

Front Cover

Information And Educational Resources For
Medicare Fee-for-Service Providers

Speaker's Name
Title

Centers for Medicare and Medicaid Services (CMS)
Last updated May 12, 2008

Content Page

Information and Education Resources For Medicare Providers

Contents

Our Commitment To Providers	3
CMS Outreach to Providers	4
Medicare Contractors	5
CMS Regional Offices	7
CMS Regional Office Map	8
CMS Central Office	9
Medicare Learning Network	10
CMS Provider Web Pages	16
CMS Electronic Provider Listservs.	22
Open Door Forums	23
Remittance Advice Print Software	24
In The News	25
We Need Your Help	38
Feedback From Providers	40

Slide 3

Our Commitment To Providers

- CMS is actively working to give Medicare's 1.2 million providers, physicians, suppliers and other health care professionals the information they need to understand the program, keep current of changes, and bill correctly
- We also recognize that Medicare providers play a vital role in ensuring that Medicare beneficiaries receive information about the services they need to live the healthiest lifestyle possible
- We strive to accomplish these goals by developing a wide array of educational products, using a variety of information delivery systems including enlisting the help of national and regional provider associations
- Provider education and outreach activities are increasing via "self-service" electronic information and the Internet

Slide 4

CMS Outreach to Providers

- CMS education and outreach to Medicare Fee-for-Service providers comes from three primary sources
- Medicare Fiscal Intermediaries, Carriers, and Medicare Administrative Contractors (A/B MACs/DME MACs)
- CMS Regional Offices
- CMS Central Office
- We extend our outreach through partnerships with provider associations at the national & local levels

Slide 5

Medicare Fee-for-Service Contractor Provider Customer Service is the face of CMS for most Medicare providers

- Maintain toll-free call centers and written inquiries staff that respond to almost 55 million telephone inquiries annually at 40 call centers nationwide
Note: Of these calls, 65% are handled entirely by Interactive Voice Response technology (e.g., eligibility and claim status)
- Obtain your Medicare Contractor's Toll-Free Provider Inquiry Telephone Number and website address at

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

(See "Downloads" at bottom of the page)

Slide 6

Medicare Fee-for-Service Contractor Provider Customer Service is the face of CMS for most Medicare providers

- Contractors conduct Outreach and Education such as:
- Educational seminars
- Provider "Ask-the-Contractor" teleconferences
- Bulletins/newsletters
- Contractor-hosted websites
- Provider-specific electronic mailing lists (listservs)
- Presentations at conferences and meetings

Slide 7

CMS Regional Offices

- Maintain relationships with local and regional provider associations with 10 Regional Office Locations
 - Atlanta
 - Boston
 - Chicago
 - Dallas
 - Denver
 - Kansas City
 - New York
 - Philadelphia
 - San Francisco
 - Seattle
- Regional offices support the provider community via state and regional level outreach activities such as hosting meetings, providing speakers, and troubleshooting issues
- Obtain Regional Office information at <http://www.cms.hhs.gov/RegionalOffices/>

Slide 8

States Covered by Regional Offices are:

Region 1: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
(Located in Boston)

Region 2: New York, New Jersey, Puerto Rico, US Virgin Islands
(Located in New York)

Region 3: Pennsylvania, West Virginia, Virginia, Delaware, Maryland, Washington DC
(Philadelphia)

Region 4: Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida
(Atlanta)

Region 5: Minnesota, Wisconsin, Michigan, Illinois, Indiana, Ohio
(Chicago)

Region 6: New Mexico, Oklahoma, Arkansas, Texas, Louisiana
(Dallas)

Region 7: Nebraska, Iowa, Kansas, Missouri
(Kansas City)

Region 8: Montana, North Dakota, South Dakota, Wyoming, Utah, Colorado

Region 9: California, Nevada, Arizona, Hawaii, Guam, American Samoa

Region 10: Alaska, Washington, Oregon, Idaho
(Seattle)

Slide 9

CMS Central Office Activities

- The Medicare Learning Network: Produce, market, and disseminate a wide variety of national provider education products that are accurate, consistent, timely and easily accessible at <http://www.cms.hhs.gov/MLNProducts/>
- Establish and maintain customized CMS fee-for-service provider web pages and other special initiative pages, e.g., <http://www.cms.hhs.gov/PQRI>
- Establish and maintain provider listservs that allow providers to get news as it happens
- Host provider listening forums such as “Open Door Forums”
- Provide oversight of Medicare contractors

Slide 10

Medicare Learning Network

Your place for official CMS Medicare Fee-for-Service education and information

- The brand name for official CMS national Medicare Fee-for-Service provider education products
- Promotes national consistency of Medicare Fee-for-Service provider information developed for CMS initiatives
- Products are available in a variety of formats such as web-based training courses, hard copy and downloadable publications, CD-ROMS and DVD format

Slide 11

Medicare Learning Network

Your place for official CMS Medicare Fee-for-Service education and information

- MLN On-Line Catalog provides a comprehensive listing of all MLN products with links to the electronic version of products
The catalog is updated and printed on a quarterly basis
- The MLN is supported by dedicated web pages at:
<http://www.cms.hhs.gov/MLNGenInfo/>
<http://www.cms.hhs.gov/MLNMattersArticles/>
<http://www.cms.hhs.gov/MLNProducts/>
<http://www.cms.hhs.gov/MLNEdWebGuide/>

Slide 12

Medicare Learning Network

Your place for official CMS Medicare Fee-for-Service education and information

- One of our most popular products is "MLN Matters...Information for Medicare Fee-for-Service Health Care Professionals" national articles
- Help providers understand new or changed Medicare policy and how changes affect them
- Comprehensive Search Feature and "News Flash" section to alert you to the latest CMS news items
- Available at <http://www.cms.hhs.gov/MLNMattersArticles/>

Slide13

Medicare Learning Network

Your place for official CMS Medicare fee-for-service education and information

- The Web-based training subjects covered include general Medicare information, Fraud and Abuse, Preventive Services, Acute Inpatient PPS, and Remittance Advice
- The brochure topics include Diabetes-Related Services, Coverage of Power Mobility Devices, Adult Immunizations and much more
- Fact Sheet topics include a provider payment system series, several rural health products, and a long-term care series
- Quick Reference Charts include Preventive Services, Immunizations Billing, ABCs of Providing the Initial Preventive Physical Exam

Slide 14

Medicare Learning Network

Your place for official CMS Medicare Fee-for-Service education and information

- The MLN also develops publications for Medicare providers that compliment beneficiary-focused brochures and booklets
Preventive Services
"Physician's Guide to Medicare Coverage of Kidney Dialysis and Kidney Transplant Services"

Slide 15

Medicare Learning Network

Your place for official CMS Medicare Fee-for-Service education and information

- Hard copy educational products can be ordered, free of charge, through the MLN Product Ordering Page <http://www.cms.hhs.gov/MLNProducts/>
- Check the MLN "What's New" web page often for the latest MLN products and product updates! <http://www.cms.hhs.gov/MLNGenInfo/>

Slide 16

Key CMS Provider Web Pages

Valuable information for providers and suppliers

- One-stop resource to obtain Medicare information
- "Spotlights" for new regulations, hot topics, and other important information
- Links to important information www.cms.hhs.gov/center/provider.asp

Slide 17

CMS Customized Provider Pages

Valuable information for providers and suppliers

- All Medicare Fee-For-Service Provider pages can be accessed at <http://www.cms.hhs.gov/center/provider.asp>
- We are always adding new information so check often!

Ambulatory Surgical (ASC)

Ambulance Services

Anesthesiologists

Clinical Labs

Critical Access Hospitals

Durable Medical Equipment
(DME)

End Stage Renal Disease (ESRD)

Federally Qualified Health
Centers (FQHC)

Home Health Agency (HHA)

Hospice

Hospital

Pharmacist

Physician

Practice Administration

Rural Health

Skilled Nursing Facility

Slide 18

Web Pages Dedicated To Medicare Physicians

Physician Web Page - <http://www.cms.hhs.gov/center/physician.asp> Contains information on topics such as:

- Medicare Physician Fee Schedule Look-Up Tool
Search pricing amounts, payment policy indicators, relative value units (RVU), and geographic practice cost indices (GPCI) by a single procedure code, a range, and a list of procedure codes
Search for the nation, a specific Carrier, or a specific Carrier locality <http://www.cms.hhs.gov/apps/pfslookup>
- National Correct Coding Initiative (NCCI) Edits for physicians
Search for specific codes with the find feature
Sort edits by procedure code or by effective date
<http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp>

Slide 19

Web Pages Dedicated To Medicare Physicians

- Physician Quality Reporting Initiative (PQRI)
PQRI establishes a financial incentive for eligible professionals to participate in a voluntary quality reporting program
<http://www.cms.hhs.gov/PQRI/>
- Practicing Physicians Advisory Council (PPAC)
Congressionally mandated Council that meets quarterly to advise HHS Secretary and CMS Administrator on Medicare issues that affect physicians
<https://www.cms.hhs.gov/FACA/03.ppac.asp>
- Physicians Regulatory Issues Team (PRIT)
Charged with reducing regulatory burden on physicians
<http://www.cms.hhs.gov/PRIT/>

Slide 20

Other Popular Provider- Oriented Web Pages

- Medicare Coverage Homepage <http://www.cms.hhs.gov/mcd/search.asp?>
Contains information on National Coverage Determinations, Local coverage Determinations, and more ...
Additional Medicare Coverage information can be accessed at <http://www.cms.hhs.gov/mcd/searcha.asp?>
- CMS Online Manual System <http://www.cms.hhs.gov/Manuals/>
Streamlines, updates, and consolidates CMS Program Instructions System includes Internet-only Manuals, Paper-Based Manual, and Crosswalks

Slide 21

Other Popular Provider - Oriented Web Pages

Quarterly Provider Update [http:// www.cms.hhs.gov/QuarterlyProviderUpdates/](http://www.cms.hhs.gov/QuarterlyProviderUpdates/)
Lists all non-regulatory Medicare manual instructions and changes affecting providers on a quarterly basis, as well as regulations and instructions from the previous quarter

Provider Partnership Web Page

Contains information about how national associations, federations, and organizations of health care professionals can join the Provider Partnership Program

[http://www.cms.hhs.gov/Fee-for-Service ProvPartProg/](http://www.cms.hhs.gov/Fee-for-ServiceProvPartProg/)

Has direct links to external Provider Partner websites

Slide 22

Sign Up For CMS Electronic Provider Listserv

- Receive electronic updates on specific Medicare program areas by joining one of our many listservs at <https://list.nih.gov/>
- Listservs have been established for most provider-specific web pages, e.g., physicians, hospitals, home health

Slide 23

Open Door Forums Participate in discussions with CMS policy experts and leadership

- The CMS Open Door Forums allow us to hear and interact with providers, beneficiary groups, and other stakeholders to resolve issues of concern
- Individual forums are held for specific provider types such as hospitals, home health, physicians, and rural health
- Go to <http://www.cms.hhs.gov/OpenDoorForums/> for the complete list of available Open Door Forums and to find information about how to sign up for one or more Open Door Forum Listservs

Slide 24

Remittance Advice Print Software

- Medicare offers providers free software to print remittance advice
PC-print software for institutional providers who bill FIs
Medicare Remit Easy Print (MREP) software for providers who bill carriers/MACs or Macs
 - MREP offers important capabilities that allow physicians and suppliers to:
View, search, and print remittance information from HIPAA 835
Print and export reports containing remittance information
- http://www.cms.hhs.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp

Slide 25

In the News

Physician Quality Reporting Initiative

The 2006 Tax Relief and Health Care Act (TRHCA):

- Authorized establishment of a physician quality reporting system, 2007 PQRI
- Included 1.5% incentive payment for satisfactory reporting quality data on covered professional services furnished to Medicare beneficiaries July 1, 2007 - December 31, 2007
- 74 measures
- Consensus developed and endorsed
- Apply to specialty categories for over 95% physician Part B services
- Applicability depends on services rendered, not designated specialty
<http://www.cms.hhs.gov/PQRI>

Slide 26

In the News

Physician Quality Reporting Initiative

The Medicare, Medicaid, and SCHIP Extension Act of 2007

- Authorized continuation of PQRI for 2008
- Eliminated cap on incentive payment
- Incentive payment remained 1.5% of total allowable charges for PFS covered professional services furnished during reporting period
- 119 measures
- 117 clinical measures
- 2 structural measures
<http://www.cms.hhs.gov/PQRI>

Slide 27

In the News

Physician Quality Reporting Initiative

- Required establishment of alternative reporting periods/reporting criteria for measures groups and registry based reporting
- 8 new options established effective Apr 15, 2008:
- **Two Reporting Periods**
- 12 months (January 1 - December 31, 2008)
- 6 months (July 1 - December 31, 2008)
- **Total of 9 PQRI Reporting Methods**
- 3 claims-based
- 6 registry-based

Slide 28

In the News

Physician Quality Reporting Initiative

- CMS PQRI website contains all publicly available information at <http://www.cms.hhs.gov/PQRI>, including
 - ~ Educational Resources
 - ~ Frequently Asked Questions
 - ~ 2008 PQRI Tool Kit
 - ~ Measure Finder
 - ~ Code Master
 - ~ Coding for Quality Handbook
 - ~ Data Collection Worksheets

Slide 29

National Provider Identifier (NPI)

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

- **Test Medicare Claims Now!** After providers have submitted claims containing both NPIs and legacy identifiers and those claims have been paid, Medicare urges these providers to send a small batch of claims now with only the NPI in the primary provider fields. If the results are positive, begin increasing the number of claims in the batch.
- **May 23rd is the NPI Implementation Deadline for FFS Medicare:**
 - In keeping with the Contingency Guidance issued on April 3, 2007, CMS will lift its NPI contingency plan, meaning that only the NPI will be accepted on all HIPAA electronic transactions (837I, 837P, NCPDP, 276/277, 270/271 and 835), paper claims and SPR remittance advice.
 - This also includes all secondary provider fields on the 837P and 837I. The reporting of legacy identifiers will result in the rejection of the transaction.
 - CMS will also stop sending legacy identifiers on COB crossover claims at this time.
 - Until further notice, you may continue to include legacy identifiers only for the secondary fields.
- Apply for your NPI today at <https://nppes.cms.hhs.gov>
- Visit the official source for NPI information
<http://www.cms.hhs.gov/NationalProvIdentStand/>

Slide 30

Medicare Preventive Services

- Medicare covers a range of other preventive services
- CMS needs your help to spread the word to Medicare beneficiaries
- A wide array of educational products are available to assist you at http://www.cms.hhs.gov/MLNProduct/35_PreventiveServices.asp

Slide 31

In the News

Medicare Contracting Reform: Durable Medical Equipment DME MAC

- Jurisdiction A: NHIC
- Jurisdiction B: National Government Services
- Jurisdiction C: CIGNA Government Services
- Jurisdiction D: Noridian Administrative Services

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

Slide 32

In the News

Medicare Contracting Reform: A/B Medicare Administrative Contractors (MACs)
There are 15 A/B MAC jurisdictions. To see States included in each jurisdiction go to:

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

- Jurisdiction 2 awarded to National Heritage Insurance Corporation (NHIC)
- Jurisdiction 3 awarded to Noridian Administrative Services. This jurisdiction is fully implemented.
- Jurisdiction 4 awarded to TrailBlazer Health Enterprises in August 2007. Implementation scheduled to be completed in June 2008.
- Jurisdiction 5 awarded to Wisconsin Physicians Services in September 2007. Implementation scheduled to be completed in June 2008.
- Jurisdiction 12 awarded to Highmark Medicare Services in October 2007. Implementation scheduled to be completed in November 2008

Slide 33

In the News

Medicare Contracting Reform: A/B MACs

- The RFP for Jurisdictions 1, 2, 7, and 13 was released in December 2006.
- Jurisdiction 1 was awarded to Palmetto GBA. Implementation work is scheduled to be completed by September 2008
- Jurisdiction 13 was awarded to National Government Services.
- The RFPs for Jurisdictions 6, 11, 14 and 15 (which include the home health and hospice work) and Jurisdictions 8, 9, and 10 were released on August 31, 2007. Awards will be made in mid to late 2008.

Slide 34

In the News

Competitive Acquisition Program (CAP)

- Gives physicians a choice between buying and billing for certain Part B drugs under the Average Sales Price (ASP) system, or obtaining drugs from a CAP vendor selected in a competitive bidding process
- Includes nearly 190 injectable and infused Part B drugs commonly provided by physicians "incident to" an office visit
- New changes in the CAP make it more flexible for physicians:
- Within the first 60 days of election: physicians may now request to leave the CAP if participation results in a burden to a practice (e.g., difficulty meeting CAP drug ordering or billing requirements);
- After 60 days: physicians may request to leave the CAP if an unexpected change in circumstance causes CAP participation to become a burden to a practice (ex: a change in patient population or practice personnel)
- CAP drug administration claims may now be filed up to 30 days after administering CAP drugs

Slide 35

In the News

Competitive Acquisition for DMEPOS

- CMS issued a final rule that will improve the accuracy of Medicare's payments for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) through a new competitive bidding program
- Round 1 of the competitive bidding program was launched in 2007 and

- includes 10 product categories in 10 Metropolitan Statistical Areas (MSAs)
- The bidders who will receive contracts will be announced in spring 2008
- The program will be implemented July 1, 2008

Slide 36

In the News

Competitive Acquisition for DMEPOS

- CMS has announced the single payment amounts for Round 1 of the Competitive Bidding Program.
- The single payment will go into effect on July 1, 2008
- CMS issued three Special Edition MLN Matters articles, SE0805, SE0806, and SE0807
- These articles contain information of both a general nature about the program as well as policy-specific topics such as grandfathering, mail order diabetic supplies, and advance beneficiary notices.
- Additional educational materials will be made available as we approach July 1st 2008.

Visit the CMS website at

<https://www.cms.hhs.gov/DMEPOSCompetitiveBid/>

- To view additional information, including FAQs, audience-specific tip sheets, and PowerPoint Presentations

Slide 37

In the News

Present on Admission (POA) Indicator

- Section 5001(c) of the Deficit Reduction Act requires Medicare hospitals that submit claims for Medicare beneficiary inpatient services to begin reporting the primary and secondary diagnoses that are present on admission (POA) of patients effective for discharges on or after October 1, 2007
- The statute only applies to Medicare IPPS hospitals. Critical access hospitals, psychiatric hospitals, inpatient rehabilitation facilities, and children's inpatient facilities are exempt from this requirement.
- All information pertaining to HAC & POA can be found at: <http://www.cms.hhs.gov/HospitalAcqCond/> on the web

Slide 38

We Need Your Help ~ Providers As Sources Of Information For Beneficiaries

- Become familiar with the Medicare & You handbook and share with your patients to remind them about this important resource for Medicare

information

- Be aware that the new CMS "My Health My Medicare" is the next step in helping the 43 million Americans with Medicare make the most of their benefits, so they can stay healthier and spend less on their medical care. This initiative also introduces new tools to assist beneficiaries throughout Part D enrollment periods
- CMS added new functionality to help beneficiaries track their preventive services eligibility and utilization. CMS now will send beneficiaries who have provided their email address an email reminder when they are eligible for one of their preventive services. This enhancement notifies beneficiaries that they are soon due for their preventive service. We are hopeful that the notification will encourage more Medicare beneficiaries to utilize the preventive services that are covered by Medicare. For more information about signing up for [mymedicare.gov](http://www.medicare.gov), visit the website at: <http://www.cms.hhs.gov/MyHealthMyMedicare/>

Slide 39

We Need Your Help ~ Providers As Sources Of Information For Beneficiaries

- Always refer your patients to 1-800-MEDICARE or <http://www.Medicare.gov> if they have questions about the Medicare Program that you cannot answer
- To download or order Beneficiary Products From CMS
Visit <http://www.Medicare.gov> or call 1-800-MEDICARE

Slide 40

How Are We Doing? Feedback Helps Us Meet Your Needs

- What information are you looking for that you can't easily find?
What's your preferred method for receiving information from CMS?
Provider Web Pages feedback ~ use the feedback links under "Contact Us"
Send your education-related feedback to MLN@cms.hhs.gov

Slide 41

How Are We Doing? Feedback Helps Us Meet Your Needs

Medicare Contractor Provider Satisfaction Survey (MCPSS)

- CMS measures provider satisfaction with services provided by Medicare Fee-for-Service contractors annually
- CMS will use the results to improve its oversight and increase the efficiency of administration of the Medicare program
- Questions or comments may be directed to mcps@westat.com
- For more information and survey results, please visit <http://www.cms.hhs.gov/MCPSS/>

Last page 42

Information And Education Resources For Medicare Providers
Questions and Comments

Speaker's Name

Title

Thank you

Centers for Medicare and Medicare Services (CMS)