

Provider Partnership Program (PPP) E-mail Notification Archives

September 1, 2006

CMS Meetings on September 26, 2006

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

Hello everyone ~ I hope this note finds you well. Just a note to tell you about the CMS NPI Roundtable meeting to be held on September 26, 2006 at 2:00 p.m. ET. and, as a result, a change in time for the Home Health, Hospice & DME Open Door Forum to be held the same day to 1:00 p.m. ET.

CMS NPI Roundtable – September 26, 2006

- CMS will host a national NPI Roundtable, open to all health care professionals, on Tuesday, September 26th from 2:00-3:30PM ET.
- To participate, you may call **1-877-203-0044, pass code 4795739**
- CMS will address common questions related to Medicare's guidance on Subparts. While CMS will only address questions from a Medicare perspective, this information may be helpful to all providers. **Medicare providers who have questions should select the appropriate email address below and send in questions by Friday, September 8th. Questions received after this date will not be considered.**
 - Medicare providers who bill a Fiscal Intermediary should send questions to: NPIQuestionsfromFIBillers@cms.hhs.gov
 - Medicare providers who bill a Carrier should send questions to: NPIQuestionsfromCarrierBillers@cms.hhs.gov
 - Medicare providers who bill a Durable Medical Equipment Regional Carrier (DMERC) should send questions to: NPIQuestionsfromDMERCBillers@cms.hhs.gov

Revised Date for Acceptance of NPIs on Paper Claims

As mentioned in a previous announcement, Medicare will require the use of the NPI on paper claims. As such, CMS is implementing use of the revised CMS-1500 form to accommodate use of the NPI. Transition to the new form will begin on January 2, 2007. (A previous message from CMS indicated that the transition would begin on October 1, 2006.) For more details, and to learn more about the revised form, visit

<http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM5060.pdf> on the CMS website.

Home Health, Hospice & DME Open Door Forum

The next Home Health, Hospice & DME Open Door Forum, scheduled for Tuesday, September 26, 2006, will take place in a different time slot. Instead of the normal 2:00pm-3:00pm ET time, the call will be 1:00pm-2:00pm ET.

This is so Home Health, Hospice & DME providers can participate in the NPI Roundtable Meeting from 2:00pm-3:30pm ET.

Valerie A. Hart, Director
Division of Provider Information
Planning & Development
Provider Communications Group, CMS
7500 Security Boulevard
Mailstop C4-11-27
Baltimore, MD 21244
E-mail: Valerie.Hart@cms.hhs.gov
Phone: (410) 786-6690
FAX: (410) 786-0330

Just a Few Things

Happy Friday Everyone. Looks like Tropical Storm Ernesto is bearing down on the Baltimore area this afternoon. But will that stop the CMS news from flowing--of course not! Items today include ~

- **Reminder of 9-Day Hold on Medicare Payments in September**
- **NPI News**
- **Senior Risk Reduction Demonstration**
- **Grants to States to Expand Care Options for Children with Mental Illness**
- **Follow-up to Recent Low-Income Health Access ODFs**

9-Day Hold on Medicare Payments in September

This message is a reminder for all providers and physicians who bill Medicare contractors for their services.

A brief hold will be placed on Medicare payments for all claims during the last 9 days of the Federal fiscal year (September 22 through September 30, 2006). These payment delays are mandated by section 5203 of the Deficit Reduction Act of 2005. No interest will be accrued and no late penalties will be paid to an entity or individual by reason of this one-time hold on payments. All claims held during this time will be paid on October 2, 2006. Please note, however, that contractors handling large volumes of paper checks may have some difficulty putting all checks in the mail in a single day. Consequently, delivery of checks to providers may take a few extra days.

This policy only applies to claims subject to payment. It does not apply to full denials, no-pay claims, and other non-claim payments such as periodic interim payments, home health requests for anticipated payments, and cost report settlements.

Please note that payments will not be staggered and no advance payments will be allowed during this 9-day hold.

For more information, please view the MLN Matters Article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf>.

NPI News

NPI: Get It. Share It. Use It.

NEW!! NPI Training Package

CMS has developed a Training package on NPI that will assist providers with self-education, as well as education of staff. This package is also useful to national and local medical societies for group presentations and training. The entire package will consist of five modules: General Information, Electronic File Interchange (EFI), Subparts, Data Dissemination and Medicare Implementation. Each Module consists of a PowerPoint presentation (with speaker's notes) and is designed to stand alone or can be combined with other Modules for a training session tailored to the particular audience. **Modules will be posted to the CMS NPI web page as completed.**

Modules currently available include:

- Module 1: General Information
- Module 2: Electronic File Interchange (EFI)
- Module 3: Subparts

To view these Modules, visit

http://www.cms.hhs.gov/NationalProvIdentStand/04_education.asp#TopOfPage on the CMS NPI web page and find the "NPI Training Package" under the "Downloads" section.

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- Medicare providers who bill a Durable Medical Equipment Regional Carrier (DMERC) should send questions to: NPIQuestionsfromDMERCBillers@cms.hhs.gov

As always, more information and education on the NPI can be found at the CMS NPI page 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.

Getting an NPI is free - not having one can be costly

Senior Risk Reduction Demonstration

MEDICARE SEEKS PROPOSALS FOR SENIOR RISK REDUCTION DEMONSTRATION AS PART OF AGENCY'S NEW FOCUS ON PREVENTION

As part of its efforts to increase prevention on the part of Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) recently announced that it has issued a solicitation to implement a health promotion and disease prevention program through the Medicare Senior Risk Reduction Demonstration.

For further information, please see the attached press release.



PR Sr. Risk 8.21.06
Final.pdf ...

The solicitation is available on the CMS website at:

[http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/Senior_Risk_Reduction Soli
citation.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/Senior_Risk_Reduction_Soliciation.pdf)

Grants to States to Expand Care Options For Children with Mental Illness

CMS ANNOUNCES GRANTS TO STATES TO EXPAND CARE OPTIONS FOR CHILDREN WITH MENTAL ILLNESS

DEMONSTRATION GRANTS TO PROVIDE \$218 MILLION TO FUND COMMUNITY-BASED ALTERNATIVES TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

The Centers for Medicare & Medicaid Services (CMS) announced the availability of \$218 million for up to 10 state Medicaid programs to provide community-based alternatives to Psychiatric Residential Treatment Facilities (PRFT) for children. This funding opportunity is an integral piece of the President's New Freedom Initiative and will allow young people who need psychiatric care to live at home while receiving that care.

To view the entire press release, please click here:

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1950>

Frollow-Up to Recent Low-Income Access ODFs

Many different issues were discussed at the two most recent Low-income Health Access Open Door Forums. These discussions covered the implementation of several different provisions under the Deficit Reduction Act of 2005 and the Medicare Modernization Act. Below are links to the implementation documents discussed in the Open Door Forums to give you access to more details on these issues. We believe you will find this helpful.

I. Update on Implementation of the Deficit Reduction Act of 2005 (DRA)

*Improved Enforcement of Documentation Requirements, including Interim Final Rule (section 6036)

For more information, please visit:

http://www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp#TopOfPage

*Alternative Medicaid Premiums and Cost Sharing (sections 6041 and 6042)

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS1183742>

*Use of Benchmark Benefit Packages (section 6044)

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS061241>

*State Option to Establish Non-Emergency Medical Transportation Program (section 6083)

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS061251>

*Prohibition Against Covering Nonpregnant Childless Adults with SCHIP Funds (section 6102)

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SHO/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS061227>

*State High Risk Health Insurance Pool Funding (section 6202)

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SHO/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS061236>

*Roadmaps to Medicaid reform - Acute and Long-term Care

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS061265>

*Medicaid State Plan Amendments Using DRA Flexibilities

Please see the following website for the list of SPAs that have been approved under the DRA:

http://www.cms.hhs.gov/MedicaidGenInfo/08_DRASection.asp

II. Update on the Medicare Prescription Drug Benefit (Part D)

*Redetermination of Low-income Subsidy (LIS) Eligibility and Auto-enrollment of Prospective Full Benefit Dual Eligibles

For more information, please visit:

<http://www.cms.hhs.gov/SMDL/SMD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1184729>

*Outreach Plan to Enroll LIS Eligibles in Part D, including an Overview of CMS' LIS Toolkit

For more information, please visit:

<http://www.cms.hhs.gov/center/partner.asp>

*Background on LIS Special Enrollment Period

Please visit the link to the Hill Notification released on June 14, 2006, which contains a fact sheet on this issue:

<http://www.cms.hhs.gov/HillNotifications/CHN/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=descending&itemID=CMS064827>

I hope you all enjoy a wonderful Labor Day weekend!

Best regards ~ Valerie

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September 5, 2006

September is Prostate Cancer Awareness Month!

September is Prostate Cancer Awareness Month! Please join with the Centers for Medicare & Medicaid Services (CMS) in promoting awareness of prostate cancer and the prostate cancer screening benefit covered by Medicare.

Prostate cancer is the second most common type of cancer and the second leading cause of cancer-related deaths among men in the US. According to the American Cancer Society, approximately 234,460 new cases and 27,350 deaths are expected in 2006. All men are potentially at risk; however, the incident of prostate cancer rises dramatically with increasing age.

The risk of prostate cancer is significantly higher among African-American men, and men who have a family history of the disease are also at increased risk.

Medicare began providing coverage of prostate cancer screening tests/procedures for the early detection of prostate cancer January 1, 2000. Medicare provides coverage of a digital rectal examination (DRE) and a prostate specific antigen (PSA) blood test once every 12 months for all men with Medicare over the age of 50 for the early detection of prostate cancer.

PSA and DRE screening can detect prostate cancer in its early stages. However, while the U.S. Preventive Services Task Force (USPSTF) found good evidence that PSA screening can detect early-stage prostate cancer, it has mixed and inconclusive evidence that early detection improves health outcomes. The USPSTF notes that screening is associated with potential harms and concludes that evidence is insufficient to determine whether the benefits outweigh the possible harms for a screened population. Consequently, the USPSTF recommends that clinicians discuss the potential benefits and possible harms of prostate cancer screening with their patients before performing screening procedures. (For more information on potential benefits and possible harms associated with prostate cancer screening, please refer to “USPSTF Screening for Prostate Cancer” <http://www.ahcpr.gov/clinic/uspstf/uspsprca.htm> on the Internet.)

You Can Help Your Patients Make An Informed Decision

You can help your Medicare patients make an informed decision about prostate cancer screening by:

- Providing your patients with current information to help them understand the nature of prostate cancer and their risks factors for developing the disease; and,
- Talking with your patients about the types of prostate cancer screenings covered by Medicare and the potential benefits and possible risks of the screenings.

Prostate Cancer Awareness Month is the perfect time to promote discussion about prostate cancer and the screening benefit covered by Medicare. As a trusted source of health care information, your recommendation can help your patients make an informed decision about prostate cancer screening. It could potentially save their lives.

For More Information

- For more information about Medicare’s prostate cancer screening benefit, visit the CMS website: www.cms.hhs.gov/ProstateCancerScreening/
- CMS has also developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare.
 - The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for all provider specific educational products related to preventive services. The web page is located at www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage on the CMS website.

- The CMS Website provides information for each preventive service covered by Medicare. Click on www.cms.hhs.gov, select “Medicare”, and scroll down to “Prevention”.
- For products to share with your Medicare patients, visit www.medicare.gov on the Web.
- For more information about prostate cancer and Prostate Cancer Awareness Month, visit the following websites:
 - Centers for Disease Control and Prevention www.cdc.gov/cancer/prostate
 - National Cancer Institute www.cancer.gov/
 - National Prostate Cancer Coalition www.fightprostatecancer.org

Thank you for joining with CMS to promote awareness of prostate cancer and the screening

Flu Shot Reminder

September is the perfect time to start talking with your patients about getting the flu shot. Medicare provides coverage for the flu vaccine and its administration. Please encourage your Medicare patients to take advantage of this vital benefit. And don't forget – health care professionals and their staff benefit from the flu vaccine also. **Protect Yourself. Protect Your Patients. Get Your Flu Shot.**

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New CMS Listserv Now Available!

The Centers for Medicare & Medicaid Services has created a new listserv for clearinghouses, software vendors, and billing services involved with submitting electronic transactions to, or receiving transactions from, Medicare fee-for-service (FFS) contractors. Messages sent on the listserv will inform subscribers when new CMS instructions are released that affect changes to electronic billing software or services. If you have a clearinghouse, billing service, or software vendor involved in your Medicare FFS billing, please advise them to go to the CMS Mailing Lists website at <http://www.cms.hhs.gov/apps/mailinglists/> and sign up for the “CLEARINGHOUSE” listserv located in the “Available Mailing Lists” menu.

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September 6, 2006

Your Midweek Medicare News!

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

Good day everyone—I hope you enjoyed your Labor Day holiday! Today's message includes ~

- ***A reminder message regarding the 9-day hold on Medicare payments***
- ***Open Door Forum Information***
- ***Section 1011 Program Outreach Events***
- ***Town Hall Meetings on SNF Advance Beneficiary Notice & Medicare Provider Feedback***
- ***NPI Reminder***

9-Day Payment Hold

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This policy only applies to claims subject to payment. It does not apply to full denials, no-pay claims, and other non-claim payments such as periodic interim payments, home health requests for anticipated payments, and cost report settlements.

Please note that payments will not be staggered and no advance payments will be allowed during this 9-day hold.

For more information, please view the MLN Matters Article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf>.

Open Door Forum Information

The Centers for Medicare & Medicaid Services (CMS) is undergoing conversion of the current Open Door Forum Listserv to a new electronic mailing system. The new system will still be Internet-based, which provides a mass external communications vehicle and is designed to allow you to opt in to receiving email of interest from CMS thereby making it easier and more reliable. As a current subscriber, we want to ensure you continue receiving important Open Door Forum information.

Many email providers offer spam filters to prevent unwanted messages from reaching your Inbox. Unfortunately, these filters can also prevent CMS emails from reaching you as well.

To ensure that you continue receiving our messages, please add our new e-mail address (CMSLists@questions.cms.hhs.gov) to your address book. You will see this email address and the name of the list you have subscribed to for all CMS approved email list correspondence.

CMS emails will continue to make their way to your inbox and not your spam folder, so you will always stay up-to-date with the latest news.

Thank you for your continued support and interest in the Open Door Forums.

Special Open Door Forum:

Medicare Payment for Ambulatory Surgical Center (ASC) Facility Services

Date: September 7, 2006

Time: 2:00-3:30PM (Eastern Time)

Conference Call Only

The purpose of this Open Door Forum is to present a brief summary of the provisions of the revised Medicare ASC payment system scheduled for implementation January 1, 2008. In addition, this Open Door Forum gives callers an opportunity to ask questions to clarify the proposed ASC payment methodology and regulations published in the August 23, 2006 **Federal Register** and to share their views regarding these proposals with CMS and with peers and colleagues.

Although the Administrative Procedures Act limits what CMS can say about the contents of the proposed rule, other than to clarify what is set forth in the **Federal Register**, CMS is very interested in hearing initial reactions to its proposal for the revised ASC payment system required by the MMA.

The proposed rule is now in a public comment period. Written comments on the update of the ASC list in CY 2007 are due October 10, 2006. Written comments about the CY 2008 revised payment system are due November 6, 2006.

A link to the August 23, 2006 Federal Register proposed rule can be found at <http://www.cms.hhs.gov/ASCPayment/>.

We look forward to your participation.

Open Door Participation Instructions:

Dial: 1-800-837-1935 & Reference Conference ID 5300639

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 # 5300639**.

The recording begins on Monday, September 11, 2006 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:

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

Section 1011 Program

Physicians, hospitals, and ambulance providers are encouraged to attend one of CMS' outreach and education conferences on the Section 1011 program. Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, provides \$250 million per year to eligible providers for emergency health services furnished to undocumented and other specified aliens. Since program inception, the Section 1011 program has paid nearly \$97 million directly to providers for eligible services. As of August 2006, more than 15,500 providers have enrolled across the United States.

CMS will host two provider outreach and education conferences during 2006. The Newark session is also available via teleconference. The conferences will be held:

September 26 El Paso, Texas	8:30AM to 12:30 PM
September 28 Newark, New Jersey	8:30AM to 12:30 PM

To register for either conference, visit the TrailBlazer Web site at <https://www.trailblazerhealth.com/Section1011/CalendarOfEvents/>.

For more information on the Section 1011 program or to enroll, providers may contact TrailBlazer Health Enterprises, the national contractor for the program, at (866) 860-1011 or visit their Web site at <https://www.trailblazerhealth.com/Section1011/>.

SNF ABN Town Hall Meeting

Tuesday, September 26, 2006 1:00p.m.-4:00p.m.

CMS would like to solicit your input on the proposed revision of the Skilled Nursing Facility Advance Beneficiary Notice and instructions at a Town Hall meeting hosted by the Center for Beneficiary Choices, Medicare Enrollment and Appeals Group.

Location: CMS Main Auditorium
7500 Security Blvd.
Baltimore, MD 21244

Participants can register at SNF_06_Town_Hall@cms.hhs.gov

Registration begins Fri., August 25

Registration Deadline: Wed., September 20

A draft version of the revised SNFABN and instructions will be available at www.cms.hhs.gov/bni on or after Fri., August 25. These documents are in draft form only and are not for official use.

An official announcement of this town hall meeting will be published in the Federal Register on Friday, August 25, 2006. Please refer to this announcement for important details.

For questions please contact: Charlayne D. Van 410-786-8659

We look forward to seeing you in September.

For those who will be unable to attend the SNFABN Town Hall Meeting on Tuesday, September 26, a teleconference has been scheduled during the meeting for your convenience.

DATE: Tuesday, September 26, 2006

TIME: 1:00 PM ET

DURATION: 3 Hrs.

CALL LEADER: Charlayne Van

TOLL FREE #: 1-888-889-6348

PARTICIPANT PASSCODE: 9413933#

Please remember that this is a listen-only conference call. You will be unable to ask questions or make comments during the meeting. If you have questions or comments, you may send them in for our consideration prior to the town hall meeting to the following:

CMS
MEAG/DCP
7500 Security Blvd.
Mail Stop C2-12-16
Baltimore, MD 21244
Attn: Charlayne Van

Via Fax: 410-786-8883

Via Email: charlayne.van@cms.hhs.gov

Please be advised that there will be a limited number of phone lines available for this call. We recommend that you dial in as close to the start of the meeting as possible.

A draft version of the revised SNFABN and instructions is available at http://www.cms.hhs.gov/BNI/04_FFSSNFABNandSNFDenialLetters.asp . These documents are in draft form only and are not for official use.

An official announcement of this town hall meeting was published in the Federal Register on Friday, August 25, 2006 at <http://www.cms.hhs.gov/quarterlyproviderupdates/downloads/cms4122n.pdf>. Please refer to this announcement for important details.

For further information, please contact Charlayne Van at charlayne.van@cms.hhs.gov.

Medicare Provider Feedback Town Hall Meeting

MEDICARE PROVIDER FEEDBACK TOWN HALL MEETING September 20, 2006 2:00 - 4:00 PM EST

The Centers for Medicare & Medicaid Services (CMS) would like to request your participation in a Town Hall meeting on September 20, 2006, from 2:00 PM to 4:00 PM (Eastern Standard Time). The meeting will be held in the auditorium at the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244 and by teleconference. The purpose of the meeting is to solicit the opinions of individual Medicare FFS physicians, providers and suppliers. The meeting will provide the Agency with an open and public venue to interact with individual Medicare providers and suppliers and obtain their feedback on a variety of Medicare policy and operational issues. All providers and suppliers that participate in the Medicare program, including physicians, hospitals, home health agencies, and other third-party billers, are invited to attend this meeting.

The agenda items for the meeting are available in the August 25, 2006 Federal Register Notice announcing the meeting. CMS will also hold a question and answer session that offers meeting participants an opportunity to provide feedback, as well as make suggestions regarding how this process can be improved.

Meeting Registration Details

Registration for the meeting will open on **August 25, 2006**. Individuals interested in attending the meeting and providing feedback, either in person or by teleconference, must complete the on-line registration located at <http://registration.mshow.com/cms2/>. The on-line registration system will capture contact information and practice characteristics, such as names, email

addresses, and provider/supplier types. Registered participants may be contacted for follow-up meetings to solicit additional opinions and clarify any issues that may arise during the September 20 Town Hall meeting.

The on-line registration system will generate a confirmation page to indicate the completion of your registration. Please print this page as your registration receipt. We encourage you to complete your registration as soon as possible. Registration after 5:00 p.m. on September 18, 2006 will delay confirmation and you may not be permitted entrance to the building.

Meeting Participation Details

The meeting will be held in a Federal Government building; therefore all persons attending the meeting in person will be required to show a photographic identification, preferably a valid driver's license, and be listed on an approved security list before entering.

Those participating by teleconference should dial: **1-877-357-7851** and enter the **Conference ID: 2323964**.

Special Accommodations: Individuals requiring sign language interpretation or other special accommodations must contact Colette Shatto by email at MFG@cms.hhs.gov.

Additional Questions/Information

For questions or additional information about the Medicare Provider Feedback Town Hall Meeting, please send an email to MFG@cms.hhs.gov.

NPI: Get It. Share It. Use It.

NEW!! NPI Training Package

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As always, more information and education on the NPI can be found at 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.

Getting an NPI is free - not having one can be costly

Tell your associates to sign-up for CMS' Fee-for-Service provider listservs! Go to <http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=3> to subscribe.

For more information about CMS provider listservs, go to http://www.cms.hhs.gov/MLNProducts/downloads/MailingLists_FactSheet.pdf

Hope you enjoy the rest of your week!

Best regards ~ Valerie

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September 12, 2006

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

Hello everyone ~ I hope this note finds you well. Today's note includes information on the following topics:

- ***Nine-Day Hold on Medicare Payments***
- ***Three-year Demonstration Program Allowing Hospitals to Provider Financial Incentives for Physicians to Improve Patient Outcomes***
- ***CMS Fee-for-Service Provider Listservs***
- ***Data File for Ambulatory Surgical Center Payments***
- ***Flu Shot Reminder***

9-Day Payment Hold

This message is a reminder for all providers and physicians who bill Medicare contractors for their services.

A brief hold will be placed on Medicare payments for all claims during the last 9 days of the Federal fiscal year (September 22 through September 30, 2006). These payment delays are mandated by section 5203 of the Deficit Reduction Act of 2005. No interest will be accrued and no late penalties will be paid to an entity or individual by reason of this one-time hold on payments. All claims held during this time will be paid on October 2, 2006. Please note, however, that contractors handling large volumes of paper checks may have some difficulty putting all checks in the mail in a single day. Consequently, delivery of checks to providers may take a few extra days.

This policy only applies to claims subject to payment. It does not apply to full denials, no-pay claims, and other non-claim payments such as periodic interim payments, home health requests for anticipated payments, and cost report settlements.

Please note that payments will not be staggered and no advance payments will be allowed during this 9-day hold.

For more information, please view the MLN Matters Article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf>.

CMS DEMONSTRATION PROGRAM SUPPORTS PHYSICIAN-HOSPITAL COLLABORATIONS TO IMPROVE QUALITY OF CARE WHILE GETTING BETTER VALUE

The Centers for Medicare & Medicaid Services (CMS) recently announced a three-year demonstration program to examine whether allowing hospitals to provide financial incentives for physicians to support better care can improve patient outcomes

without increasing costs. In the demonstration program, the hospital would be paid its usual inpatient rate for the patient's care, but would pay to the physician a portion of the savings resulting from quality improvement and efficiency initiatives taken by the physician. Such incentive payments would only be allowed for documented, significant improvements in quality of care and savings in the overall costs of care. The program is known as the Physician-Hospital Collaboration Demonstration (PHCD).

To read more click here for CMS Press Release issued today
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1957>

Detailed information about this demonstration is available at:

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

CMS Fee-for-Service Provider Listservs

There are a multitude of listservs that you can subscribe to for up-to-the-minute, accurate news regarding CMS activities. Currently, you are subscribed to the Open Door Forums (ODF) listserv to find out when provider ODFs are scheduled. Did you know that other CMS

Electronic Mailing Lists (listservs) can also help you with your business? To get the latest Medicare provider payment regulations and up-to-the minute fee-for-service (FFS) provider news, subscribe to any of the FFS provider-specific mailing lists from the CMS Mailing Lists web page at:

<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=3> .

For more details on other CMS Mailing Lists that may be helpful, click here for a Fact Sheet on the subject:

http://www.cms.hhs.gov/MLNProducts/downloads/MailingLists_FactSheet.pdf .

CMS Posts Data File on Web site That Can Be Used to Model the CMS Methodology for Calculating Proposed Payment Under the Revised Ambulatory Surgical Center (ASC) Payment System

The Centers for Medicare & Medicaid Services (CMS) recently posted a data file that can be used to model the CMS methodology for calculating facility payment amounts for services performed in ASCs under the revised payment system proposed for implementation in CY 2008. This file contains the proposed pricing data and historical utilization data that formed the basis for the proposed ASC conversion factor calculation and the alternative ASC conversion factor calculation described in the August 23, 2006 **Federal Register** (42 FR 49506).

The file is available online by clicking on the hyperlink titled "Supporting Data Files for CMS-1506-P" in the "Downloads" section at:

http://www.cms.hhs.gov/ascpayment/06_cms1506P.asp

Flu Shot Reminder

September is the perfect time to start talking with your patients about getting the flu shot. Medicare provides coverage for the flu vaccine and its administration. Please encourage your Medicare patients to take advantage of this vital benefit. Don't forget – health care professionals and their staff benefit from the flu vaccine also. **Protect Yourself. Protect Your Patients. Get Your Flu Shot.**

I hope you are having a good week so far!

Best regards ~ Valerie

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September 12, 2006

CMS today announced that the standard Medicare Part B monthly premium will be \$93.50 in 2007, an increase of \$5.00 or 5.6 percent from the current \$88.50 Part B premium, considerably lower than was earlier projected. This premium is the smallest percent increase in the Part B premium since 2001 and less than half of the dollar increase in the premium for 2006.

Together with an increase of 0.1 percent in the average Part D enrollee premium -- and less if beneficiaries choose lower-cost drug plan options, as they did for 2006 -- Medicare beneficiaries are experiencing cost increases that are modest in comparison to recent health care cost trends. This is also less than the projected 6 percent increase in per capita national health spending for 2007 and the projected 7 percent increase for 2007 retail prescription drug spending. In addition, more than one-fourth of beneficiaries can receive assistance that pays for their entire Part B premium.

For further information regarding this announcement please see the attached CMS Fact Sheet and Premium Table.

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++ final premium CMS8030N-Table.pdf
fact sheet9 12 06 (co

September 13, 2006

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

Hello again everyone ~ a few additional notes to pass along, including information on:

- ***National Provider Identifier (NPI) Updates; and***
- ***Request for Participants for Usability Testing of the CMS Web Site.***

I am also including the Flu Shot Reminder that I thought I had sent as part of yesterday's note—apparently it did not show up in everyone's e-mail.

NPI: Get It. Share It. Use It.

Scheduled National Plan and Provider Enumeration System (NPPES) Downtime

The NPPES will be upgraded on Monday, September 18, 2006, and will not be available to users from 5:00 a.m. Eastern Time through 2:00 p.m. Eastern Time on that day. The Data Center has told us that it is possible that some of this work might begin on Saturday, September 16, but that this work is not expected to interrupt the operation of the NPPES. However, if users experience problems with NPPES on Saturday or Sunday, September 16 or 17, the problems are likely due to the upgrade processes, and users should wait until Monday afternoon, after 2:00 p.m. Eastern Time, to try again.

Change in Online Availability of NPI Application/Update Form (CMS-10114)

Beginning on September 20, 2006, the PDF version of the NPI Application/Update Form (CMS-10114) will no longer be available for download on the CMS forms website, and there will not be a link to that form from the NPPES page (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>).

Health care providers can [still](#), [however](#), apply for National Provider Identifiers (NPI) in one of three ways.

- (1) For the most efficient application processing and the fastest receipt of NPIs, health care providers should consider using the web-based NPI application process. They can log

onto the National Plan and Provider Enumeration System (NPPES) and apply on line at <https://nppes.cms.hhs.gov/NPPES/Welcome.doc>; or

- (2) Health care providers can agree to have an Electronic File Interchange (EFI) organization (EFIO) submit application data on their behalf (i.e., through a bulk enumeration process) if an EFIO requests their permission to do so; or,
- (3) Health care providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator located in Fargo, ND, whereby staff at the NPI Enumerator will enter the application data into NPPES. The form will be available only upon request through the NPI Enumerator. Health care providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of these ways:

Phone: 1-800-465-3203 or TTY 1-800-692-2326

E-mail: customerservice@npienumerator.com

Mail: NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

CMS NPI Roundtable – September 26, 2006

- CMS will host a national NPI Roundtable, open to all health care professionals, on Tuesday, September 26th from 2:00-3:30PM ET.

- To participate, you may call **1-877-203-0044, pass code 4795739**

CMS will address common questions related to Medicare's guidance on Subparts. While CMS will only address questions from a Medicare perspective, this information may be helpful to all providers.

Getting an NPI is free - not having one can be costly.

CMS Usability Testing

The Centers for Medicare & Medicaid Services (CMS) is looking for one more participant for an on-site user testing of the Agency's redesigned website, www.cms.hhs.gov. We launched the new website on December 15, 2005 and would like to gather information on how users utilize the website.

If you are available on **Friday, September 15, 2006 from 1:30 P.M. – 3:00 P.M.**, please consider participating in the usability testing. Interviews will take approximately one and a half hours and will be conducted at the U.S. Department of Health and Human Services' Hubert H. Humphrey building in Washington, D.C.

CMS would like to meet with healthcare professionals both new and experienced with the website. It is important to CMS to know how users utilize the website so we can provide the best online experience possible.

Please let us know whether you are interested in participating by calling [Michael McCann at 410-786-2539](#) or e-mailing him at michael.mccann@cms.hhs.gov . If you have any questions, please call [Michael](#). Thank you.

Flu Shot Reminder

September is the perfect time to start talking with your patients about getting the flu shot. Medicare provides coverage for the flu vaccine and its administration. Please encourage your Medicare patients to take advantage of this vital benefit. Don't forget – health care professionals and their staff benefit from the flu vaccine also. **Protect Yourself. Protect Your Patients. Get Your Flu Shot.**

Enjoy your day!

Best regards ~ Valerie

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September 19, 2006

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

Hello everyone ~ I hope this note finds you well. Today's note includes information on the following topics:

- ***Nine-Day Hold on Medicare Payments***
- ***NPI Update Regarding Taxonomy Codes***
- ***Medicare Contractor Satisfaction Survey Results***
- ***DMERC Region D System Dark Day ~ September 29, 2006***
- ***New Preventive Services Provider Education Products***
- ***Flu Shot Reminder***
- ***CMS Fee-for-Service Provider Listservs***

[9-Day Payment Hold](#)

This message is a reminder for all providers and physicians who bill Medicare contractors for their services. The date is almost here!

A brief hold will be placed on Medicare payments for all claims during the last 9 days of the Federal fiscal year (September 22 through September 30, 2006). These payment delays are mandated by section 5203 of the Deficit Reduction Act of 2005. No interest will be accrued and no late penalties will be paid to an entity or individual by reason of this one-time hold on payments. All claims held during this time will be paid on October 2, 2006. Please note, however, that contractors handling large volumes of paper checks may have some difficulty putting all checks in the mail in a single day. Consequently, delivery of checks to providers may take a few extra days.

This policy only applies to claims subject to payment. It does not apply to full denials, no-pay claims, and other non-claim payments such as periodic interim payments, home health requests for anticipated payments, and cost report settlements.

Please note that payments will not be staggered and no advance payments will be allowed during this 9-day hold.

For more information, please view the *MLN Matters* Article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf>.

NPI Update Regarding Taxonomy Codes

Effective January 1, 2007, institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a **taxonomy code** on all claims submitted to their Fiscal Intermediary. The taxonomy code will assist Medicare in crosswalking from the national provider identifier (NPI) of the provider to each of its subparts in the event that the provider chooses not to apply for a unique NPI for each of its subparts individually.

Regulations implementing the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 require the use of NPIs by covered health care providers and health plans (other than small plans) effective May 23, 2007. (45 CFR Part 162, Subpart D - 162.402-162.414)

The Centers for Medicare & Medicaid Services (CMS) will utilize a Medicare Provider Identifier Crosswalk between NPIs and legacy identifiers (such as OSCAR numbers) to validate NPIs received in transactions, to assist with the population of NPIs in Medicare data center provider files, and to report NPIs on remittance advice (RA) and coordination of benefit (COB) transactions. The crosswalk detailed in CR5243 between the provider's OSCAR number and the appropriate taxonomy code will assist in this process. The crosswalk is also available in the "Background" section of MLN Matters article (MM5243) at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5243.pdf>.

The related Frequently Asked Question ~ **"Should all institutional providers submit a taxonomy code on their claims after the implementation of the National Provider Identifier (NPI)?"** and the CMS response can be found in the **Questions** database on the CMS website at:

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7896&p_created=1158064263&p_sid=ILbeMHhi&p_ac

[cessibility=0&p_lva=&p_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dyaWRzb3J0PSZwX3Jvd19jbnQ9MSZwX3Byb2RzPTAmcF9jYXRzPSZwX3B2PSZwX2N2PSZwX3NIYXJjaF90eXBIPWFuc3dlnMuc2VhcmNoX25sJnBfcGFnZT0xJnBfc2VhcmNoX3RleHQ9Nzg5Ng**&p_li=&p_topview=1](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4023.pdf)

For more information on CMS' implementation of the NPI, see the *MLN Matters* article # **MM4023** at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4023.pdf>

Medicare Contractor Satisfaction Survey Results

MEDICARE SURVEY FINDS OVERALL SATISFACTION IN CONTRACTOR-PROVIDER RELATIONSHIP

The vast majority of Medicare health care providers are satisfied with the customer service, claims processing and educational activities provided by the Medicare fee-for-service contractors, according to a new survey conducted by the Centers for Medicare & Medicaid Services (CMS).

The first Medicare Contractor Provider Satisfaction Survey (MCPSS) was designed to garner objective, quantifiable data on provider satisfaction with the fee-for-service (FSS) contractors that process and pay Medicare claims. The MCPSS revealed that 85 percent of respondents rated their contractors between 4 and 6 on a 6-point scale.

The survey was sent early this year to more than 25,000 randomly selected providers, including physicians, suppliers, health care practitioners and institutional facilities that serve Medicare beneficiaries across the country. MCPSS will be administered on an annual basis to measure satisfaction with key services performed by the 42 FFS contractors that process and pay more than \$280 billion in Medicare claims each year. Further information about the MCPSS is available at: <http://www.cms.hhs.gov/MCPSS/>. I have also attached the CMS Press Release for more details.

DMERC Region D System Dark Day – September 29, 2006

During cutover activities on September 29, 2006, VMS, the Medicare claims processing standard system will be “dark” for DMERC Region D. During the “dark” day, the VMS system will be unavailable for claims processing and appeal activities. Information available to customer service representatives (CSRs) and accessible through the Interactive Voice Response (IVR) for supplier inquiries is also affected during a “dark” day. Suppliers and submitters will not be able to check the status of their claims or appeals through the IVR, the claims status inquiry system, or the customer service center. The contact center will be closed and the IVR access will be limited to general information only.

Suppliers and submitters may submit claims for payment during the “dark” day on September 29; however, electronic claims submitted on September 29 must contain the new DME MAC Jurisdiction D contractor identification number, 19003.

New Preventive Services Provider Education Products

~ An Overview of Medicare Preventive Services Video ~

The ***Medicare Learning Network*** is pleased to announce the availability of the latest provider education resource on Medicare’s coverage of preventive benefits, ***An Overview of Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals video program***. This educational video program provides an overview of preventive services covered by Medicare including the newest preventive services that became effective January 2005 as a result of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. This program provides information on risk factors associated with various preventable diseases and highlights the importance of prevention, detection, and early treatment of disease. The information presented in this program is useful for physicians, providers, suppliers, and other health care professionals involved in providing preventive services to Medicare beneficiaries. The program runs approximately 75 minutes in length.

CMS has approved this educational video program for .1 International Association for Continuing Education and Training (IACET) CEU for successful completion. This program is appropriate for use by a single individual or may be shown to a large group.

The Centers for Medicare & Medicaid Services (CMS) has been reviewed and approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1620 I Street, NW, Suite 615, Washington, DC 20006. The Centers for Medicare & Medicaid Services (CMS) has awarded .1 of CEU's to participants who successfully complete this program.

Credit expires July 4, 2009. The authors of this program have no conflicts of interest to disclose. This course was developed without the use of any commercial support.

The video program can be accessed at

http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5

~ Flu Season Resources for Health Care Professionals ~

The ***Medicare Learning Network*** has developed the ***2006 - 2007 Influenza (Flu) Season Educational Products and Resources*** online PDF document. This online document includes links to flu-related educational products developed by CMS for provider use and links to other resources where clinicians may find useful information and tools for the 2006 - 2007 flu season. The resource document will be updated as new flu information becomes available. ***The 2006 - 2007 Influenza (Flu) Season Educational Products and Resources*** online document can be accessed by going to the Downloads section of the *MLN Preventive Services Educational*

Products web page, located at
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage.



Press Release
091806Contractsurv

Tell your associates to sign-up for CMS' Fee-for-Service provider listservs! Go to <http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=3> to subscribe.

For more information about CMS provider listservs, go to http://www.cms.hhs.gov/MLNProducts/downloads/MailingLists_FactSheet.pdf

With best regards ~ Valerie

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September 20, 2006

New Medicare Learning Network Product for Teaching Physicians, Interns & Residents

The updated *Guidelines for Teaching Physicians, Interns, and Residents* fact sheet is now available in downloadable format on the Centers for Medicare & Medicaid Services MLN Publications Page located at www.cms.hhs.gov/MLNProducts/downloads/gdelinesteachgresfctsht.pdf. Hard copy fact sheets will be available for ordering through the ***Medicare Learning Network*** in approximately six weeks.

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September 22, 2006

Influenza Vaccination Information

September is the perfect time to start talking with your patients about getting the flu shot. Medicare provides coverage for the flu vaccine and its administration. Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug.

Please encourage your Medicare patients to take advantage of this vital benefit. And don't forget – health care professionals and their staff benefit from the flu vaccine also. Protect yourself, your patients, and your family and friends. Get your flu shot!

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

Hello everyone ~ and Happy Friday. As we head into the autumn season, I'm sending you information on the following topics:

- ***The 9-Day Payment Hold***
- ***Flu Immunization***
- ***Clarification of Local Coverage Determination for Power Mobility Devices***
- ***Data Files for Ambulatory Surgical Center Payments***
- ***My Health.My Medicare Initiative***
- ***Significant Saving Achieved Through the Medicare Prescription Drug Program***
- ***Part D Reconsideration Appeals Data***

9-Day Payment Hold

This message is a reminder for all providers and physicians who bill Medicare contractors for their services. The date is here!

A brief hold will be placed on Medicare payments for all claims during the last 9 days of the Federal fiscal year (September 22 through September 30, 2006). These payment delays are mandated by section 5203 of the Deficit Reduction Act of 2005. No interest will be accrued and no late penalties will be paid to an entity or individual by reason of this one-time hold on payments. All claims held during this time will be paid on October 2, 2006. Please note, however, that contractors handling large volumes of paper checks may have some difficulty putting all checks in the mail in a single day. Consequently, delivery of checks to providers may take a few extra days.

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Please note that payments will not be staggered and no advance payments will be allowed during this 9-day hold.

For more information, please view the *MLN Matters* Article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5047.pdf> .

Immunization: Promoting Prevention for a Healthier Life

September 24 -30 is National Adult Immunization Awareness Week. This annual health observance provides an excellent reminder for you to talk with your Medicare patients about vaccine-preventable diseases and ensure that they are protected against influenza and pneumonia, which together are the fifth leading cause of death among adults 65 and older in the U.S. These vaccines are safe and effective, and there are no out-of-pocket costs for your Medicare patients. CMS needs your help to ensure that Medicare beneficiaries take full advantage of these preventive benefits. For information about National Adult Immunization Awareness Week, go to <http://www.cdc.gov/nip/events/naiaw/default.htm>. For information about Medicare's coverage of adult immunizations and educational resources, go to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .

Clarification of Local Coverage Determination for Power Mobility Devices

CMS CLARIFIES LOCAL COVERAGE DETERMINATION FOR POWER MOBILITY DEVICES, INCLUDING POWER WHEELCHAIRS AND SCOOTERS

MOVE PROTECTS ACCESS TO FULL RANGE OF TECHNOLOGIES FOR BENEFICIARIES

The Centers for Medicare & Medicaid Services (CMS) recently issued clarifications of a local coverage determination (LCD) that outlines the process carriers are to use to determine the appropriate power mobility device (PMD). The coverage guidance is part

of a long-term strategy to improve beneficiary access to the appropriate mobility assistance device, including power wheelchairs and scooters. The LCD, together with the new payment rates that CMS will be announcing soon, will become effective for PMDs furnished to beneficiaries on or after November 15, 2006.

Please see the attached Fact Sheet for additional details.

Data Files for Ambulatory Surgical Center Payments

CMS POSTS UPDATED DATA FILE ON WEBSITE that can be used to model the CMS methodology for calculating proposed payment under the revised AMBULATORY SURGICAL CENTERS (ASC) payment system

The Centers for Medicare & Medicaid Services (CMS) recently posted an **updated** data file that can be used to model the CMS methodology for calculating facility payment amounts for services performed in ASCs under the revised payment system proposed for implementation in CY 2008. The **updated** file contains more recent OPPS data than that furnished in the original file. The **revised data** may be of interest to those modeling the proposed alternative method of calculating a budget neutral conversion factor described in the August 23, 2006 **Federal Register** (42 FR 49506).

To access the updated file, titled "Data3.xls", click on the hyperlink in the Downloads section titled "Supporting Data Files for CMS 1506-P" at:
http://www.cms.hhs.gov/ascpayment/06_cms1506P.asp .

My Health.My Medicare Initiative

ENHANCED TOOLS AVAILABLE TO HELP PEOPLE WITH MEDICARE IMPROVE THEIR HEALTH CARE

Plan Performance Measures Show Further Improvements New Information and Tools Will Enhance Medicare Drug Plan Finder

Beginning in mid-October, people with Medicare will have new and enhanced tools to help them learn more about their Medicare health care coverage, including comparative information about the services provided by their Medicare prescription drug plans. In addition, the Centers for Medicare & Medicaid Services (CMS) reported that nearly all exceptions and appeals filed by people with Medicare were decided within seven days as required by CMS guidelines.

To view the CMS Press Release issued on the enhanced tools, click here
<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1969> .

Significant Savings Achieved Through the Medicare Prescription Drug Program

MEDICARE DRUG COVERAGE PROVIDES SIGNIFICANT PRICE DISCOUNTS AND SAVINGS

Savings of Over 70 Percent Possible Through Medicare Prescription Drug Plans

This report presents updated findings from an ongoing analysis by the Centers for Medicare & Medicaid Services (CMS), which was originally released in March 2006 and then updated in June 2006. This updated analysis demonstrates that Medicare beneficiaries with common chronic conditions enrolled in Medicare prescription drug plans (PDPs) are seeing significant savings off of their prescription drug costs that are by and large extremely stable and – in several cases – larger than those initially presented in the March report.

Please click here <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1970> to view the CMS Press Release.

Part D Reconsideration Appeals Data

Part D Appeals Process

An appeal is the process by which an individual enrolled in a Medicare prescription drug plan (an “enrollee”) may challenge a plan’s coverage determination. Appeals begin with a request by a beneficiary (or their representative) for a redetermination by the plan. If the redetermination response by the plan is not satisfactory for the beneficiary, the beneficiary may request a reconsideration by the Part D independent review entity (also called the Part D qualified independent contractor or “QIC”). Beneficiaries may subsequently appeal the independent review decision to an administrative law judge, the Medicare Appeals Council, and federal judicial review.

For more information, please see the Part D attachment.



Part D
Reconsideration App



FS07.PMD.LCD.09.2
0.06.pdf

I hope everyone enjoys a great weekend!

With best regards ~ Valerie

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September 26, 2006

National Provider Identifier (NPI) Information

CMS asks that you share this important information with all of your association members and State and local chapters. And please take note of the CMS NPI Roundtable being held today– September 26, 2006—from 2:00 – 3:30 p.m. ET. Thanks!

NPI – Will You Be Ready?

GET IT.

The compliance date, May 23, 2007, is only **8 months** away. It's every provider's responsibility to make sure that an NPI is obtained if the provider is required to do so. If you're not sure, it's time to investigate. Get your NPI now so you have time to prepare **before** the compliance date. This includes sharing your NPI and appropriately testing it with payers to avoid a disruption in cash flow. To learn more on how to apply visit www.cms.hhs.gov/NationalProviderStand/ on the CMS website.

SHARE IT.

Have your NPI and don't know what to do with it? Share it. Share it with health plans you bill and the colleagues who rely on having your NPI to submit their claims (e.g. those who bill for ordered or referred services). You should also share it with your billing service, vendor, or clearinghouse, if you have any of them as business associates. Find out when and how the health plans with which you do business will begin accepting the NPI in claims and other standard transactions.

USE IT.

Once your health plans have informed you that they are ready to accept NPIs, begin the testing process. It is important to test **before** May 23, 2007 to avoid a disruption in your cash flow. Consider sending only a few claims at first as you test the ability of plans to accept the NPI. Fewer claims will make it easier to keep track of status and payment, as well as troubleshooting any potential problems that may arise during the testing process.

CMS NPI Roundtable – September 26, 2006

- CMS will host a national NPI Roundtable, open to all health care professionals, on Tuesday, September 26th from 2:00-3:30PM ET.
- To participate, you may call **1-877-203-0044**, **pass code 4795739**

Information on Covered Entities Under HIPAA

CMS has posted a new "Frequently Asked Question" to the CMS website that addresses whether a health care provider is a covered entity under HIPAA if they receive health information electronically (e.g. an electronic remittance advice), but do not transmit any health information electronically. The link is listed below or you can go to the CMS.gov website and click on "Questions" in the blue banner.

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7906&p_created=1158786931&p_sid=fY-kZcii&p_accessibility=0&p_lva=&p_sp=cF9zcmNoPSZwX3NvcnRfYnk9JnBfZ3JpZHNvcnQ9MjoyJnBfcm93X2NudD0yNTQxJnBfcHJvZHM9JnBfY2F0cz0mcF9wdj0mcF9jdj0mcF9zZWfyY2hfdHlwZT1hbnN3ZXJzLnNIYXJjaF9ubCZwX3BhZ2U9MQ**&p_li=&p_topview=1

New NPI Information for Medicare Providers

Clarification of the Taxonomy Requirement Outlined in CR5243

Effective January 1, 2007, institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a **taxonomy code** on all claims submitted to their Fiscal Intermediary. CMS posted a FAQ that clarifies this requirement. The link is listed below or you can go to the CMS.gov website and click on "Questions" in the blue banner.

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7896&p_created=1158064263&p_sid=KiZr-wii&p_accessibility=0&p_lva=&p_sp=cF9zcmNoPTEmcF9zb3J0X2J5PSZwX2dyaWRzb3J0PSZwX3Jvd19jbQ9MSZwX3Byb2RzPTAmcF9jYXRzPSZwX3B2PSZwX2N2PSZwX3NIYXJjaF90eXBlPWFuc3dlcnMuYV9pZCZwX3BhZ2U9MSZwX3NIYXJjaF90ZXh0PTc4OTY*&p_li=&p_topview=1

Reminder to Supply Legacy Identifiers on NPI Application

CMS continues to urge providers to include legacy identifiers on their NPI applications. This will help all health plans, including Medicare, to get ready for May 23, 2007. If reporting a Medicaid legacy number, include the associated State name. If providers have already been assigned NPIs, CMS asks them to consider going back into the NPES and updating their information with their legacy identifiers if they did not include those identifiers when they applied for NPIs. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

New WEDI Early Adopters Series

The Workgroup for Electronic Data Interchange (WEDI) has developed a series of monthly 90-minute audio casts that highlight the NPI related planning, management, communication and implementation activities. The first audio cast is scheduled for Wednesday, October 4, 2006 from 2-3:30 PM ET. Visit the WEDI website for more information and to register for this audio cast at <http://www.wedi.org/npioi/index.shtml> on the web. Please note that there is a cost to register for this WEDI event.

Getting an NPI is free - not having one can be costly.

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September 27, 2006

Important NPI Update

CMS requests that you share this message with all of your members.

NPI: Get It. Share It. Use It.

Encore Presentation of the 9/26 NPI Roundtable Now Available

The National Provider Identifier (NPI) Roundtable that occurred on September 26th drew a record-breaking number of participants -the likes of which CMS had not previously seen during the HIPAA Roundtable series. As a result, this overwhelming response exceeded logistical expectations and therefore many callers were unable to join the call. An encore presentation is now available for access at your convenience, 24 hours/day, until midnight on Wednesday, October 4th (including the weekend). Interested participants can access the encore with the following information:

Encore Dial In #: (800) 642-1687

Conference ID #: 4795739

A transcript of this call will also be available shortly at www.cms.hhs.gov/NationalProvIdentStand/ on the CMS website.

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September 28, 2006

IMPORTANT NPI CLAIMS PROCESSING INFORMATION

Message to Medicare Providers, Billers, Clearinghouses, and Vendors

As noted in previous announcements by the agency and our contractors, CMS plans to begin testing the new software that has been developed to use the National Provider Identifier (NPI) in the existing Medicare fee-for-service claims processing systems.

Providers have until May 23, 2007, before you are required to submit claims with only an NPI.

Until testing is complete within the Medicare processing systems, CMS urges providers to continue submitting Medicare fee-for-service claims in one of two ways:

- Use your legacy number, such as your Provider Identification Number (PIN), NSC number, OSCAR number or UPIN; or
- Use both your NPI and your legacy number.

Until testing of the new software that uses the NPI in the Medicare systems is complete and until further notice from CMS, the following may occur if you submit Medicare claims with only an NPI:

- Claims may be processed and paid, or
- Claims for which Medicare systems are unable to properly match the incoming NPI with a legacy number (e.g., PIN, OSCAR number) may be rejected to the provider, and then you will need to resubmit the claim with the appropriate legacy number.

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September 29, 2006

Update Regarding 2007 Drug Plan Options

**Medicare Releases Data on 2007 Drug Plan Option
More Plans with Coverage in the Gap**

Secretary Leavitt and Dr. McClellan recently announced the 2007 Stand-Alone Prescription Drug Plan (PDP) Organizations for each state. Seniors and people with disabilities who are satisfied with their current Medicare prescription drug coverage will not have to take any action when the Medicare Open Enrollment period begins **November 15th**, but those who wish to make a change will find new options with lower costs and more comprehensive coverage available for 2007.

Beneficiaries will have more plan options that offer enhanced coverage, including zero deductibles and coverage in the gap for both generics and preferred brand name drugs. Plans are adding drugs to their formularies. Nationwide the average number of drugs included on a plan formulary will increase by approximately 13 percent, and plans will also use utilization management tools at a lower rate.

The list of national plans can be found at
<http://www.medicare.gov/medicarerereform/local-plans-2007.asp>

For state-specific press releases, which provide further plan information at the state level, please visit the following link:
<http://www.cms.hhs.gov/apps/media/?media=pressr>.

Go to <http://www.hhs.gov/news/press/2006.html> to view a copy of the related press release.

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

Hello everyone. Just two items to help ease us into the weekend:

** CMS Competes Additional Medicare Administrative Contractors*

** Vast Majority Of the Nation's Eligible Hospitals Report Quality of Care Data that Helps Consumers Make Informed Decisions*

CMS COMPETES ADDITIONAL MEDICARE ADMINISTRATIVE CONTRACTORS

MOVE AIMED AT IMPROVED SERVICES TO BENEFICIARIES, PROVIDERS, AND SUPPLIERS

The Centers for Medicare & Medicaid Services (CMS) today released a Request for Proposal (RFP) for new Medicare Administrative Contractors (MACs) that will streamline the processes to pay Medicare claims and answer providers' questions about Medicare payments for services.

This RFP is one of 15 separate contracts that will be issued as part of the Medicare contracting reform created by the Medicare Modernization Act. Under these improvements, Medicare will continue its move from a network of Part A fiscal intermediaries who process claims for hospitals and other institutional providers, and Part B carriers who process claims for physicians, laboratories, and other suppliers to one that will combine responsibility for both Part A and Part B claims. This will allow for a greater coordination of claims processing when a beneficiary receives services in different settings. For providers, this will also mean having one place to go for questions about claims.

See attached CMS Press Release issued today for more information.

VAST MAJORITY OF THE NATION'S ELIGIBLE HOSPITALS REPORT QUALITY OF CARE DATA INFORMATION THAT ENABLES CONSUMERS TO MAKE INFORMED DECISIONS

The Centers for Medicare & Medicaid Services (CMS) announced today that nearly all of the nation's eligible hospitals reported data on the quality of care they deliver, providing transparency in information for consumers on quality performance measures linked to payments hospitals receive for treating Medicare beneficiaries.

Under the Medicare Modernization Act of 2003 (MMA), and later revised under the Deficit Reduction Act of 2005 (DRA), hospitals that submit quality information to CMS are eligible to receive the full Medicare payment update for inpatient services in 2007.

Attached, please find the CMS Press Release issued today for more information.



PR07 RFP 4 5 12 09
29 06.pdf



hospital quality
update.pdf

I hope you all enjoy your weekend ~ Valerie

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New MLN Matters Article Regarding the CAP for Part B Drugs & Biologicals

Hi everyone. This message is of special interest to our Physician Partners who participate in the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals.

*CMS has just released a new MLN Matters Special Edition Article **SE0672 -- Clarification of the Requirements for the Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals**. This article provides clarification on some of the common problems CMS has identified with claims submitted by participating CAP physicians for the administration of drugs covered under the CAP. The article can be accessed at*
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0672.pdf>

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FY 2007 Hospital Inpatient PPS Final Payment Rates

FY 2007 HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM FINAL PAYMENT RATES

On September 29, 2006, the Centers for Medicare & Medicaid Services (CMS) announced final hospital inpatient prospective payment system (IPPS) rates for fiscal year (FY) 2007. Although CMS completed its FY 2007 IPPS final rule on August 1, the rates announced at that time were tentative. CMS could only make tentative IPPS rates available with the final rule because it was unable to calculate final occupational mix adjusted wage indices as a result of only recently completing the collection of new occupational mix survey data ordered by the 2nd Circuit Court of Appeals in *Bellevue Hospital Center v. Leavitt* on April 3.

Consistent with the Court's order, the final rates announced for FY 2007 fully adjust the wage indices for occupational mix. The revised wage indices affect other aspects of IPPS payments such as the DRG relative weights, the outlier threshold and geographic reclassification that, in turn, affect the calculation of the final IPPS rates.

Attached, please find the CMS Press Release issued today for more information.



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