

CMS Medicine Dish Shows

November 17, 2010: "Medicare Part D and Program Updates"

IHS and CMS experts discussed Medicare Part D and recent Medicare program changes.

- Creditable coverage letters
- Plan changes for 2011
- LIS, redeeming and reassignment
- Medicare Plan Enrollment
- Medicare program updates
- Demonstration of the new Medicare Plan Finder on www.medicare.gov

August 18, 2010: "CMS Electronic Health Record (EHR) Incentive Program"

Elizabeth Holland and Jessica Kahn, CMS, presented an overview of the Medicare and Medicaid EHR Incentive Program, including the new regulations. Dr. Theresa Cullen, IHS, discussed EHR activities IHS and the impact of the CMS incentive programs.

- Eligibility Requirements for the Medicare EHR Incentive Program
- Eligibility Requirements for the Medicaid EHR Incentive Program
- Meaningful Use Requirements for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals
- Incentive Payment Amounts
- IHS' Use of Electronic Health Records and Health Information Technology

April 21, 2010: "Children's Health Insurance Program Reauthorization Act (CHIPRA) and American Recovery and Reinvestment Act (ARRA) Impact on Indian Health Programs and AI/AN Beneficiaries"

CMS experts presented an overview of the new provisions in the CHIP and Medicaid programs:

- Increased outreach and enrollment
- Citizenship documentation
- Cost-sharing exemptions
- Exemptions of Indian-specific property
- Tribal/State consultation

February 24, 2010: "Urban Indian Health Programs"

Experts from the Urban Indian Health Programs, National Council of Urban Indian Health, and IHS covered:

- Overview of the Urban Indian Health Program;
- Services provided and communities served;
- Challenges encountered;
- Success stories; and
- Plans for the future.

December 18, 2009: “Youth Regional Treatment Centers in Indian Country”

Experts from the Youth Regional Treatment Centers covered:

- YRTC services provided to American Indian and Alaska Native youth;
- Success stories;
- Challenges encountered and recommended solutions.

Useful links:

[Youth Regional Treatment Center Summary Information: 2009 \[44 KB\]](#)

[Youth Regional Treatment Center Directory \[86 KB\]](#)

October 14, 2009: “How to Find and Apply for Grants with Grants.gov”

An expert from Grants.gov covered:

- How to register in Grants.gov,
- How to find, apply, and track applications using Grants.gov,
- Helpful tips to ensure your application is successfully completed.

August 12, 2009: “Federally Qualified Health Center (FQHC) Billing Basics” - Encore Presentation

A Panel discussed how CMS and HRSA work with the Indian health care system and FQHCs:

- Overview of the FQHC program and enrollment,
- Medicare coverage and payments to FQHCs,
- Medicaid coverage and payments to FQHCs,
- Medicare Administrative Contract impact on FQHCs.

July 8, 2009: “FQHC Cost Reports”

CMS and National Government Services (NGS) presented:

- How to Complete the CMS Form 222-92: Independent Rural Health Clinic and Freestanding Federally Qualified Health Center Cost Report
- Tips for Tribal FQHCs

June 10, 2009: “Medicare Part A Billing”

Experts from CMS and TrailBlazer Health Enterprises covered:

- How to bill for Medicare Part A Outpatient and Inpatient Services
- Billing for Services Outside of the All Inclusive Rate
- Top 10 Part A Billing Errors
- Federally Qualified Health Center Enrollment Tips
- Medicare Billing Verification Programs

May 13, 2009: “Medicare Provider Enrollment and Part B Billing”

Experts from CMS and TrailBlazer Health Enterprises covered:

- How to enroll as a Medicare provider
- How to bill for Medicare Part B services
- Top 10 billing errors
- Medicare incentive programs
- Training and resources for providers in Indian Country

April 8, 2009: “End Stage Renal Disease (ESRD) in Indian Country”

Experts from CMS, NIH, and IHS covered:

- Impact of ESRD on American Indians and Alaska Natives,
- Considerations in contracting for an onsite dialysis facility,
- Eligibility and enrollment in Medicare for people with ESRD,
- Medicare coverage and beneficiary costs,
- Provider reimbursement,
- Role of ESRD Network Organizations, and
- Information resources for providers and beneficiaries.

March 11, 2009: “Medicare's Preventive Benefits – Part 2”

CMS presenters continued the overview of Medicare Preventive Services:

- Specific services covered,
- Documentation required, and
- Costs to beneficiaries.
- Benefit changes effective January 1, 2009 will be highlighted.

Useful Links:

[MLN Resources for Indian Health](#)

[The ABCs of Providing the Initial Preventive Physical Examination Guide \[PDF, 142KB\]](#)

[Medicare Preventive Services Quick Reference Chart \[PDF 108KB\]](#)

February 11, 2009: “Medicare's Preventive Benefits – Part 1”

A panel of CMS experts discussed:

- Specific services covered,
- Documentation required,
- Costs to beneficiaries,
- Benefit changes effective January 1, 2009.

January 14, 2009: “Medicaid Early & Periodic Screening, Diagnostic, and Testing (EPSDT) Services”

A panel of CMS experts discussed:

- Required services under EPSDT,
- Who is eligible for services,
- Provider reimbursements,
- State requirements to inform EPSDT-eligible individuals.

December 10, 2008: “Horse Song,” A Special Presentation for Diabetes Education

This special broadcast features “Horse Song,” a diabetes education video produced by IHS’ Four Directions Communications and Northern Navajo Medical Center. This innovative drama portrays the challenges faced by a Navajo family in dealing with diabetes. The program incorporates the Navajo language and culture into this outreach tool. This video may be helpful for diabetes education activities.

November 12, 2008: “Survey & Certification for Indian Health Providers – Part 2”

Our January 2008 show focused primarily on hospitals. This show provides information applicable to all providers.

A CMS panel presented:

- Overview of the Survey and Certification program,
- Differences between certification and accreditation,
- Implications for Federally Qualified Health Centers,
- Role of CMS Regional Offices in the provider enrollment and certification processes.

October 8, 2008: “Part D for American Indians and Alaska Natives”

A panel of CMS and IHS experts discussed:

- What Part D Plans are available to IHS and Tribal pharmacies,
- Who is eligible and what notices they may receive,
- How to use the Medicare Prescription Drug Plan Finder to enroll beneficiaries in plans.

September 10, 2008: “CMS Quality Initiatives and DMEPOS Update”

A Panel discussed the initiatives, reporting processes, and impact on providers:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)
- Physician Quality Reporting Initiative (PQRI)
- Changes in Medicare payment and accreditation for suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).

August 13, 2008: “Federally Qualified Health Center (FQHC) Billing Basics”

A Panel discussed how CMS and HRSA work with the Indian health care system and FQHCs:

- Overview of the FQHC program and enrollment,
- Medicare coverage and payments to FQHCs,
- Medicaid coverage and payments to FQHCs,
- Medicare Administrative Contract impact on FQHCs.

July 9, 2008: “CMS Website: A Tour & How to Use It”

A Panel reviewed CMS Web Pages:

- Medicare.gov,
- Medicaid,
- Medicare Learning Network,
- Tribal Affairs.

June 11, 2008: “Electronic Health Records”

A Panel provided information on:

- An Overview of the importance of Electronic Health Records (EHRs) and HHS initiatives,
- IHS experiences with EHRs and important new developments with the RPMS,
- How CMS is working with EHRs and what to expect from CMS programs.

May 21, 2008: “Encore Broadcast of Medicare-Like Rates for Contract Health Services”

This is a re-broadcast of a program originally shown in September, 2007. It covers how Medicare-like rates help reduce contract health service (CHS) expenditures and extend the use of contract health services funding. You'll learn about the following:

- When the rule applies,
- What services are covered,
- How to compute and verify the rates charged by hospitals,
- What other payments or co-payments may be due.

April 9, 2008: “Medicare Part B and the Indian Healthcare System”

A Panel provided an overview of:

- How Medicare Part B works with the Indian Healthcare System,
- How providers enroll in the program,
- What services are covered,
- How bills are submitted and processed.

March 19, 2008: “Supporting Rural Family Caregivers”

A panel comprised of Family Caregivers and representatives from USDA Extension Services, Area Agencies on Aging, Easter Seals, Aging and Disability Resource Centers, State Departments on Aging discussed challenges and solutions to rural family caregiving.

February 13, 2008: “Coding and Billing for Medicare and Medicaid for Indian Health Providers”

A panel discussed:

The importance of coding to the Indian health care system,

The basics of coding,

A review of frequent coding questions and common coding errors.

January 9, 2008: “Survey and Certification 101 for Indian Health Providers”

A panel provided the following overviews:

- What is Medicare certification?
- What is accreditation and how does it differ from certification?
- What are the requirements for licensure of facilities and staff?
- What are the components of an acceptable plan of correction?

December 12, 2007: “Medicaid 101 and Indian Health Providers”

A Panel provided the following overviews:

- Overview of the Medicaid and SCHIP programs,
- What services are covered and how payments are made for Medicaid and SCHIP services,
- Medicaid coverage for Mental Health and Substance Abuse programs,
- How Indian health providers participate in the Medicaid program.

November 14, 2007: “Medicare 101 and Indian Health Providers”

A Panel provided the following overviews:

- History of legislative authority expanding Medicare reimbursements,
- How Indian health providers participate in the Medicare program,
- Provider type requirements,
- What IHS is doing to increase participation.

October 10, 2007: “Maximizing Part D Reimbursement: Fall 2007 Activities”

A Panel provided the following overviews:

- Redeeming, Reassignment and their notices,
- Plans with a 2008 premium within the regional low-income premium subsidy amount (benchmark),
- Annual Election Period (AEP), and other enrollment periods,
- Plan Finder Tool (how to change plans appropriately).