

Provider Partnership Program (PPP) E-mail Notification Archives

October 2005

October 12, 2005

New from the Medicare Learning Network!! "The Medicare Guide to Rural Health Services Information for Providers, Suppliers and Physicians," which offers rural health information in a single source, is now available in electronic downloadable format at <http://www.cms.hhs.gov/medlearn/MedRuralGuide.pdf> on the CMS website. Print and CD-Rom versions of the guide will be available in late November, free of charge, from the Medicare Learning Network's web page at <http://www.cms.hhs.gov/medlearn/default.asp?link=products> on the CMS website.

I would like to add a special thank you to all of you who took time to review this guide. Your comments added great value to the final product!

With warmest regards ~ Valerie

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October 14, 2005

Happy Friday afternoon everyone. Three items that might interest you:

- 1) Status of Activities Related to Power Mobility Devices (PMDs)**
- 2) HHS Accelerates Use of E-prescribing and Electronic Health Records**
- 3) CMS Will Require Nursing Homes to Vaccinate Residents Against the Flu**

CMS posted important information on its website today regarding recent initiatives associated with coverage, coding, and medical documentation for power mobility devices. The following information is available at the following address:

<http://www.cms.hhs.gov/suppliers/dmepos/>

Status of Activities Related to Power Mobility Devices (PMDs)

October 14, 2005

Recently, the Centers for Medicare & Medicaid Services (CMS) has been working on a number of important regulatory and administrative initiatives related to the prescription, coding and coverage of power mobility devices in response to the significant growth in expenditures for these items under the Medicare program. The goal of these initiatives is to ensure that beneficiaries have access to the appropriate technology to meet their needs, and support appropriate payments by Medicare. The purpose of this announcement is to provide an update on these important initiatives as CMS proceeds with implementation.

Key Initiatives

- ***PMD Regulation***--On August 26, 2005, CMS published an Interim Final Rule with Comment Period (IFC) to implement clinical conditions for coverage of PMDs. The IFC includes the requirement that a physician or other treating practitioner conduct a face-to-face examination of the patient when prescribing PMDs as mandated by the Medicare Modernization Act of 2003; and expands the types of physician or other treating practitioner who may prescribe power operated vehicles (POVs or scooters). The regulation also eliminates Certificates of Medical Necessity (CMNs) for power wheelchairs and power scooters (power mobility devices or PMDs). The regulation will be effective on October 25, and CMS is accepting comments until November 25, 2005.
- ***New Billing Codes for PMDs***--In February 2005, CMS issued 49 new Healthcare Common Procedure Coding System (HCPCS) codes for PMDs, and established product testing requirements for them to ensure that products can be grouped together based on industry standards for performance and durability. The new codes were scheduled to be implemented on January 1, 2006. On September 14, 2005, CMS revised these codes, adding 13 new codes and modifying a number of the testing requirements. CMS now plans to delay implementation of these new codes until it has an opportunity to review the changes with input from manufacturers, suppliers, and other stakeholders.
- ***Local Coverage Determination***--Also on September 14, 2005, the Durable Medical Equipment Regional Carriers (DMERCs) posted draft Local Coverage Determinations (LCDs) and policy articles on their websites to address payment and coverage of PMDs, and other issues. Due to the delay in implementing the new codes, the DMERCs will: 1) update their current LCDs for power wheelchairs (including the existing four codes K0010, K0011, K0012, and K0014 that have been in effect since 1993), manual wheelchairs, and scooters (code E1230) so that those policies accurately reflect the National Coverage Determination (NCD) coverage criteria; 2) continue to solicit and review comments on all aspects of the draft LCDs with the exception of the HCPCS codes; and 3) consider all comments developing new LCDs that will incorporate

the new coding structure and which will go into effect at the same time that the codes take effect.

Provider/Supplier Education

Since the issuance of the NCD, IFC, and codes, CMS and its contractors have been educating suppliers, the medical community and others regarding these important changes in PMD coverage and payments. Education and outreach activities include use of the CMS web-site, listserv announcements, MedLearn articles, and Open Door Forums. CMS expects to release detailed guidance – within the next few days on the DMERC websites -- addressing such issues as documentation requirements to prescribing physicians of PMDs. Some of the key guidance documents currently available are referenced below:

1. Mobility Assistive Equipment National Coverage Determination:

<http://www.cms.hhs.gov/coverage/wheelchairs.asp>

CMS has provided one-stop-shopping on this website for those documents that are particularly relevant for PMD prescribers. Physicians and other treating practitioners can access these documents from this single page on the coverage website rather than separately accessing the Federal Register and multiple CMS manuals. These documents include:

- The Mobility Assistive Equipment (MAE) Decision Memorandum
- The MAE National Coverage Determination (NCD)
- The MAE Coverage Algorithm
- The Recommendation of the Interagency Wheelchair Work Group (IWWG)
- The Power Mobility Device (PMD) Interim Final Rule with Comment (CMS-3017-IFC) text
- A Fact Sheet on the PMD IFC
- Questions and Answers on the MAE NCD, the PMD IFC, the elimination of the CMN, and the DMERCs LCD process

2. Medicare Program Integrity Manual Change Request 3952:

http://www.cms.hhs.gov/manuals/pm_trans/R124PI.pdf

3. Documentation Requirements in the DMERC Draft LCDs for PMDs:

<http://www.tricenturion.com>

<http://www.adminastar.com/Providers/DMERC/MedicalPolicy/files/DraftLCDPAPowerMobilityDevices.htm>

<http://palmettogba.com>

http://cignagovernmentservices.com/dmerc/lmrp_lcd/draft/PMD.html

4. CMS MedLearn articles associated with these initiatives can be found on CMS's website at the following addresses:

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3952.pdf>

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3791.pdf>

HHS Accelerates Use of E-prescribing and Electronic Health Records

New regulations that support adoption of e-prescribing and electronic health records were announced by HHS Secretary Mike Leavitt. These proposals will speed adoption of health information technologies by hospitals, physicians, and other health care providers to improve quality and safety for Medicare beneficiaries and all Americans. Taken together, they represent a major step forward in meeting President Bush's goal of widespread adoption of electronic health records.

Electronic prescribing enables a physician to transmit a prescription electronically to a patient's pharmacy of choice. It decreases prescription errors caused by hard-to-read handwriting and automates the process of checking for drug interactions and allergies. Not only is this easier than paper prescriptions, but it also can improve patient safety and increase efficiency.

Click here to view: <http://www.hhs.gov/news/press/2005pres/20051005.html>

CMS WILL REQUIRE NURSING HOMES TO VACCINATE RESIDENTS AGAINST THE FLU

Nursing homes serving Medicare and Medicaid patients will have to provide immunizations against influenza and pneumococcal disease to all residents if they want to continue in the programs, according to a final rule published by CMS in today's *Federal Register*.

As a condition of participation in the two programs, nursing homes will be required to ensure that residents received the immunizations. The resident or the resident's family can refuse the shots. Residents who cannot receive the vaccines for medical reasons are exempt. Under the final rule, nursing homes will also be required to educate the resident and/or the resident's family about the advantages and possible disadvantages of receiving the vaccines.

Click here to view: <http://www.cms.hhs.gov/media/press/release.asp?Counter=1688>

I hope everyone enjoys the weekend!

Valerie

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Help is Here — Training Resources for CMS Partners

Here is a list of the variety of training materials and tools to ensure that organizations and individuals who will assist Medicare beneficiaries with enrollment have the appropriate resources.

1). [Comprehensive Resource Kit](#)

(Can be downloaded from CMS website and ordered online.)

<http://www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/hihresourcekit/default.asp?>

- Focus on “understanding, deciding, choosing, and joining”
- Includes a “lesson plan” for anyone who will be helping person/people with Medicare understand the new Medicare Prescription Drug Coverage
 - Existing publications
 - Worksheet for decision process
 - Instructions for helping with the decision process and enrollment in a plan
 - CD training of Prescription Drug Plan Finder Tool
 - CD with extensive additional resources, links to online resources, and contents of Kit
 - CD with all regional versions of Medicare & You handbook

2). [Medicare Prescription Drug Coverage Toolkit](#)

(Can be downloaded from CMS website and ordered online.)

<http://www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/hihresourcekit/default.asp>

- Designed for partners, traditional and new, and community level organizations
- Minimal approach—not intimidating for those new to Medicare
- Quick Start—design concept based on software products—“just read this one folder to get started”
- Designed to be easily referenced
- Suitable for all partners
- Materials needed to conduct outreach

3). **Plan Finder Tool Training Demonstration**

(Will be available online and on CD by mid-October 2005.)

<http://media.cms.hhs.gov/>

- Two versions being developed (short and more in-depth)
- Walks user through process of using the Plan Finder Tool to help people with Medicare understand, decide, choose, and join

4). **Web Casts**

(Available online and stored for viewing through May 2006.)

<http://www.cms.hhs.gov/partnerships/news/mma/webcasts.asp>

- Weekly series that began September 28, 2005
- Topics include
 - Overview of Prescription Drug Coverage
 - Medicare Prescription Drug Coverage Enrollment Process and "Help is Here" Resource Kit
 - Live “Ask the Experts” sessions

5). **Online Training Modules**

<http://www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/default.htm>

- Used in face-to-face workshops
- Designed in Train-the-Trainer format
- Continuously updated

7). **National Workshops**

<https://cmsworkshops.net/>

- Conducted around the nation in collaboration with CMS regional offices
- One and one and a half-day seminars
- Face-to-face training that is more in-depth than other formats
- Offer practical enrollment information and exercises to reinforce skills

All materials and web casts are accessible through the CMS Partner Center website at <http://www.cms.hhs.gov/partnerships/default.asp>. This website also contains links to the registration sites for the national training workshops.



Help is
re-Training Resource

October 28, 2005

Happy Friday, everyone! Below you will find information on NPI, the latest on Medicare Prescription Drug Coverage, and important beneficiary-related information regarding the 2006 Medicare and You publication - enjoy.

Reminder--Health care providers are required by law to apply for a National Provider Identifier (NPI). To apply online, visit: <https://nppes.cms.hhs.gov/>,

And to help keep you up-to-date on the NPI, the Centers for Medicare & Medicaid Services has just announced a **new web page** dedicated to providing all the latest NPI news for Fee-For-Service (FFS) Medicare providers! Visit <http://www.cms.hhs.gov/providers/npi/default.asp> on the web. While this page is dedicated to the FFS community, it contains helpful information and links that may benefit all health care providers.

Medicare Prescription Drug Coverage News

The next in our series of *Medlearn Matters* articles on the new Medicare prescription drug coverage is now available. "New Educational Products Available on Medicare Prescription Drug Coverage – The Eighth in the Medlearn Matters Series" (SE0559) contains information on the latest drug coverage products - including a training course accredited for continuing education for doctors, nurses and health care professionals; a physician brochure with basic information on the new coverage; as well as a one page informational tear-off sheet that can be distributed in health care settings. Visit [Medicare Prescription Drug Coverage Information for Providers](#) on the Medlearn website to view the article and other drug coverage resources for Medicare providers.

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<http://www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/MPDCoutreachkit.asp>

- Designed for partners, traditional and new, and community level organizations
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**MEDICARE PROVIDES TOOLS TO HELP LOCAL PARTNERS
PREPARE BENEFICIARIES FOR MEDICARE PRESCRIPTION DRUG COVERAGE ~
Prescription Drug Plan Finder Newest Tool ~**

Medicare partners will have additional resources available to help them inform and educate people about the new prescription drug coverage, including a new Prescription Drug Plan Finder, well before enrollment begins on November 15. Soon, beneficiaries and their family members will be able to use these tools to make better decisions about their Medicare drug coverage.

The Prescription Drug Plan Finder, available at www.medicare.gov, is just one of the new resources CMS is now using to help train local partners, such as the State Health Insurance Assistance Programs, senior centers, faith-based organizations and others who will be assisting beneficiaries in learning more about and enrolling in drug plans later this year. The tool will ask questions based on the coverage beneficiaries have now to provide them with tailored plan comparison information based on what is most important to them, including cost, coverage and convenience. Beneficiaries can also get personalized information on particular plans that they think may be a good fit for them.

Medicare beneficiaries who don't use the Internet will be able to get the same information by calling 1-800-MEDICARE (800-633-4227).

Please click the link to view the press release:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1697>

"Medicare & You 2006" Update

We are sending this note to keep you informed and share the latest information and resources related to the errors in the "Medicare & You 2006" and "Medicare Y Usted 2006" handbooks. Corrected copies of all versions of the Medicare handbook are now posted at www.medicare.gov and at www.cms.hhs.gov/partnerships on the web.

I hope you all enjoy the weekend.

Best regards ~ Valerie

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The weblink below contains a list of each hospital (by its Medicare provider number) that applied for additional FTE slots under Section 422 along with the number of Direct Graduate Medical Education (DME) and Indirect Graduate Medical Education (IME) slots awarded to the hospital. The effective date of this slot allocation is July 1, 2005. Please see the August 11, 2004 Federal Register pg. 49088 (IME) and pg. 49153 (DGME) for a discussion of how CMS will pay the hospital for FTE residents counted by the hospital under this provision.

CMS mailed letters to each provider on October 27, 2005, notifying them of their final award determinations.

To view the list, visit the CMS website at

http://www.cms.hhs.gov/providers/hipps/sec422_cap_increases.pdf

Mary Loane for
Valerie Hart

October 31, 2005

**E-PRESCRIBING AND ELECTRONIC HEALTH RECORDS –
ANTI-KICKBACK AND PHYSICIAN SELF-REFERRAL PROPOSALS
OPEN DOOR FORUM**

November 9, 2005
2:00 PM – 4:30 PM (Eastern)

The Centers for Medicare & Medicaid Services (CMS) will be hosting a Special Open Door Forum (ODF) on November 9, 2005 to discuss the CMS and HHS Office of Inspector General (OIG) proposed rules associated with certain aspects of electronic prescribing and electronic health records information technology.

The CMS proposed rule: “Medicare Program; Physicians’ Referrals to Health Care Entities With Which They Have Financial Relationships; Exceptions for Certain Electronic Prescribing and Electronic Health Records Arrangements; Proposed Rule”, and the OIG proposed rule: “Medicare and State Health Care Programs: Fraud and Abuse; Safe Harbor for Certain Electronic Prescribing Arrangements Under the Anti-Kickback Statute” were published in the Federal Register on October 11, 2005.

We have planned this Open Door Forum during the comment period for the CMS and OIG proposed regulations to have an informal dialogue with the health care industry and other interested parties. We are seeking information on the benefits, risks, costs, and savings for entities donating and utilizing electronic prescribing and electronic health records technology. The forum is in addition to, and not in lieu of, the public comment process discussed in the proposed rules. To be assured consideration, please forward written comments, as outlined in the Federal Register, by the close of the comment period.

One of the primary goals of the ODF is general outreach. Because we are in the early stages of the rulemaking process and we will be considering the many forthcoming written public comments, we are not supplying any final policy information during this forum.

The topics that CMS and OIG are interested in hearing about during the forum include:

Covered Technology

What health information technology is necessary to have a useful, interoperable electronic health records system, and which components should be included in physician self-referral exceptions and anti-kickback safe harbors?

What safeguards are important to reduce the potential for fraud and abuse?

Value of the Protected Technology

Should there be a limit to the value of donated technology? How could this be measured and applied?

Impact of the Proposed Rule on Adoption

If made final, would the proposed rules improve the adoption of health information technology? What would be the overall impact, considering both the overall cost of donated technology and savings attributable to e-prescribing and electronic health records?

Linking the Exceptions to Technology Standards

Will linking the exceptions to technology standards facilitate the adoption of interoperable health information technology?

Permissible Donors and Recipients

Are there other categories of donors and recipients that should be included in final exceptions or safe harbors and, if so, under what conditions should they be included?

CMS Administrator Dr. Mark McClellan will briefly discuss the overall Health Information Technology initiative in the Department of Health and Human Services, and the importance of the proposed exceptions and safe harbors in achieving an interoperable electronic health care system.

CMS and OIG staff will provide a brief overview of the proposed rules. After this, there will be a panel discussion among an invited group of outside guest experts, to elucidate some of the differing perspectives and concerns about the proposed rules.

CMS will then moderate an open question and comment period where ODF participants on the phone will have an opportunity to interact with CMS, OIG, and the panelists in an informal dialog. Questions regarding policy decisions expected to be included in the final rule cannot be answered directly, although participant viewpoints and ideas are encouraged.

We look forward to your participation.

Open Door Participation Instructions:

CMS Staff and Authorized Leaders Only Dial: 1-877-792-5692
Conference ID: 1567530

General Public:

Dial: 1-800-837-1935 & Reference Conference ID 1567530:

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.

ENCORE: 1-800-642-1687

“Encore” is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID # **1567530**.

The recording begins November 10th, and expires after 4 business days.

For automatic emails of Open Door Forum [schedule updates](#) (Listserv registration) and to view Frequently Asked Questions please visit our website at:

www.cms.hhs.gov/opendoor.

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MEDICARE TAKES KEY STEP TOWARD VOLUNTARY QUALITY REPORTING FOR PHYSICIANS

Medicare will make it easier for physicians to participate in a voluntary program to report evidence-based, consensus quality measures, an important step toward supporting higher quality physician care, Centers for Medicare & Medicaid Services (CMS) Administrator Mark B. McClellan, M.D., Ph.D., announced on Friday, October 28th.

As part of the first phase, CMS will begin to collect the information through the use of a dedicated set of Healthcare Common Procedure Coding System (HCPCS) codes, called G-codes, which will supplement the claims data doctors currently submit to CMS with clinical data. This clinical data will then be used to measure the quality of services provided to Medicare patients.

For the full press release, please click here:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1699> . A fact sheet is also attached for your convenience.

Also, stay tuned for additional details on a dedicated web page and a Medlearn Matters article pertaining to this important CMS initiative.

Best regards ~ Valerie



PVRP fact sheet
10.28.05.doc (...)

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Follow-up information to the Open Door Forum announcement I sent on Monday.

**ELECTRONIC PRESCRIBING STANDARDS ANNOUNCED TO MAKE
MEDICARE'S
NEW PRESCRIPTION DRUG BENEFIT EASIER AND SAFER**

HHS Secretary Mike Leavitt today announced adoption by regulation of a set of standards for the electronic prescription of Part D drugs, which will make the use of prescription drugs easier and safer for Medicare beneficiaries.

The final rule establishes a set of foundation standards for electronic prescribing or "e-prescribing" of drugs covered by Medicare. The industry is already sufficiently experienced with these foundation standards, which will be available for immediate use when Medicare's new prescription drug benefit begins Jan. 1, 2006.

This rule displayed on Tuesday, November 1, 2005 at the Federal Register and will be published on Monday, November 7, 2005. The HHS Press Release is attached for further information.



CMSe-prescribing.d
oc (39 KB)

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