



News Flash - - The Centers for Medicare & Medicaid Services (CMS) recently announced the postponement of the 2009 Medicare Part B Competitive Acquisition Program (CAP). The program will continue through December 31, 2008. Earlier this year, CMS accepted bids for vendor contracts for the 2009-11 CAP. While CMS received several qualified bids, contractual issues with the successful bidders resulted in CMS postponing the 2009 program. As a result, CAP physician election for participation in the CAP in 2009 will not be held, and CAP drugs will not be available from an approved CAP vendor for dates of service after December 31, 2008. Later this fall, CMS will provide additional guidance for participating CAP physicians on how to transition out of the program. This information will be posted on the CMS CAP physician's page at:

http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp on the CMS website. CMS also plans to seek feedback on the CAP from participating physicians, potential vendors, and other interested parties. Information about how to submit comments will be available at <http://www.cms.hhs.gov/CompetitiveAcquisforBios/> on the CMS website.

MLN Matters Number: MM6178

Related Change Request (CR) #: 6178

Related CR Release Date: September 19, 2008

Effective Date: October 20, 2008

Related CR Transmittal #: R269PI

Implementation Date: October 20, 2008

Incorporation of Recent Regulatory Revisions into Chapter 10 of the Program Integrity Manual (PIM)

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6178 which incorporates recent regulatory changes into the Medicare Program Integrity Manual (Chapter 10 (Healthcare Provider/Supplier Enrollment)).

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

The Medicare Program Integrity Manual (Chapter 10) specifies the resources and procedures Medicare fee-for-service contractors must use to establish and maintain provider and supplier enrollment in the Medicare program.

Change Request (CR) 6178 revises Chapter 10 (Healthcare Provider/Supplier Enrollment) of the Medicare Program Integrity Manual and incorporates non-appeals related provisions contained in "Appeals of CMS or CMS Contractor Determinations When a Provider or Supplier Fails to Meet the Requirements for Medicare Billing Privileges (CMS 6003-F)" which was published in the Federal Register on June 27, 2008. This CR instructs contractors to —

- Establish an enrollment bar for those providers and suppliers whose billing privileges are revoked. The enrollment bar will require that providers and suppliers whose billing privileges are revoked to wait from one to three years before reapplying to participate in the Medicare program.
- Require providers and supplier to receive payments by electronic funds transfer (EFT) when enrolling, making a change to their enrollment information, or during a revalidation process. In addition, providers or suppliers must continue to receive payment via EFT when Medicare contractor transition occurs and the provider or supplier was previously receiving payment via EFT.
- Allow Medicare contractors to reject an enrollment application when a provider or supplier fails to provide missing information/documentation within 30 days of a contractor's request for additional information. (The previous standard was 60 days.)
- Establish a new revocation reason for services that could not be provided (e.g., physician billing for services within in the United States when the physician was living outside of the country.)

Additional Information

The official instruction, CR 6178, issued to your carrier, FI, or A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R269PI.pdf> on the CMS website. The revised Chapter 10 of the Program Integrity Manual is attached to CR 6178.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at

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<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - Flu Shot Reminder - Flu Season Is Coming! It's not too early to start vaccinating as soon as you receive vaccine. Encourage your patients to get a flu shot as it is still their best defense against the influenza virus. *(Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.)* And don't forget, health care workers also need to protect themselves. Get Your Flu Shot. – Not the Flu. Remember - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professions and their staff, visit http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf on the CMS website. To order, free of charge, a quick reference chart on Medicare Part B Immunization Billing, go to http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS website.

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