

Provider Partnership Program (PPP) E-mail Notification Archives

June 1, 2007

Your Friday Reading Materials

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

Happy Friday everyone! The Provider Partner recruitment effort is in full swing and I would like to send a warm welcome to those associations most recently added to our network, including the American Association of Neurological Surgeons, the American Gastroenterological Association, the American Societies of Ophthalmic Administrators and Cataract & Refractive Surgery, the Society for Social Work Leadership in Health Care, the American Academy of Professional Coders, and the member associations of the Alliance of Specialty Medicine. We appreciate your interest in helping CMS with its Medicare fee-for-service provider education efforts and I'm very happy to be working with you, as I am with all of our Provider Partners. This week's selections include information on:

- Physician Quality Reporting Initiative
- National Provider Identifier
- Workshops on the Physician Election Process under the Medicare Part B Competitive Acquisition Program (CAP)
- Updates from the Medicare Learning Network
- Home Health Temporary (Toy) Grouper

Physician Quality Reporting Initiative

Final Specifications for the Physician Quality Reporting Initiative is Now Available

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the Final Specifications for 2007 Physician Quality Reporting Initiative (PQRI) are now available. To access both the measures and measure specifications documents, visit the PQRI web page at, www.cms.hhs.gov/PQRI, on the CMS website. Go to the Measures/Codes section of the page and scroll down to the Downloads section.

New Frequently Asked Questions (FAQs) on the 2007 Physician Quality Reporting Initiative (PQRI)

CMS has 15 new Frequently Asked Questions (FAQ) about the Physician Quality Reporting Initiative (PQRI) available on its website. You can access these FAQs by visiting the PQRI webpage at www.cms.hhs.gov/PQRI on the CMS website. Go to the Overview section, scroll down to the “Related Links Inside CMS” section and click on the link titled “All PQRI FAQs.”

Testing Opportunity for the Physician Quality Reporting Initiative

Eligible professionals interested in testing their billing system, and practice their readiness for PQRI quality data code reporting, will have a chance to do so prior to July 1, 2007.

You can access the instructions by visiting the PQRI webpage at www.cms.hhs.gov/PQRI on the CMS website. Go to the Reporting section, scroll down to the “Downloads” section and click on the link titled “2007 PQRI-Testing Opportunity for the Physician Quality Reporting Initiative” link.

Important 2007 Physician Quality Reporting Initiative (PQRI) Reminder

PQRI reporting begins for **Dates of Services on July 1, 2007** and will continue through **December 31, 2007**.

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

CMS Publishes National Plan and Provider Enumeration System (NPPES) Data Dissemination Notice

On May 30, 2007, CMS published the Data Dissemination Notice in the Federal Register. The final copy of the notice is posted at <http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/DataDisseminationNPI.pdf> on the CMS NPI Website

Data Dissemination Roundtable to be held on June 14, 2007

CMS will host a national roundtable on the Data Dissemination Notice on June 14, 2007 from 2-3:30PM EDT. Registration information will be available shortly.

New Data Dissemination FAQs Available

CMS has posted new FAQs related to the recently published Data Dissemination Notice. Questions include:

- Where is the National Plan and Provider Enumeration System (NPPES) data dissemination policy conveyed?
- What National Plan and Provider Enumeration System (NPPES) data will CMS disclose?
- How will CMS make the Freedom of Information Act (FOIA)-disclosable National Plan and Provider Enumeration System (NPPES) data available?
- Is there a charge to obtain the Freedom of Information Act (FOIA)-disclosable National Plan and Provider Enumeration System (NPPES) health care provider data?
- I want Freedom of Information Act (FOIA)-disclosable data for only the physicians in New York and I want the data on a CD. How do I go about having my request fulfilled?
- When will the Freedom of Information Act (FOIA)-disclosable National Plan and Provider Enumeration System (NPPES) health care provider data be available?

To view these FAQs, you should:

- 1) Go to the CMS dedicated NPI web page at www.cms.hhs.gov/NationalProvIdentStand
- 2) Scroll down to the section that says "Related Links Inside CMS"
- 3) Click on NPI Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated". Look for the word "NEW" in red font to appear beside the most recent FAQs.

Important Information for Medicare Fee-For-Service (FFS) Providers

CMS Discontinues the Unique Physician Identifier Number (UPIN) Registry

Effective June 29, 2007, CMS will discontinue assigning UPINs to Medicare providers. For further details, visit the Change Request on this subject at <http://www.cms.hhs.gov/transmittals/downloads/R207PI.pdf> and the associated MLN Matters article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5584.pdf> on the CMS website.

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.

Workshops on the Physician Election Process under the Medicare Part B Competitive Acquisition Program (CAP)

The Medicare Part B Competitive Acquisition Program (CAP) designated carrier, Noridian Administrative Services (NAS), will be conducting workshops on the physician election process on **June 7, 2007 at 3:00 PM CT** and on **June 11, 2007 at 11:00 AM CT**.

Sessions will last approximately one hour, including time for questions, and will include training on the CAP Physician Election Form and Resources. The workshops will be conducted through WebEx, an Internet connection that you log into from your own computer. No CEUs or certificates will be offered. There is no registration fee, but costs include a long distance phone number and your internet connection.

Free registration: <https://www.noridianmedicare.com/secure/cap/registration.html>

The **deadline to register is 12:00 noon CT one business day before the workshop**. Please note the registration deadline for the June 11th workshop is Friday, June 8, 2007.

Once registered, a confirmation with the login address, call-in number, passwords and handouts will be sent via e-mail or fax 2-3 business days prior to the workshop.

Please note that the current election period will end on June 15, 2007 and is only for new CAP elections. Effective dates for physicians who elect to participate during this period will be from August 1, 2007 through December 31, 2007. It is not necessary to renew CAP election at this time.

If you have additional questions regarding the training sessions, please contact the NAS Vendor Contact Center directly at 1-888-671-0536.

Updates from the Medicare Learning Network

- **Implementation of the Uniform Billing (UB)-04 Fact Sheet** (*Institutional providers who file paper claims*)

The Implementation of the Uniform Billing-04 (UB-04) Fact Sheet is available in downloadable format at http://www.cms.hhs.gov/MLNProducts/downloads/ub04_fact_sheet_050207.pdf on the Medicare Learning Network publications page. The fact sheet reviews the new UB-04 paper claim form that is only accepted from institutional providers excluded from the

mandatory electronic claims submission and includes background information, an overview of the transition period, and a crosswalk.

- **Revised MLN Web-based Training (WBT) Courses!**

➤ **Medicare Fraud and Abuse Web-Based Training Course** (*All Providers & Suppliers*)

The Medicare Fraud and Abuse web-based training course (WBT) is now available with continuing education credits and can be accessed through the WBT modules link at <http://www.cms.hhs.gov/MLNProducts> under the “Related Links Inside CMS” section. The WBT provides information that will increase awareness of Medicare fraud and abuse including what constitutes Medicare fraud and abuse, providers' role in the effort to prevent fraud and abuse, possible penalties when fraud or abuse is committed, and protective measures providers can implement to avoid fraud and abuse in several key areas of their organization.

➤ **Diagnosis Coding Using the ICD-9-CM Web-Based Training Course** (*Front Office Staff, Medicare Coders & Billers*)

The Diagnosis Coding Using the ICD-9-CM web-based training course provides an overview of ICD-9-CM coding. This course provides an understanding of ICD-9-CM definitions and coding guidelines; components and characteristics and coding conventions; the use of tables within the ICD-9-CM volumes and how to better understand difficult coding situations. This course is now available with continuing education credits and can be accessed through the Web-based training modules link at www.cms.hhs.gov/MLNProducts under the “Related Links Inside CMS” section.

➤ **CMS Form 1500 (08-05) Web-Based Training Course**

The CMS Form 1500 (08-05) web-based training course provides information that will allow you to file claims accurately and reduce your chances of receiving "unprocessible claim" rejections. In this course, the CMS Form 1500 (08/05) is used to teach the learner about claim requirements for the paper form. This course is now available with continuing education credits and can be accessed through the Web-based training modules link at www.cms.hhs.gov/MLNProducts under the “Related Links Inside CMS” section.

• **Recently Released MLN Matters Articles**

New:

MM5604 – **Quarterly Update to Correct Coding Initiative (CCI) Edits, Version 13.2, Effective July 1, 2007**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5604.pdf>

Provider Types Affected: Physicians who submit claims to Medicare carriers and A/B Medicare Administrative Contractors (A/B MACs).

SE0715 – **Proper Use of Modifier “-59”**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0715.pdf>

Provider Types Affected: Physicians and providers submitting claims to Medicare carriers, or Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

MM5640 – **Physician Quality Reporting Initiative (PQRI) Coding & Reporting Principles**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5640.pdf>

Provider Types Affected: Physicians and other practitioners who qualify as eligible professionals to participate in the Centers for Medicare & Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI).

MM5543 – **Implementation of the Carrier Jurisdictional Pricing Rules for All Purchased Diagnostic Service Claims**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5543.pdf>

Provider Types Affected: Physicians, laboratories, and Independent Diagnostic Testing Facilities (IDTFs) who bill carriers/Medicare Administrative Contractors (MAC) for purchased diagnostic services.

MM5583 – **Clarification of Skilled Nursing Facility (SNF) No Payment Billing**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5583.pdf>

Provider Types Affected: Skilled Nursing Facilities (SNFs) submitting claims to Medicare Fiscal Intermediaries (FIs) or Part A/B Medicare Administrative Contractors (A/B MACs) for SNF services provided to Medicare beneficiaries.

MM5601 – **Transitioning the Mandatory Medigap ("Claim-Based") Crossover Process to the Coordination of Benefits Contractor (COBC)**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5601.pdf>

Provider Types Affected: Physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, DME Medicare Administrative Contractors (DME MACs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)), for services provided to Medicare beneficiaries.

MM5603 – **Quarterly Update to Medically Unlikely Edits (MUEs), Version 1.2, Effective July 1, 2007**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5603.pdf>

Provider Types Affected: Physicians, suppliers, and providers who submit claims to Medicare contractors (Fiscal intermediaries (FIs), carriers, Part A/B Medicare Administrative Contractors (A/B MACs), DME Medicare Administrative contractors (DME/MACs), durable medical equipment regional carriers (DMERCs), and/or regional home health intermediaries (RHHIs)).

SE0707 – **Foot Care Coverage Guidelines**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0707.pdf>

Provider Types Affected: This article is for informational purposes only for providers billing Medicare for foot care services. It is an overview of existing policy and no change in policy is being conveyed.

Revised:

MM5521 – (first time post with revision) **Direct Billing and Payment for Non-Physician Practitioner (NPP) Services Furnished to Hospital Inpatients and Outpatients**

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5521.pdf>

Provider Types Affected: All hospitals, clinical nurse specialists (CNSs), nurse practitioners (NPs), and the employers of physician assistants (PAs) who bill Medicare for hospital inpatient and outpatient services.

MM5459 – (repost) **Emergency Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)**

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5459.pdf>

Provider Types Affected: Physicians and other providers who bill Medicare contractors (carriers, fiscal intermediaries (FIs), or Part A/B Medicare administrative contractors (A/B MACs)) for professional services paid under the Medicare Physician Fee Schedule (MPFS).

MM5433 – **Guidelines for Payment of Diabetes Self-Management Training (DSMT)**

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM5433.pdf>

Provider Types Affected: Providers submitting claims to Medicare Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs) for DSMT services provided in institutional settings to Medicare beneficiaries.

Home Health Temporary (Toy) Grouper

The Centers for Medicare & Medicaid Services (CMS) is providing a home health temporary (toy) grouper based on the refinement proposals in CMS-1541-P (Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008). This tool is not the official grouper software that CMS will add to HAVEN (the software provided free from CMS for Home Health Agencies to use to submit their OASIS data). It is a practice tool that can be used for educational and planning purposes. Also, CMS is providing “pseudocode” that provides detail on the logic of the

new classification algorithm to help software vendors to begin preparing for the revisions that will be required to their programs and systems. Please refer to the following documents for more information on the temporary (toy) grouper and the pseudo code:

- (1) Toy Grouper
- (2) Toy Grouper Logic Guidelines
- (3) Pseudocode
- (4) Supporting Tables for Pseudocode

Links to these documents are located on the Home Health Agency Center page on the CMS website:

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

I hope everyone enjoys a wonderful weekend ~ Valerie

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June 4, 2007

Important Update to National Provider Identifier (NPI) Educational Article

MLN Matters Article #MM5081 discusses what provider identifiers Medicare will report on remittance advice transactions under Stage 2 of Medicare's NPI implementation. This is to let you know that the article has recently been revised to note that the processes will change as Medicare moves to Stage 3 implementation of the NPI, and to emphasize that providers need to review and understand the impact of Stage 3 on remittances as discussed in the **MLN Matters Article #MM5452**, which can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5452.pdf> on the CMS Website. The revised version of **MM5081** can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5081.pdf>.

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June 6, 2007

Your Friday Reading Materials A Little Early

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

Happy Wednesday everyone! I'm sending this note a little early this week since I will be out of the office starting tomorrow until June 19th. During that time, you will be receiving your news updates from Mary Loane. When I return, please look for my e-mails to start coming from Valerie Haugen—that's right, I'm off to get married and I wanted to make you aware of the name change. Until then, here are a couple of new items regarding:

- **An NPI Update**
- **Updates from the Medicare Learning Network**

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

Registration is Open for the June 14th Data Dissemination Roundtable

CMS will host a national roundtable on the Data Dissemination Notice on June 14, 2007 from 2-3:30PM EDT. Visit

<http://www.cms.hhs.gov/NationalProvIdentStand/downloads/RegistrationInfoNPI614.pdf> on the CMS website for registration details. Registration will close at 2:00 p.m. EDT on June 13, 2007, or when available space has been filled. No exceptions will be made, so register today!

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.

New from the Medicare Learning Network

The following products are now available in print format from the **Medicare Learning Network**:

- The *Medicare Disproportionate Share Hospital Fact Sheet*, which provides information about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment and Medicare DSH payment adjustment formulas;
- The *Critical Access Hospital Fact Sheet*, which provides general information about Critical Access Hospitals;
- The *Medicare Guide to Rural Health Services Information for Providers, Suppliers, and Physicians* which contains rural health information pertaining to rural health facility types, coverage and payment policies, and rural provisions under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the Deficit Reduction Act of 2005 (also now available in CD-Rom format);
- The *Inpatient Psychiatric Facility Prospective Payment System Fact Sheet* which provides general information about the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS), how payment rates are set, and the Rate Year 2008 update to the IPF PPS; and

· The *Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet*, which provides information about Inpatient Rehabilitation Facility Prospective Payment System rates and classification criterion.

To place your order for these products, visit www.cms.hhs.gov/mlngeninfo, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

Stay well and enjoy your week!

With best regards ~ Valerie

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June 8, 2007

More Friday Reading Materials

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

As always, we have more news items to share with you today! Below are a few important items regarding:

- **PQRI Updates**
- **An NPI Update**
- **National Men’s Health Week Information**
- **Open Door Forums**
- **Recently Released MLN Matters Articles**

2007 Physician Quality Reporting Initiative (PQRI) National Provider Calls

July 1, 2007, the start date for PQRI is right around the corner, therefore the Centers for Medicare & Medicaid Services (CMS) is pleased to announce that three National Provider Calls will be held on the following dates:

June 13, 2007 3:00 pm-5:00 pm EDT- This toll-free call will be a technical discussion of quality measures. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts. More details on this call can be found below.

June 20, 2007 3:30 pm-5:30 pm EDT- This toll-free teleconference will be the first of two open Q&A session for eligible professionals to ask questions of CMS PQRI subject matter experts.

June 27, 2007 3:00 pm-5:00 pm EDT- This toll free teleconference will be the second open Q&A session for eligible professionals.

Detailed information on how to register for the calls is forthcoming. Also, visit the PQRI web page at, www.cms.hhs.gov/PQRI, on the CMS website for up to date information on all National Provider Calls. Go to the CMS Sponsored Calls section of the page and scroll down to the Downloads section for instructions on how to register for a call.

Remember: PQRI reporting begins with Dates of Services as of July 1, 2007 and will continue through December 31, 2007.

2007 Physician Quality Reporting Initiative (PQRI) National Provider Conference Call with Question & Answer Session

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the fourth in a series of national provider conference calls on the 2007 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:00 p.m. – 5:00 p.m., EDT, on Wednesday, June 13th, 2007.

This call will be a technical discussion of quality measures. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

Materials for the call will be posted to the PQRI webpage at, <http://www.cms.hhs.gov/PQRI>, on the CMS website in the Educational Resources section for you to download prior to the call so that you can follow along with the presenters, Dr. Thomas Valuck and Dr. Susan Nedza.

Conference call details:

Date: June 13, 2007
Conference Title: 2007 Physician Quality Reporting Initiative - Technical Discussion
of Reporting Measures
Time: 3:00-5:00 p.m. EDT

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. If you cannot attend the call, replay information is available below.

Registration will close at 2:00 p.m. EDT on June 12, 2007, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to:
<http://www2.eventsvc.com/palmettogba/register/d0a196d9-3929-491a-96ad-a4dea9f21d6c>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as they may have gotten caught in that.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 7:00 p.m. EDT 06/13/2007 until 11:59 p.m. EDT 06/20/2007. The call in data for the replay is (800) 642-1687 and the passcode is 3685662.

Online Evaluation Form:

CMS has developed an online evaluation form that can be quickly completed and submitted. Participants are asked to complete this form to help CMS make informed decisions on improving training activities. The online evaluation form titled "Medicare Training Evaluation Form" can be found on the registration page, http://www.cms.hhs.gov/MLNProducts/60_ContractorTraining.asp. CMS looks forward to hearing your comments.

If you have questions, or require special accommodations, please contact Geanelle E. Griffith at geanelle.griffith@cms.hhs.gov or at (410) 786-4466.

PQRI FAQs

The Centers for Medicare & Medicaid Services (CMS) has posted 4 new Frequently Asked Questions (FAQs) about the Physician Quality Reporting Initiative (PQRI) on its website.

You can access these FAQs by visiting the PQRI webpage at www.cms.hhs.gov on the CMS website. Go to the Overview section, scroll down to the “Related Links Inside CMS” section and click on the link titled “All PQRI FAQs”.

Please continue to check the FAQ section often.

PQRI Question of the Week

Question: What is considered successful reporting under the Physician Quality Reporting Initiative (PQRI)?

Answer: The statutory description of satisfactory reporting depends on how many quality measures are applicable to the services furnished by the physician or other eligible professional during the entire reporting period of July 1-December 31, 2007. If there are no more than three quality measures applicable to the services provided by the eligible professional, then each measure must be reported for at least 80% of the cases in which the measure was reportable. If there are four or more quality measures applicable to the services provided by the eligible professional, then at least three measures, selected by the eligible professional, must be reported for at least 80% of the cases in which each measure was reportable. Eligible professionals are encouraged to report on as many quality measures as are applicable to the services provided. Reporting on as many applicable measures as is practical will increase the opportunities to reach the 80% successful reporting level as well as increasing the bonus cap.

Reference: <http://www.cms.hhs.gov/PQRI>.

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Registration is Open for the June 14th Data Dissemination Roundtable

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<http://www.cms.hhs.gov/NationalProvIdentStand/downloads/RegistrationInfoNPI614.pdf>

on the CMS website for registration details. Registration will close at 2:00 p.m. EDT on June 13, 2007, or when available space has been filled. No exceptions will be made, so register today!

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.

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National Men's Health Week

June 11-17 is National Men's Health Week. The goal of this annual week long observance is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys. In keeping with the goal of National Men's Health Week, the Centers for Medicare & Medicaid Services (CMS) continues its initiative focused on motivating seniors and others with Medicare to make the most of Medicare's preventive services and maintaining healthy lifestyles by asking health care providers to use this week as an opportunity to encourage patients with Medicare to take advantage of preventive services and screenings for which they may be eligible. Medicare pays for a full range of preventive services and screenings such as colorectal and prostate cancer screenings and diabetes and cardiovascular screenings. These screenings can help men with Medicare stay healthy and detect conditions like cancer, diabetes, and cardiovascular disease early when treatment works best. CMS hopes that you will join with us in spreading the word to Medicare beneficiaries and their caregivers.

How Can You Help?

CMS recognizes the crucial role that health care professionals play in promoting, providing, and educating Medicare patients about potentially life saving preventive services and screenings. While Medicare pays for more preventive benefits, many men with Medicare don't fully realize that utilizing preventive services and screenings covered by Medicare can help them live longer, better, healthier lives. As a health care professional you can help your patients with Medicare understand the importance of disease prevention, early detection and lifestyle modifications that support a healthier life.

- Talk with your patients with Medicare about their risk for disease and life style modifications that can help reduce risk of disease and complications.
- Educate your patients about the benefits of using preventive services and screenings.
- Discuss with them which Medicare-covered preventive services and screenings are right for them and encourage utilization by providing referrals for appropriate services for which they may be eligible.

Working together we can ensure that men with Medicare receive the preventive services and screenings that are right for them.

For More Information

For more information about Medicare-covered preventive services and screenings, including coverage, coding and billing guidelines, please visit the following CMS website:

- The MLN Preventive Services Educational Products Web Page – This web page is a one-stop shop for provider educational information on coverage, coding, and billing of Medicare-covered preventive benefits. The web page contains a descriptive listing of the products, which include: articles, a guide, brochures, quick reference charts, web-based training courses, a video program, a slide presentation, seasonal flu information, and a bookmark, as well as product ordering information and links to other related CMS and non CMS prevention resources and websites.
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage

For products to share with your Medicare patients go to www.medicare.gov

To learn more about National Men's Health Week, please visit
<http://www.menshealthweek.org/>

Thank you for joining with CMS in spreading the message about prevention and early detection and ensuring that men and all people with Medicare take full advantage of their preventive benefits.

OPEN DOOR FORUMS

The next *Skilled Nursing Facility (SNF)/Long-Term Care (LTC) Open Door Forum* is scheduled for...

Date: June 21, 2007

Start Time: 2:00 PM Eastern Daylight Time (EDT)

Conference Leader(s): Sheila Lambowitz/Jeff Flick/Natalie Highsmith

Open Door Forum Participation Instructions:

CMS Staff and Authorized Speakers Only

Dial: 1-877-792-5692

General Public

Dial: 1-800-837-1935

Reference Conference ID: 4775666

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.

ADDRESS:

Hubert H. Humphrey Bldg.

200 Independence Avenue S.W.

Conference Room 742G

Washington, D.C. 20201

Map & Directions: <http://www.hhs.gov/about/hhhmap.html>

ENCORE: 1-800-642-1687; Conf. ID# **4775666**

Encore is a recording of this call that can be accessed by dialing **1-800-642-1687** and entering the Conf. ID., beginning **Monday, June 25, 2007**. The recording expires after 3 business days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our website at www.cms.hhs.gov/opendoorforums/

The next ***Rural Health Open Door Forum*** is scheduled for...

Date: June 20, 2007

Start Time: 2:00 PM Eastern Daylight Time (EDT)

Conference Leader(s): Terry Kay/John Hammerlund/Natalie Highsmith

CONFERENCE PARTICIPATION INSTRUCTIONS:

CMS Staff and Authorized Speakers Only

Dial: 1-877-792-5692

General Public:

Dial: 1-800-837-1935

Reference Conference ID: 4776376

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.

ADDRESS:

Hubert H. Humphrey Bldg.

200 Independence Avenue S.W.

Conference Room 405A

Washington, D.C. 20201

Map & Directions: <http://www.hhs.gov/about/hhhmap.html>

ENCORE: 1-800-642-1687; Conf. ID# **4776376**

Encore is an audio recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID., beginning 2 hours after the conference has ended. The recording expires after 3 business days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our website at www.cms.hhs.gov/OpenDoorForums/

RECENTLY RELEASED MLN MATTERS ARTICLES

New:

MM5635 – Revised HCPCS Codes Relating to Immune Globulin

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5635.pdf>

Provider Types Affected: Physicians, providers and suppliers who bill Medicare contractors (carriers; Fiscal Intermediaries (FI), including Regional Home Health intermediaries (RHHIs); Medicare Administrative Contractors (A/B MACs); and Durable Medical Equipment Medicare Administrative Contractors (DME MACs)) for Immune Globulin

MM5645 – July, 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast®

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5645.pdf>

Provider Types Affected: Physicians, providers, and suppliers who bill Medicare contractors (carriers, fiscal intermediaries (FI)(including Regional Home Health Intermediaries (RHHI)), Medicare Administrative Contractors (A/B MAC) and Durable Medical Equipment Medicare Administrative Contractors (DME MAC)) for providing Albuterol, Levalbuterol, Reclast®, and Zometa® to Medicare beneficiaries.

Revised:

MM5521 – Bone Mass Measurements (BMMs)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5521.pdf>

Provider Types Affected: Physicians, practitioners and hospitals that bill Medicare contractors (carriers, fiscal intermediaries (FIs), or Part A/B Medicare administrative contractors (A/B MACs) for BMM services

MM5551 – Home Health Agencies (HHAs) Providing Durable Medical Equipment (DME) in Competitive Bidding Areas

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5551.pdf>

Provider Types Affected: All HHAs billing Medicare contractors (Fiscal Intermediaries (FIs) or Regional Home Health Intermediaries (RHHIs)) for DME provided to Medicare beneficiaries.

Mary K Loane (for Valerie A. Hart)

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New PQRI Educational Products

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

2007 Physician Quality Reporting Initiative (PQRI): New Educational Products are now available

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that three (3) new educational resources have been posted to the PQRI webpage on the CMS website.

The following items are available for download on the PQRI Educational Resources web page:

Coding for Quality- A Handbook for PQRI Participation- This handbook is a resource provided to facilitate PQRI implementation for successful reporting.

2007 PQRI Code Master- This Excel spreadsheet provides a sequential list of all ICD-9-CM (I9) and CPT ® (CPT4) codes with associated CPT II exclusion modifiers that are included in the 2007 PQRI.

2007 PQRI Fact Sheet- This Fact Sheet provides an overview of the 2007 Physician Quality Reporting Initiative.

To access the new and all available educational resources, visit <http://www.cms.hhs.gov/PQRI> on the CMS website and click on the Educational Resources tab. Once on the *Educational Resources* page, scroll down to the “Downloads” section and click on the “Coding of Quality- A Handbook for PQRI Participation”, the “2007 PQRI Code Master”, and the “2007 PQRI Fact Sheet” links.

New Frequently Asked Questions (FAQs) on the 2007 Physician Quality Reporting Initiative (PQRI)

The Centers for Medicare & Medicaid Services (CMS) has posted new Frequently Asked Questions (FAQ) related to the Physician Quality

Reporting Initiative. These include questions related to instances when Medicare is the secondary payer.

You can access these FAQs by visiting the PQRI webpage at, www.cms.hhs.gov, on the CMS website. Go to the *Overview* section, scroll down to the “Related Links Inside CMS” section and click on the link titled “All PQRI FAQs”.

Please continue to check the FAQs often

PQRI Question of the Week

Question: Why should I participate in Physician Quality Reporting Initiative (PQRI)?

Answer: Eligible professionals will have the opportunity to use participation in the PQRI program to improve the care of the patients they serve through the evidence based measures that are based upon clinical guidelines.

Participating in PQRI is a way to prepare for future pay-for-performance programs.

Finally, the 1.5% bonus incentive is new money being made available to reward participating professionals.

Reference: <http://www.cms.hhs.gov/PQRI>

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June 11, 2007

PQRI - Preparation for the Fourth National Provider Conference Call

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

2007 Physician Quality Reporting Initiative Preparation for the Fourth National Provider Conference Call

On Friday, the Centers for Medicare & Medicaid Services announced a June 13, 2007 National PQRI Provider Call. This call will be a technical discussion of quality measures. The PowerPoint presentation for the call will be available on the PQRI webpage on Tuesday June 12.

In preparation for the call, the following scenarios for coding in the *Coding for Quality- A Handbook for PQRI Participation* should also be reviewed:

- **Measure #4- Screening for Future Fall Risk**
- **Measure #5- Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction**
- **Measure #20- Perioperative Care: Timing of Antibiotic Prophylaxis- Ordering Physician**
- **Measure #47- Advance Care Plan**
- **Measure #55- Electrocardiogram Performed for Syncope**
- **Measure #66- Appropriate Testing For Children with Pharyngitis**

The *Handbook* and all PQRI educational products are posted on the PQRI webpage at, <http://www.cms.hhs.gov/PQRI> , on the CMS website in the *Educational Resources* section. Once on the *Educational Resources* page, scroll down to the "Downloads" section.

PQRI Question of the Week

Question: Why should I participate in Physician Quality Reporting Initiative (PQRI)?

Answer: Eligible professionals will have the opportunity to use participation in the PQRI program to improve the care of the patients they serve through the evidence based measures that are based upon clinical guidelines.

Participating in PQRI is a way to prepare for future pay-for-performance programs.

Finally, the 1.5% bonus incentive is new money being made available to reward participating professionals.

Reference: <http://www.cms.hhs.gov/PQRI>

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June 12, 2007

Presentation Materials for the June 13, 2007 PQRI National Provider Call

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

Presentation Materials for the June 13, 2007 PQRI National Provider Call

Presentation materials that will be used during the June 13, 2007 PQRI National Provider Call are now available on the CMS website. To access these materials, go to, <http://www.cms.hhs.gov/PQRI>, and click on the Educational Resources section of the page. Next, scroll down to the Downloads section and click on "PQRI PowerPoint Presentation – Module IV."

In addition, participants are encouraged to review the following materials in preparation for the call:

Coding for Quality - A Handbook for PQRI Participation: This handbook is a resource provided to facilitate PQRI implementation for successful reporting. Specifically, the following scenarios for coding should be reviewed:

- Measure #4 - Screening for Future Fall Risk
- Measure #5 - Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction
- Measure #20 - Perioperative Care: Timing of Antibiotic Prophylaxis-Ordering Physician
- Measure #47 - Advance Care Plan
- Measure #55 - Electrocardiogram Performed for Syncope
- Measure #66 - Appropriate Testing For Children with Pharyngitis

2007 PQRI Code Master - This Excel spreadsheet provides a sequential list of all ICD-9-CM (I9) and CPT ® (CPT4) codes with associated CPT II exclusion modifiers that are included in the 2007 PQRI.

2007 PQRI Fact Sheet - This Fact Sheet provides an overview of the 2007 Physician Quality Reporting Initiative.

These materials may also be downloaded and printed for your use prior to the call.

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June 14, 2007

A Few Items Of Interest

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

This email contains information on the following topics:

- *The next PQRI Q&A Session*
- *The 2007 Inpatient Rehabilitation Facility Prospective Payment System Data Analysis Report*
- *Updates from the Medicare Learning Network*

2007 Physician Quality Reporting Initiative (PQRI) National Provider Question & Answer Session

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the fifth in a series of national provider conference calls on the 2007 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:30 p.m. – 5:30 p.m., EDT, on Wednesday, June 20th, 2007.

This toll-free teleconference will be the first of two open Q&A sessions for eligible professionals to ask questions of CMS PQRI subject matter experts.

Educational resources on the 2007 Physician Quality Reporting Initiative are posted to the PQRI web page located at, <http://www.cms.hhs.gov/PQRI>, on the CMS website, in the Educational Resources section. Feel free to download the resources prior to the call so that you may ask questions of the presenter, Dr. Susan Nedza.

Conference call details:

Date: June 20, 2007
Conference Title: 2007 Physician Quality Reporting Initiative – Q & A
Time: 3:30-5:30 p.m. EDT

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person

needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. If you cannot attend the call, replay information is available below.

Registration will close at 3:30 p.m. EDT on June 19, 2007 or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

1. To register for the call participants need to go to:
<http://www2.eventsvc.com/palmettogba/event/0ad70a1a79574765878f3b7f0a61187f>
2. Fill in all required data.
3. Verify your time zone is displayed correctly the drop down box.
4. Click "Register".
5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as they may have gotten caught in that.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 7:30 p.m. EDT 06/20/2007 until 11:59 p.m. EDT 06/27/2007. The call in data for the replay is (800) 642-1687 and the passcode is 3682379.

Online Evaluation Form:

CMS has developed an online evaluation form that can be quickly completed and submitted. Participants are asked to complete this form to help CMS make informed decisions on improving training activities. The online evaluation form titled "Medicare Training Evaluation Form" can be found on the registration page, http://www.cms.hhs.gov/MLNProducts/60_ContractorTraining.asp. CMS looks forward to hearing your comments.

If you have questions, or require special accommodations, please contact Geanelle E. Griffith at geanelle.griffith@cms.hhs.gov or at (410) 786-4466.

2007 Inpatient Rehabilitation Facility Prospective Payment System Data Analysis Report

CMS has updated the U.S. House and Senate Notification issued on November 30, 2005. The 2007 Inpatient Rehabilitation Facility Prospective Payment System Data Analysis Report discusses the findings based on more recent available data regarding the inpatient rehabilitation facilities and the 75 percent rule. The 2007 Inpatient Rehabilitation Facility Prospective Payment System Data Analysis Report is available for download at the web address below.

Please see:

http://www.cms.hhs.gov/InpatientRehabFacPPS/091_OtherDocuments.asp

Updates from the Medicare Learning Network

The following rural health products are now available in downloadable format from the Centers for Medicare and Medicaid Services **Medicare Learning Network**:

- Federally Qualified Health Center Fact Sheet, which provides information about Federally Qualified Health Center (FQHC) designation; covered FQHC services; FQHC preventive primary services that are not covered; FQHC payments; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, is located at
<http://www.cms.hhs.gov/MLNProducts/downloads/fqhcfactsheet.pdf>
- Rural Health Clinic Fact Sheet, which provides information about Rural Health Clinic (RHC) services; RHC designation; RHC payments; annual reconciliation; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, is located at
<http://www.cms.hhs.gov/MLNProducts/downloads/rhcfactsheet.pdf>
- Rural Referral Center Fact Sheet, which provides information about Rural Referral Center program requirements, is located at
<http://www.cms.hhs.gov/MLNProducts/downloads/RuralRefCtrfctsh2007.pdf>

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Access Information for the Encore Presentation of the NPI Data Dissemination Call

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

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

For those of you who were unable to attend the NPI Data Dissemination Roundtable, an encore presentation will be accessible later this evening and will be available 24 hours/day until 11:59 p.m. EDT on 06/20/2007. The call-in number for this encore is (800) 642-1687 and the passcode is 2460573. A transcript of this call will be posted on the NPI website in approximately two weeks.

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.

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June 15, 2007

DMEPOS Competitive Bidding Bidders Conferences

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

Bidders Conferences for the Medicare DMEPOS Competitive Bidding Program

You are invited to participate in two DMEPOS Competitive Bidding Program Bidders Conferences. These conferences will be conducted via teleconference and will provide you the opportunity to learn more about the program. Each call will include time for questions and answers.

1. Small Suppliers - Wednesday, June 20, 2007, 2 to 3:30 pm EDT

During this call, we will discuss small supplier provisions, including the small supplier target, selection of multiple winners, bidding in separate product categories, and networks

2. Open Call - Thursday, June 21, 2007, 2 to 4 pm EDT

This call will provide an opportunity to call us with your questions about the Medicare DMEPOS Competitive Bidding Program. The call is not limited to any specific topic but is designed to assist you with your issues.

There is no charge for these teleconferences. To register, please go to the Competitive Bidding Program website at www.dmecompetitivebid.com. You may submit your questions ahead of time when you register to attend one or more events. More information about the teleconference calls, including the call-in number and confirmed date and time, will be sent to you upon registration. In addition, an audio recording and transcripts will be available on the website after each teleconference. If you have any questions, please call the Competitive Bidding Program Service Center toll-free at 877-577-5331.

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DMEPOS competitive bidding reminder!

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

The Centers for Medicare and Medicaid Services (CMS) is soliciting bids for the first round of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program.

Time is running out

Suppliers interested in bidding must first register and receive a User ID and Password before they can access the internet-based bid submission system. Suppliers should register immediately to avoid a delay in being able to submit bids. *The registration deadline is June 30, 2007.* Please visit the CBIC website at <http://www.dmecompetitivebid.com> to register.

Additional Information

- The contract period for mail order diabetic supplies is April 1, 2008 – December 31, 2009.
- The contract period for all other first round product categories is April 1, 2008 – March 31, 2011.
- Suppliers must be accredited or be pending accreditation to submit a bid and will need to be accredited to be awarded a contract. The accreditation deadline for the first round of competitive bidding is August 31, 2007. Suppliers should apply for accreditation immediately to allow adequate time to process their applications.
- **Please note: All bids are due by 9:00 p.m. prevailing Eastern Time on July 13, 2007.**

For more information on the program as well as bidding and accreditation information, please visit <http://www.dmecompetitivebid.com>

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June 17, 2007

Items of Interest

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

Organ Transplant Application Update

On March 30, 2007, the Department of Health and Human Services (DHHS) issued regulations authorizing the survey and certification of transplant programs. The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for monitoring compliance with the Medicare Conditions of Participation. Prior to this new regulation, organ transplant programs were approved for Medicare participation either through ESRD Conditions of Coverage (renal programs) or National Coverage Decisions (non-renal). The new regulation established Conditions of Participation for all covered organ transplant programs.

All hospital transplant programs, approved for Medicare participation as of June 28, 2007 (approved either under the ESRD Conditions of Coverage or the National Coverage Decisions), must submit a request for new approval under the Conditions of Participation established by the new regulation. This request must be submitted to CMS **by December 26, 2007** (180 days from the effective date of the regulation.) Requests may be:

Mailed to:

Centers for Medicare and Medicaid Services
Attention: Sherry Clark
7500 Security Blvd.
Mailstop: S2-12-25
Baltimore, MD 21244

Faxed To:

(410) 786-0194
Attention: Sherry Clark

THERE IS NO OFFICIAL APPLICATION FORM. Each approved program should prepare a letter to CMS formally requesting Medicare approval for their program(s) under the new Hospital Conditions of Participation: Requirements for Approval and Re-approval of Transplant Centers to Perform Organ Transplants. A hospital may submit one request for approval of all their transplant programs within one letter. However, the

approval request must include all the essential information about **each** program. Please visit the CMS/Survey and Certification website at http://www.cms.hhs.gov/CertificationandCompliance/20_Transplant.asp for the specific information that must be included in an approval request. CMS is deleting the requirement that each program must submit a signed statement from the Organ Procurement Transplant Network (OPTN) verifying that the program is in compliance with all the data submission requirements of that organization. CMS will not require that this statement be submitted with provider letters requesting approval under the new Conditions of Participation. CMS has been working with the Health Resources and Services Administration (HRSA) and the United Network for Organ Sharing (UNOS, HRSA's contractor to operate the OPTN) to develop a report that would provide CMS with the percentage of required forms programs have submitted to the OPTN within the timeframe outlined in the regulation.

CMS will notify each applicant upon receipt of the approval request, will review the information submitted, and will schedule an on-site review of the program(s). **Please be advised that CMS will not launch the approval process until the program has entered a formal request for approval under new the Conditions of Participation and the necessary information concerning the program(s) has been received. If a program does not submit a request for approval under the new Conditions of Participation by December 28, 2007, CMS will conclude that the program no longer desires Medicare participation and will begin the process to withdraw Medicare approval.**

If you have any questions concerning the approval requests, timelines for the regulation, the information that must be submitted with the approval request, or the survey and certification process, please direct your inquiries to Sherry Clark in the Survey and Certification Group at CMS at (410) 786-8476.

Special Medicare Provider Enrollment

Open Door Forum

Friday, June 29 2007

2:00 PM – 3:00 PM, Eastern Daylight Time (EDT)

(Conference Call Only)

The Centers for Medicare & Medicaid Services (CMS) will hold a Special Open Door Forum (ODF) to discuss useful tips that providers and suppliers can use to facilitate enrollment into the Medicare program.

A Medicare enrollment application (CMS-855) is required to be completed by all health care providers/suppliers who wish to enroll in the Medicare program. CMS is responsible for ensuring that all enrolled Medicare providers/suppliers are qualified to provide appropriate health care services as required by Federal statute and regulations. To fulfill these goals, CMS must collect and verify specific information on each provider/supplier who wishes to bill the Medicare program.

During this discussion, CMS will provide: (1) an overview of the 2006 Medicare enrollment applications, and (2) useful tips on how providers can facilitate enrollment into the Medicare program. Afterwards, there will be an open discussion for staff to listen to comments regarding the Medicare enrollment process.

Open Door Forum Participation Instructions:

To participate in this special forum, please register on our website at <http://registration.intercall.com/go/cms2> . Upon registering, you will receive further participation information and registration confirmation. The deadline for registration is **2:00 PM EDT, June 27, 2007**. Note: Capacity is limited so register early. Registering via the web will ensure we can accommodate as many participants as possible.

For automatic emails of Open Door Forum schedule updates (E-Mailing list registration) and to view Frequently Asked Questions please visit our website at:

www.cms.hhs.gov/opendoorforums/

We look forward to your participation.

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June 20, 2007

**Resending Special Medicare Provider Enrollment Open Door Forum
Information**

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

Apparently there has been some difficulty with the registration link in the previous email message that you received regarding this ODF. Please use this email for registering for this ODF. Thanks very much.

Special Medicare Provider Enrollment Open Door Forum

Friday, June 29 2007

2:00 PM – 3:00 PM, Eastern Daylight Time (EDT)

(Conference Call Only)

The Centers for Medicare & Medicaid Services (CMS) will hold a Special Open Door Forum (ODF) to discuss useful tips that providers and suppliers can use to facilitate enrollment into the Medicare program.

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During this discussion, CMS will provide: (1) an overview of the 2006 Medicare enrollment applications, and (2) useful tips on how providers can facilitate enrollment into the Medicare program. Afterwards, there will be an open discussion for staff to listen to comments regarding the Medicare enrollment process.

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To participate in this special forum, please register on our website at <http://registration.intercall.com/go/cms2> . Upon registering, you will receive further participation information and registration confirmation. The deadline for registration is **2:00 PM EDT, June 27, 2007**. Note: Capacity is limited so register early. Registering via the web will ensure we can accommodate as many participants as possible.

For automatic emails of Open Door Forum schedule updates (E-Mailing list registration) and to view Frequently Asked Questions please visit our website at:
www.cms.hhs.gov/opendoorforums/

We look forward to your participation.

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June 22, 2007

Your Friday Reading Materials

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

You will find in this week's materials, information on the following topics:

- New Organ Transplant Centers Certification Process
- 2007 PQRI National Provider Call – 2nd Q&A Session
- New Products Available from the Medicare Learning Network
- DMEPOS Competitive Bidding Program

*******ATTENTION!*******

ORGAN TRANSPLANT CENTERS -- COUNTDOWN BEGINS
FOR CURRENT MEDICARE-APPROVED CENTERS TO REQUEST
CERTIFICATION UNDER THE NEW RULE!

As of **JUNE 28, 2007**, **all** hospital transplant centers currently approved for Medicare participation (approved either under the ESRD Conditions of Coverage or the National Coverage Decisions) **must** submit a request for **new** approval under the Conditions of Participation established by the new regulation that was issued by CMS on March 30, 2007. Your request must be submitted to CMS by **DECEMBER 26, 2007** (180 days from the effective date of the regulation).

PLEASE NOTE: If an Organ Transplant Center does **not** submit a request for approval under the new Conditions of Participation by **DECEMBER 28, 2007**, CMS will

conclude that the center no longer desires Medicare participation and will begin the process to withdraw Medicare approval.

There is no application form. Transplant centers must send a request (e.g. a letter) to CMS with specific information. For a list of all transplant centers covered by the regulation and a listing of the minimum information that must be included in all requests to CMS for approval of your transplant center, please visit our transplant web page at:

www.cms.hhs.gov/CertificationandCompliance/20_Transplant.asp. After June 28, 2007, transplant centers desiring first time Medicare certification must send a request to CMS with the same information. This can be done any time the center is ready for initial Medicare certification.

If you have any questions concerning the approval requests, timelines for the regulation, the information that must be submitted with the approval request, or the survey and certification process, please direct your inquiries to Sherry Clark in the Survey and Certification Group at CMS at (410) 786-8476.

2007 Physician Quality Reporting Initiative (PQRI) National Provider Call~ 2nd Q&A Session

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the six in a series of national provider conference calls on the 2007 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:00 p.m. – 5:00 p.m., EDT, on Wednesday, June 27th, 2007.

This toll-free teleconference will be the second open Q&A sessions for eligible professionals to ask questions of CMS PQRI subject matter experts.

Educational resources on the 2007 Physician Quality Reporting Initiative are posted to the PQRI web page located at, <http://www.cms.hhs.gov/PQRI>, on the CMS website, in the Educational Resources section. Feel free to download the resources prior to the call so that you may ask questions of the presenter, Dr. Susan Nedza.

Conference call details:

Date:	June 27, 2007
Conference Title:	2007 Physician Quality Reporting Initiative – Q&A Session
Time:	3:00-5:00 p.m. EDT

In order to receive the call-in information, you must register for the call. It is important to note that if you are planning to sit in with a group, only one person needs to register to receive the call-in data. This registration is solely to reserve a phone line, NOT to allow participation. If you cannot attend the call, replay information is available below.

Registration will close at 3:00 p.m. EDT on June 26, 2007, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time.

6. To register for the call participants need to go to:
<http://www2.eventsvc.com/palmettogba/register/8ca34f80-d1e7-439f-aa9f-7dbebd583233>
7. Fill in all required data.
8. Verify your time zone is displayed correctly the drop down box.
9. Click "Register".
10. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. **Note:** Please print and save this page, in the event that your server blocks the confirmation emails. If you do not receive the confirmation email, please check your spam/junk mail filter as they may have gotten caught in that.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 7:00 p.m. EDT 06/26/2007 until 11:59 p.m. EDT 07/04/2007. The call in data for the replay is (800) 642-1687 and the passcode is 3686768.

Online Evaluation Form:

CMS has developed an online evaluation form that can be quickly completed and submitted. Participants are asked to complete this form to help CMS make informed decisions on improving training activities. The online evaluation form titled "Medicare Training Evaluation Form" can be found on the registration page,

http://www.cms.hhs.gov/MLNProducts/60_ContractorTraining.asp.

CMS looks forward to hearing your comments.

If you have questions, or require special accommodations, please contact Geanelle E. Griffith at geanelle.griffith@cms.hhs.gov or at (410) 786-4466.

New Products Available from the Medicare Learning Network

The following products are now available in print format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**:

- The *Rural Health Clinic Fact Sheet*, which provides information about Rural Health Clinic (RHC) services;
RHC designation; RHC payments; annual reconciliation; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

- The *Federally Qualified Health Center Fact Sheet*, which provides information about Federally Qualified Health Center (FQHC) designation; covered FQHC services; FQHC preventive primary services that are not covered; FQHC payments; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

To place your order for the above products, visit www.cms.hhs.gov/mlngeninfo, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

The following products are now available in downloadable format from the **Medicare Learning Network**:

- The *Sole Community Hospital Fact Sheet*, which provides information about Sole Community Hospital classification and payments, is located at <http://www.cms.hhs.gov/MLNProducts/downloads/2007sch.pdf>.
- The *Rural Health Clinic Fact Sheet* has been revised as of June 2007 and is located at <http://www.cms.hhs.gov/MLNProducts/downloads/rhcfactsheet.pdf>

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Part B Drug and Biological Average Sales Price (ASP) Payment Amounts for July 1, 2007 to September 30, 2007 on the CMS website at http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a_2007aspfiles.asp . The files are located in the "Downloads" section of this web page.

DMEPOS COMPETITIVE BIDDING PROGRAM

The Centers for Medicare and Medicaid Services (CMS) is soliciting bids for the first round of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program.

Time is running out

Suppliers interested in bidding must first register and receive a User ID and Password before they can access the internet-based bid submission system. Suppliers should register immediately to avoid a delay in being able to submit bids. *The registration deadline is June 30, 2007.* Please visit the CBIC website at <http://www.dmecompetitivebid.com> to register.

Additional Information

- The contract period for mail order diabetic supplies is April 1, 2008 – December 31, 2009.
- The contract period for all other first round product categories is April 1, 2008 – March 31, 2011.

- Suppliers must be accredited or be pending accreditation to submit a bid and will need to be accredited to be awarded a contract. The accreditation deadline for the first round of competitive bidding is August 31, 2007. Suppliers should apply for accreditation immediately to allow adequate time to process their applications.
- **Please note: All bids are due by 9:00 p.m. prevailing Eastern Time on July 13, 2007.**

For more information on the program as well as bidding and accreditation information, please visit <http://www.dmecompetitivebid.com>

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2007 PQRI Toolkit has been expanded to include a new educational resource

New 2007 Physician Quality Reporting Initiative (PQRI) Educational Resource Expands the PQRI Tool Kit

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the 2007 Physician Quality Reporting Initiative (PQRI) Measure Finder Tool (Version 1.0) is now available as part of the 2007 PQRI Tool Kit ~ Six Steps to Success.

The Measure Finder Tool (Version 1.0) is designed to help eligible professionals and their coding/billing staff to quickly search for applicable measures and their detailed specifications. This tool will allow users to search for applicable measures based on a single code or a combination of codes.

The addition of this new product expands the Tool Kit to six new and existing educational resources that will assist eligible professionals with successful reporting.

To access the Tool Kit, visit, <http://www.cms.hhs.gov/PQRI>, on the CMS website in the *PQRI Tool Kit* section. Once on the *PQRI Tool Kit* page, scroll down to the “**Downloads**” section.

PQRI Questions of the Week

Question: I have questions or comments about how the Current Procedural Terminology (CPT) codes used in the Physician Quality Reporting Initiative (PQRI). Whom should I contact and how?

Answer: Questions and comments about Current Procedural Terminology (CPT) codes, code descriptors, coding, and related issues may be directed to the American Medical Association (AMA) by sending an email to: at consortium@ama-assn.org

Question: The CMS Physician Quality Reporting Initiative (PQRI) website says that questions or comments regarding how the measure is constructed or suggestions for changes to a measure, I should contact the measure's developer/owner as identified in the specifications downloadable from the CMS site's Measures/Codes page. I have questions and/or comments about a measure maintained by the AMA-sponsored Physician Consortium on Performance Improvement (PCPI). How may I submit questions and/or comments to the AMA?

Answer: Questions and comments about Current Procedural Terminology (CPT) codes, code descriptors, coding, and related issues may be directed to the American Medical Association (AMA) by sending an email to: at consortium@ama-assn.org

Reference: <http://www.cms.hhs.gov/PQRI>

June 26, 2007

Updated NPI News - Data Dissemination, Testing Medicare Claims & More

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

Approximately 98% of the estimated 2.3 million covered health care providers now have NPIs. Health plans, health care clearinghouses and health care providers are now transitioning to the implementation phase for NPI compliance.

CMS Delays Dissemination of National Plan and Provider Enumeration System (NPPES) Data

The NPPES Data Dissemination Notice (CMS-6060-N) was published on May 30, 2007. NPPES health care provider data that are required to be disclosed under the Freedom of Information Act (FOIA) will be made publicly available. The FOIA-disclosable data will be made available in an initial file downloadable from the Internet, with monthly update files also downloadable from the Internet, and in a query-only database (the NPI Registry) whereby users can query by NPI or provider name. The Notice stated that these data will be available 30 days after the publication date, and CMS had previously stated that they would be available on June 28, 2007.

CMS believes that health care providers need additional time, beyond what was afforded in the Data Dissemination Notice, in which to view their FOIA-disclosable NPPES data and make any updates or deletions (where permitted) that they feel are necessary. **Therefore, CMS has decided to delay the dissemination of FOIA-disclosable NPPES health care provider data until August 1, 2007, 60 days after the publication date of the Notice.**

CMS will provide additional information in the near future with respect to the date by which changes would have to be submitted in order to be reflected in the initial downloadable file. CMS understands that the health care industry is in urgent need of the FOIA-disclosable NPPES health care provider data; however, CMS believes it is in the best interests of the industry, and the health care providers in particular, that the NPPES data we will be disclosing be as accurate as possible.

For the latest information on Data Dissemination, as well as a list of the FOIA-disclosable data elements, visit http://www.cms.hhs.gov/NationalProvIdentStand/06a_DataDissemination.asp on the NPI website.

Revised NPI Application/Update Form

The NPI Application/Update Form (CMS-10114, 05-07) has been revised and is now available for download on the CMS website. More information on the revisions to the form, as well as a link to the revised form, is available at

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Announcement_for_Revised_NPI_Application_form.pdf on the CMS NPI website.

The Importance of Up-to-Date Billing Software

Providers that use billing software should make sure they are using the most current version. Software vendors have made changes to accommodate the NPI. Running an outdated software version could contribute to claim rejections or the inability to send your NPI.

National Uniform Billing Committee (NUBC) Response Regarding Printing Problems with the UB-04 Form

It has come to the attention of the NUBC that some laser printers are having difficulty meeting the print specification of the UB-04 form. The UB-04 form and the UB-92 contain identical margin specifications. Both forms are 82 characters across. To accommodate the 80 character limitation of some laser printers, many users of the UB-92 form developed workarounds that basically “cheated” on the printing layout. This was commonly accomplished by starting in the second position and ending in the 80th position, basically ignoring the first column on the left and the last column on the right. The UB-92 had no critical data elements in these fields. In order to meet the UB-04 print specifications, users should utilize laser printers that have “edge-to-edge” print capability (4 mm margins on the left and right) or wide carriage impact printers (dot-matrix or line printers).

More information can be found at http://www.nubc.org/UB-04_Printing_Requirements.pdf on the NUBC website.

Important Information for Medicare Providers

Testing Your NPI on Medicare Claims

To date, Medicare has encouraged providers to submit both an NPI and a legacy identifier on claims.

At this time, only Fiscal Intermediaries and the CIGNA Idaho and Tennessee carrier are editing the NPI against the Medicare NPI Crosswalk file when the NPI/legacy identifier is submitted. If you are billing these contractors and claims are not rejecting, your reporting of the NPI is successful.

Other carriers (including CIGNA North Carolina) and DME MACs are not validating the NPI/legacy pair against the Medicare Crosswalk. If a provider is submitting claims to these contractors your claims have not, and will not, reject because the system is bypassing the NPI Crosswalk validation and simply processing on the legacy provider number. Although carrier submitters may be receiving informational edits when the problem occurs, DME MAC submitters are not.

To fully understand if your provider information is valid on both the Crosswalk and the Contractors provider file, Medicare is now asking providers who submit claims to the other carriers and DME MACs to send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume. If any claim is rejected due to provider identifier issues, first verify your NPI to make sure it was entered correctly. If the NPI is correct, then data in either NPPES or Medicare provider files is incorrect. You must check the accuracy of the following fields in your NPPES record and/or 855 provider enrollment record:

- EIN (for organization providers), SSN (for individual providers)
- Other Provider Identification Numbers (in NPPES where type = Medicare. This is where providers, when they apply for their NPIs, may, as an option, list the Medicare legacy identifier(s) that needs to be linked to the NPI.)
- Business Location (Practice Location) Address (from NPPES and provider enrollment records)
- Master Address (from provider enrollment records)
- Other Address (from provider enrollment records)
- Legal Name or Legal Business Name

Once data is corrected, please wait a few days for the systems to update, and test again with a small number of claims. This process will help establish confidence that your claims will be paid. It is critical that you start testing with your NPI now.

Note that for claims submitted with the NPI only (no legacy identifier) to any contractor (carrier, FI, DME MAC); the NPI has been and will be edited against the NPI crosswalk.

While Medicare FFS has announced its contingency plan, it is committed to ending the contingency plan as soon as possible.

Common Errors that May Result in Claim Rejections

- Errors in Employer Identification Number (EIN), or Tax ID (TIN). As a reminder, providers that are organizations are required to report the EIN when they apply for an NPI (on-line, paper, and EFI). That EIN might or might not also be the TIN. With the revised CMS-10114 (to be used beginning July 10, for on-line, paper, and EFI), organizations that are subparts will be required to report the LBN of their “parent” and the “parent’s” TIN. The applicant will continue to be required to report its EIN. If the EIN error is on the Medicare record, the provider should submit a CMS-855 to correct.
- Invalid or incomplete data within the ‘Other Provider Identifiers’ section of the NPPES online application, such as
 - The absence of the Medicare Identification Number/Provider Number,
 - Not having the ‘Type’ listed as Medicare for a Medicare Identification Number/Provider Number, and or
 - Having extra Medicare Identification Numbers/Provider numbers that shouldn’t be linked to the NPI of the applicant.
- Delays in reporting Change of Ownership. Whenever there is a change of ownership, the provider is responsible for reporting that change to the appropriate Medicare contractor within 30 days. Providers are supposed to report that change on the CMS-855.

CMS is currently working on a special edition **MLN Matters** article regarding verifying NPES data and correct billing for Medicare claims. This article will be announced as soon as it is available.

835 Electronic Remittance Advice Changes Effective on July 2, 2007

A recent MLN Matters article discusses the changes currently scheduled for the implementation into the Medicare DMERC processing system July 2, 2007. Visit <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5452.pdf> on the CMS website.

How do I Share my NPI with Medicare?

Please share your NPI with Medicare by submitting it on Medicare claims. Unlike some health plans, there is no fax number, phone number or special website you need to use to communicate your NPI to Medicare. As stated previously, Medicare is now asking that submitters send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume.

NPIs and the Physician Quality Reporting Initiative (PQRI)

Please note that individual NPIs will be required on claims from those providers who will be participating in the 2007 PQRI. Please visit www.cms.hhs.gov/pqri for more details.

CMS Discontinues the Assignment of Unique Physician Identification Numbers (UPINs)

Effective June 29, 2007, CMS will discontinue assigning UPINs to Medicare providers. CMS is considering extending access to the UPIN Registry until 5/23/08. For further details, visit the Change Request on this subject at <http://www.cms.hhs.gov/transmittals/downloads/R207PI.pdf> and the associated MLN Matters article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5584.pdf> on the CMS website.

Upcoming WEDI NPI Industry Forum

The Workgroup for Electronic Data Interchange (WEDI) will host its 7th NPI Industry Forum July 18-19, 2007 in Fairfax, VA. Please visit <http://www.wedi.org/npioi/index.shtml> for more details and to register. Please note that there is a charge to participate in WEDI events.

Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? 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.

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June 27, 2007

Medicare DMEPOS Competitive Bidding Program

The Centers for Medicare & Medicaid Services (CMS) is soliciting bids for the first round of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program.

Time is running out

Suppliers interested in bidding must first register and receive a User ID and Password before they can access the internet-based bid submission system. Suppliers should register immediately to avoid a delay in being able to submit bids. *The registration deadline is June 30, 2007.* Please visit the CBIC website at <http://www.dmecompetitivebid.com> to register.

Additional Information

- The contract period for mail order diabetic supplies is April 1, 2008 – December 31, 2009.
- The contract period for all other first round product categories is April 1, 2008 – March 31, 2011.
- Suppliers must be accredited or be pending accreditation to submit a bid and will need to be accredited to be awarded a contract. The accreditation deadline for the first round of competitive bidding is August 31, 2007. Suppliers should apply for accreditation immediately to allow adequate time to process their applications.
- **Please note: All bids are due by 9:00 p.m. prevailing Eastern Time on July 13, 2007.**

For more information on the program as well as bidding and accreditation information, please visit <http://www.dmecompetitivebid.com>.

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June 29, 2007

Your Friday Reading Materials

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

Happy Friday everyone! Well, I'm back with my new name and important news items for this week, including important information on:

- Medicare DMEPOS Competitive Bidding Program (extension of registration & bid submission deadlines)
- National Provider Identifier (NPI) Updates
- Physician Quality Reporting Initiative (PQRI) Updates
- News from the Medicare Learning Network



The Centers for Medicare & Medicaid Services (CMS) is extending the registration and bid submission deadlines for the first round of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program.

Please note: All bids are now due by 9:00 p.m. prevailing Eastern Time on July 20, 2007, and the registration deadline is July 7, 2007.

- On May 15, 2007, CMS issued a request for bids for the first round of the Medicare DMEPOS competitive bidding program. The original due date was 9:00 p.m. prevailing Eastern Time on July 13, 2007. ***All bids are now due by 9:00 p.m. prevailing Eastern Time on July 20, 2007.***
- Suppliers interested in bidding must first register and receive a User ID and Password before they can access the internet-based bid submission system. Suppliers should register immediately to avoid a delay in being able to submit

bids. Registration opened on April 9, 2007. The original registration deadline was June 30, 2007. ***The registration deadline is now July 7, 2007.***

- Suppliers must be accredited or be pending accreditation to submit a bid and will need to be accredited to be awarded a contract. The accreditation deadline for the first round of competitive bidding is August 31, 2007. Suppliers should apply for accreditation immediately to allow adequate time to process their applications. For a list of the CMS-approved Deemed Accreditation Organizations, visit: <http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/>

For more information on the program, please visit <http://www.dmecompetitivebid.com>

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

CMS Announces the Date by which Updates/Changes/Deletions Must Be Submitted to NPPES in Order to be Reflected in Initial Downloadable File

The Centers for Medicare & Medicaid Services (CMS) will be disseminating provider information contained in the National Plan and Provider Enumeration System (NPPES) that is required to be disclosed under the Freedom of Information Act (FOIA), in accordance with the NPPES Data Dissemination Notice (CMS-6060-N) that was published in the Federal Register on May 30, 2007. The Notice encouraged providers who have been assigned National Provider Identifiers (NPIs) to view their NPPES data and to update, change, or delete (where permitted) the data that will be disclosed under the FOIA.

NPPES FOIA-disclosable data will be made available in an initial file that can be downloaded from the Internet, as well as in a query-only database known as the NPI Registry. There will be monthly update files that will also be downloadable from the Internet. CMS will begin disseminating data on August 1, 2007.

CMS has made available a document that will assist providers in making updates, changes, and deletions to the FOIA-disclosable NPPES provider data. The document is entitled, "National Plan and Provider Enumeration System (NPPES) Data Elements – Data Dissemination – Information for Providers" available at

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPPES_FOIA_Data%20Elements_062007.pdf on the NPI website. We strongly recommend that providers read this document as soon as possible.

The initial downloadable file will be created using a "snapshot" of the NPPES FOIA-disclosable provider data as of a specific date. Because the initial downloadable file will be the foundation containing the FOIA-disclosable data for more than 2.2 million providers, it is important that the information in that file be as accurate as possible. **In order for providers' updates, changes, and deletions to be reflected in the initial downloadable file, providers must ensure that their updates, changes, and deletions are submitted to NPPES no later than July 16, 2007.**

To ensure the inclusion of updates, changes, and deletions in the initial downloadable file, July 16 is the last date on which they may be submitted via the web-based process, and is the last date by which the NPI Enumerator can receive them on the paper NPI Application/Update form (CMS-10114).**

There will undoubtedly be some updates, changes, and deletions that will require action on the part of the NPI Enumerator. For example, a change may be missing some required data. As a result, the change cannot be made until the NPI Enumerator has contacted the provider and obtained the missing data, enabling the change to be successfully processed and reflected in NPES and then in the initial downloadable file. The July 16 date allows a period of time for this type of NPI Enumerator intervention, if necessary.

Updates, changes, and deletions that are submitted after July 16 will be reflected in the appropriate monthly update file, also downloadable from the Internet. For example, an update submitted on July 26 would be effective after the creation of the initial downloadable file and thus would be reflected in the first update file (to be created 1 month after the creation of the initial downloadable file); an update submitted on August 30 would be effective after the creation of the first update file and thus would be reflected in the second update file (to be created 1 month after the creation of the first monthly update file).

After the initial downloadable file is made available, an update file will be available each month thereafter at the same Internet location. All of the files (the initial file and the update files) will remain available for download at that Internet location.

The NPI Registry will operate in a real-time environment. Updates, changes, and deletions will be reflected in the NPI Registry at the same time they are reflected in NPES. Therefore, the July 16 date is insignificant with respect to the data in the NPI Registry.

Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? 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://npes.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.

****NOTE:** If submitting the paper NPI Application/Update form, you may use the old version until July 10. Do not submit old versions of the CMS-10114 to the NPI Enumerator after that date. Submit the revised CMS-10114. The revised CMS-10114 is available from the NPI Enumerator (1-800-465-3203) or from the CMS forms page (www.cms.hhs.gov/cmsforms).

Updated 2007 Physician Quality Reporting Initiative (PQRI) Educational Resource

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the updated version of The Measure Finder Tool (Version 1.1) and User Guide is now available as part of the 2007 PQRI Tool Kit ~ Six Steps to Success.

The Measure Finder Tool (Version 1.1) is a slightly modified version of the tool to address a technical problem in Measure Finder Tool (Version 1.0). Please delete the previous version of the tool from your computer.

The Measure Finder Tool (Version 1.1) is designed to help eligible professionals and their coding/billing staff to quickly search for applicable measures and their detailed specifications. This tool will allow users to search for applicable measures based on a single code or a combination of codes. The User Guide provides instruction on how to use the PQRI Measure Finder Tool (Version 1.1).

To access the Tool Kit, visit, <http://www.cms.hhs.gov/PQRI>, on the CMS website in the *PQRI Tool Kit* section. Once on the *PQRI Tool Kit* page, scroll down to the “Downloads” section.

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The Testing Opportunity for the 2007 Physician Quality Reporting Initiative (PQRI) has Ended

Effective June 30, 2007, PQRI testing with the G8300 test code will end. The test code G8300 will no longer be accepted by Carriers and A/B MACs on claims for dates of service after that date.

Reminder: For dates of service beginning July 1, 2007, when 2007 PQRI line items are included on claims, the PQRI line item will be denied and Remittance Advice (RA) remark code message N365, "This procedure code is not payable. It is for reporting/information purposes only" will appear on the RA.



News from the Medicare Learning Network

Want to know when the latest Medicare Learning Network (MLN) products are available? By subscribing to the ***MLN_EDUCATION_PRODUCTS-L listserv*** you will receive e-mail notifications of new and updated MLN products. To subscribe to the ***MLN_EDUCATION_PRODUCTS-L listserv*** or to any of the many other CMS listservs, go to the CMS Mailing Lists web page at <http://www.cms.hhs.gov/apps/maillinglists/> and sign up today.

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The *Rural Referral Center Fact Sheet*, which provides information about Rural Referral Center program requirements, is now available in print format from the **Medicare Learning Network**. To place your order for the fact sheet, visit

www.cms.hhs.gov/mlngeninfo, scroll down to “Related Links Inside CMS,” and select “MLN Product Ordering Page.”

I hope everyone has a great weekend!

With warmest regards ~ Valerie

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