

Provider Partnership Program (PPP) E-mail Notification Archives

February 2, 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!

Hello everyone and Happy Groundhog Day! I haven't yet heard the official results from Punxsutawney Phil but whatever they are, you can still count on receiving your Medicare news, including today's information on:

- A Proposed Rule for Long Term Care Hospitals
- Results From a Hospital Value-Based Purchasing Demonstration Project
- A Medicare Proposal to Expand Coverage of Angioplasty of the Carotid Artery Concurrent with Stenting
- Your February Health Observance Message
- New Products from the Medicare Learning Network  Including a Recently-Released *MLN Matters* Article on Additional Changes to the 2007 Medicare Physician Fee Schedule Database
- An Update on the Medicare Prescription Drug Program
- *Your Flu Shot Reminder*

Proposed Rule for Long Term Care Hospitals

On January 25, 2007, the Centers for Medicare & Medicaid Services issued the proposed rule titled "Medicare Program; Prospective Payment System for Long-Term Care Hospitals RY 2008: Proposed Annual Payment Rate Updates, and Policy Changes; and Proposed Hospital Direct and Indirect Graduate Medical Education Policy Changes" (CMS-1529-P). This proposed rule includes proposed payment rates and policy changes for hospitals paid under the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for the 2008 Rate Year.

This proposed rule also includes a proposed change concerning Medicare Graduate Medical Education (GME) payments to teaching hospitals. The proposal would modify the rules concerning GME payments to teaching hospitals with respect to the time that residents spend training in non-hospital settings.

This proposed rule can be viewed at
<http://www.cms.hhs.gov/LongTermCareHospitalPPS/downloads/cms-1529-p.pdf>.

Results From a Hospital Value-Based Purchasing Demonstration Project

GROUNDBREAKING MEDICARE PAYMENT DEMONSTRATION RESULTS IN SUBSTANTIAL IMPROVEMENT FOR HOSPITAL PATIENT CARE

Second-year results from a groundbreaking hospital value-based purchasing demonstration project show substantial improvement in quality of care, leading to incentive payments totaling \$8,690,447 to 115 top-performing hospitals, the Centers for Medicare & Medicaid Services (CMS) recently announced.

Participants in the Premier Hospital Quality Improvement Demonstration reported significant improvement in quality of care across five clinical focus areas measured by more than 30 nationally standardized and widely accepted quality indicators.

To view the entire press release, click here:

http://www.cms.hhs.gov/apps/media/press_releases.asp

A Medicare Proposal to Expand Coverage of Angioplasty of the Carotid Artery Concurrent with Stenting

MEDICARE PROPOSES EXPANDED COVERAGE OF ANGIOPLASTY OF THE CAROTID ARTERY CONCURRENT WITH STENTING

The Centers for Medicare & Medicaid Services (CMS) announced that it is proposing to expand its coverage policy for carotid artery stenting (CAS).

A proposed National Coverage Determination (NCD) posted today includes a coverage expansion that reflects the latest evidence on the effective use of stenting, a procedure that reduces the occurrence of stroke in the Medicare population. Stroke is the third leading cause of death in the United States and the leading cause of serious, long-term disability. Approximately 70 percent of all strokes occur in people age 65 and older.

To view the entire press release, click here:

http://www.cms.hhs.gov/apps/media/press_releases.asp

Your February Health Observance Message

February is American Heart Month ~ Heart disease is the leading cause of death for men and women in the United States. Found more often among people aged 65 or older, heart disease is largely preventable. CMS wants to take this opportunity to remind health care professionals that Medicare beneficiaries are covered for certain cardiovascular screening blood tests. Medicare provides coverage of the following cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke:

- Total Cholesterol Test
- Cholesterol Test for High-density Lipoproteins
- Triglycerides Test

Coverage of cardiovascular screening blood tests is provided as a Medicare Part B benefit. The beneficiary will pay nothing for the blood tests (there is no coinsurance or copayment and no deductible for this benefit).

What Can You Do?

This benefit presents an opportunity for health care professionals to help Medicare beneficiaries learn if they have an increased risk of developing heart disease and how they can control their cholesterol levels through diet, physical activity, or if necessary with medication. CMS needs your help to get the word out about the Medicare cardiovascular screening benefit. Talk to your patients about their risk for cardiovascular disease and encourage them to take full advantage of this potentially life saving benefit.

IMPORTANT NOTE: *The cardiovascular screening benefit covered by Medicare is a stand alone billable service separate from the Initial Preventive Physical Examination or Welcome to Medicare Visit and **does not** have to be obtained within the first six months of a beneficiary's Medicare Part B coverage.*

For More Information

- For more information about Medicare's coverage of cardiovascular screening blood test, visit the CMS website <http://www.cms.hhs.gov/CardiovasDiseaseScreening/>
- 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 http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.
 - The CMS website provides information for each preventive service covered by Medicare. Go to www.cms.hhs.gov, select "Medicare", and scroll down to the "Prevention" heading.
- For information to share with your Medicare patients, visit www.medicare.gov on the Web.
- For information about American Heart Month, please visit the American Heart Association's website at <http://www.americanheart.org/presenter.jhtml?identifier=1200000> and the Centers for Disease Control and Prevention's website at http://www.cdc.gov/DHDSP/announcements/american_heart_month.htm on the Web.
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .



New Products from the Medicare Learning Network

The **Medicare Physician Fee Schedule Fact Sheet**, which provides general information about the Medicare Physician Fee Schedule, is now available in downloadable format from the **Medicare Learning Network** at www.cms.hhs.gov/MLNProducts/downloads/MedcrePhysFeeSchedfctsht.pdf . Print versions of the fact sheet will be available in approximately six weeks.

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The ***Skilled Nursing Facility (SNF) Spell of Illness Quick Reference Chart***, which provides Medicare claims processing information related to SNF spells of illness, is now available in downloadable format from the **Medicare Learning Network** at www.cms.hhs.gov/MLNProducts/downloads/snfspellillnesschrt.pdf.

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MLN Matters article **MM 5498** has been posted to the Centers for Medicare & Medicaid Services (CMS) website. This article describes additional changes to the 2007 Medicare Physician Fee Schedule Database. To view the article, click on <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5498.pdf>.

The related CMS Manual instruction is posted at <http://www.cms.hhs.gov/transmittals/downloads/R1161CP.pdf>.

The Physician Fee Schedule National Payment Amount Files are located at <http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/list.asp#TopOfPage> (View calendar year 2007.)

An Update on the Medicare Prescription Drug Program

MEDICARE DRUG PLANS STRONG AND GROWING Beneficiaries Compared Plans and Continued to Sign Up for Prescription Drug Coverage

HHS Secretary Mike Leavitt today announced that more than 1.4 million beneficiaries have enrolled in Medicare's Part D program since June of 2006, bringing the total number of people with Medicare now receiving comprehensive prescription drug coverage to more than 39 million. December 31, 2006 marked the end of a 45-day open enrollment period, the second successful open enrollment period for Part D. Beneficiaries eligible for the low-income subsidy and those aging into the Medicare program can enroll without penalty in 2007.

The second enrollment period was preceded by a multi-faceted outreach campaign nationally and locally to encourage beneficiaries to compare their 2006 plans with 2007 plan options in order to make a confident decision in health and drug coverage plan selection. This effort included 12,700 events coordinated with 40,000 partners in hundreds of cities across the nation.

If you would like have more information, please see the attached CMS Press Release.

Flu Shot Reminder

It's Not Too Late to Give and Get the Flu Shot! The peak of flu season typically occurs between late December and March; however, flu season can last until May. **Protect yourself, your patients, and your family and friends by getting and giving the flu shot.** Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information

about Medicare's coverage of adult immunizations and educational resources, go to CMS' website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf> .



FINAL Enrollment
numbers 1 30 (4).pdf

I hope you enjoy your weekend ~ Valerie

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February 5, 2007

Correction to Proposed Rule Regarding Long Term Care Hospitals (CMS-1529-P)

This message is to inform you that the proposed rule issued by the Centers for Medicare & Medicaid Services (CMS), "Medicare Program; Prospective Payment System for Long Term Care Hospitals RY 2008: Proposed Annual Payment Rate Updates, and Policy Changes; and Proposed Hospital Direct and Indirect Graduate Medical Education Policy Changes" (CMS-1529-P), which was published in the Federal Register on February 1, 2007, incorrectly states that the 60-day public comment period will close on April 2, 2007 (72 FR 4776). A correction notice will be issued shortly to specify that **comments on CMS-1529-P must be received no later than 5 p.m. on March 26, 2007** to be assured consideration.

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Remittance Advice Associated with TRICARE Crossover Claims

Due to a problem associated with CMS CR 5250, "Coordination of Benefits Agreement (COBA) Eligibility File Claims Recovery Process," 835 Remittance Advice (RA) associated with claims processed as of January 2, 2007 were missing the remark code "MA18" for TRICARE crossover claims produced by their Medicare carriers. That missing remark is the statement that says that the claim has been crossed over by Medicare. CMS has verified that the claims have in fact crossed over so there is no need to send paper RA to TriCare.

A coding correction has been sent to the contractors; however, only those claims received on or after February 5, 2007 will have the remark code present on the RA.

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February 15, 2007

A Couple of Items

New Products from the Medicare Learning Network



The *Understanding the Medicare Learning Network (MLN) Fact Sheet* is now available in downloadable and print format from the Medicare Learning Network (MLN). This Fact Sheet explains the MLN web pages within the CMS website. It provides an overview of the MLN and where to access the information and education resources which are available through the MLN. To view, download, or print, select the title of the fact sheet from www.cms.hhs.gov/MLNProducts/MPUB/list.asp on the MLN Publications web page.

GENERIC DRUG UTILIZATION ON THE RISE

Consumers and Payers Benefit as More Americans Turn to Generics as One Way to Save Money and Improve their Health

Recently released data indicate that more Americans are cutting their prescription drug costs by switching to generic medications. New data from the Centers for Medicare & Medicaid Services (CMS) find that generic use is especially high among those in the new Medicare drug benefit, with generics accounting for nearly 60 percent (59.6 percent) of the drugs dispensed to people in Medicare Prescription Drug Plans (PDPs) and Medicare Advantage (MA) plans through the third quarter of 2006.

Generic medications are as effective as their brand-name counterparts and offer significant savings. In addition, for enrollees in the Medicare drug benefit concerned about the coverage gap, generics can lower one's costs and thus delay reaching the gap or help avoid it altogether.

If you like to read more about the generic drug utilization in the CMS press release issued today click here :

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2081&intNumPerPage=10&checkDate=&checkKey=&srchType=&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>

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February 23, 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 ~ I hope your week has gone well. Today's news items include information on:

• **□□□□ A National Provider Identifier (NPI) Update**

- **New Products from the Medicare Learning Network**
- **A CMS Review of Payments Made for Single Source Drugs and Biologics**
- **Information on Physician Performance to Be Given to Medicare Beneficiaries**



A National Provider Identifier (NPI) Update

NPI: Get It. Share It. Use It.

There are less than 90 days left between today and the NPI compliance date of May 23, 2007. It is estimated that it may take at least this much time to implement the NPI into your business practices. Failure to prepare could result in a disruption in cash flow. Will you be ready to use your NPI? Time is running out!

Updating National Plan and Provider Enumeration System (NPPES) Information

All health care providers, including Medicare providers, should include their legacy identifiers, as well as associated provider identifier type(s), on their NPI applications. If a provider has already completed an application and did not submit a legacy identifier, this provider should go back and update its information in NPPES. A provider can easily do so by using the web (<https://nppes.cms.hhs.gov>). While doing so, providers should also validate other data in NPPES, such as address, contact person information, etc. and update anything that has changed.

Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request their NPIs. In fact, as outlined in current regulation, providers must share their NPI with any entity that may need it for billing purposes -- including those who need it for designation of ordering or referring physician.

Providers should also consider letting health plans, or institutions for whom they work, share their NPIs for them.

New Frequently Asked Questions (FAQs) Posted

CMS has posted new NPI FAQs on its website.

Questions include:

- For Medicare provider enrollment purposes, will group practices need to submit new CMS-855R's for every member of the group practice in order to let Medicare know their NPIs?
- Will health plans link the National Provider Identifiers (NPIs) of group practices to the NPIs of the health care providers who are members of the group practices?
- Who needs an NPI – who is not eligible to apply for an NPI - what if I have a Drug Enforcement Administration (DEA) number – what if I only bill on paper – what if I do not submit claims to Medicare?
- Can my office Employer Identification Number (EIN) be used instead of a National Provider Identifier (NPI)?
- When do I need to use my National Provider Identifier (NPI)?
- Is a corporation that owns pharmacies that have National Provider Identifiers (NPIs) required to have an NPI in order to receive payments on behalf of the owned pharmacies?

To view these FAQs, please go to the CMS dedicated NPI webpage at www.cms.hhs.gov/NationalProvIdentStand and click on Educational Resources. Scroll down to the section that says “Related Links Inside CMS” and click on Frequently Asked Questions. To find the latest FAQs, click on the arrows next to “Date Updated”.

Upcoming WEDI Events

WEDI has several NPI events scheduled in the upcoming month. Visit <http://www.wedi.org/npioi/index.shtml> to learn more about these events. Please note that there is a charge to participate in WEDI events.

Important Information for Medicare Providers

Sharing NPIs with Medicare

In addition to updating critical data and legacy identifiers in the NPPES, Medicare providers should include both their NPIs and their Medicare legacy numbers in their Medicare claims. This will help Medicare build its NPI crosswalk by enabling Medicare to link providers' NPIs to their Medicare legacy identifiers. Also, when Medicare providers make changes to their Medicare enrollment information, they are now required to furnish their NPIs when making those changes. Providers applying for Medicare enrollment must furnish their NPIs on their enrollment applications. These actions inform Medicare of providers' NPIs.

There are no additional actions that Medicare providers need to take to inform Medicare of their NPIs.

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.

New Products from the Medicare Learning Network



The *Acute Inpatient Prospective Payment System Fact Sheet*, which provides general information about the Acute Inpatient Prospective Payment System (IPPS) and how IPPS rates are set, is now available in print format from the **Medicare Learning Network**. To place your order, visit www.cms.hhs.gov/mlngeninfo, scroll down to "Related Links Inside CMS," and select "MLN Product Ordering Page." Remember that all Medicare Learning Network products are free of charge!

A CMS Review of Payments Made for Single Source Drugs and Biologics

After carefully examining Section 1847A of the Social Security Act, as established in the MMA, the Centers for Medicare & Medicaid Services (CMS) is conducting a review to ensure that separate payment is made for single source drugs and biologics as required by this section of the Act. In order to facilitate separate payment, it may be necessary to create unique HCPCS level II codes for certain products. As part of this effort, we will also review how we have operationalized the terms 'single source drug,' 'multiple source drug,' and 'biological product' in the context of payment under section 1847A to identify the potential need to make any changes to our assignment of National Drug Codes to billing codes for payment purposes. In the coming months, we will post additional information along with a preliminary list of drugs and biologics potentially affected.

So that we can implement any necessary changes during 2007, CMS will use its internal process for modifying the code set. While internally generated code requests are not part of the HCPCS public meeting process, CMS will consider any comments on potentially affected drugs and biologics and input to conventions for code descriptors and units of measure. Comments can be sent to HCPCS@cms.hhs.gov.

Information on Physician Performance to Be Given to Medicare Beneficiaries

**MEDICARE TO PROVIDE BENEFICIARIES WITH INFORMATION ON PHYSICIAN
PERFORMANCE AS PART OF VALUE-DRIVEN HEALTH CARE INITIATIVE**

The Centers for Medicare & Medicaid Services (CMS) announced that the Delmarva Foundation for Medical Care (Delmarva), one of its quality improvement organizations, has entered into subcontracts with four regional collaboratives, as part of the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) Project.

These regional collaboratives will combine Medicare data with data from other insurers to produce information on the performance of health care providers for the benefit of Medicare beneficiaries.

To view the entire press release, please click here:

http://www.cms.hhs.gov/apps/media/press_releases.asp

I hope you all enjoy a wonderful weekend as we get through this last month of winter!

Best regards ~ Valerie

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