 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/061208>

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 3:00 p.m. EDT 6/12/2008 until 11:59 p.m. EDT 6/17/2008. The call in data for the replay is (800) 642-1687 and the passcode is 49895703.

*Robin Fritter for Valerie A. Haugen, Director*  
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*Provider Communications Group, CMS*  
*(410) 786-6690*  
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