

Provider Partnership Program (PPP) E-mail Notification Archives

December 3, 2007

A Few Items to Start Your Work Week

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

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Hello everyone ~ I hope you had a wonderful weekend. Below are several news items that came in over the weekend, including information on:

- New from the Medicare Learning Network
- Correction Notice for Home Health PPS Refinement & Rate Update for CY 2008
- Phase III – Physician Self-Referral to Health Care Entities With Which They Have Financial Relationships
- CMS' Third Annual Medicare Contractor Provider Satisfaction Survey



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New from the Medicare Learning Network!

As part of the national outreach campaign for the **Medicare Learning Network**, I'm very excited to share with you two new products that will assist you in spreading the word to your membership about the valuable products and information that comprise the **Network**. The first is a 30-second video announcement about the availability of the **Medicare Learning Network**, and the second is a journal ad that begins a quarterly feature of journal ads related to the **Medicare Learning Network** that we are making available to you. Please feel free to incorporate these items into your newsletters, websites and trade journals as appropriate. And, as always, feel free to contact me with questions, suggestions and references to our information in your publications.

Brief Medicare Learning Network (MLN) Video Now Available!

This 30-second video announces the availability of the **Medicare Learning Network** and provides the web address for accessing the MLN General Information web page. We hope that national, state and local associations will consider posting this video to their organization's website to help us with our MLN marketing efforts. The video can be downloaded at http://www.cms.hhs.gov/MLNGenInfo/downloads/MLN_PSA.pdf on the CMS website. A longer length video that provides more details on the MLN will be coming soon in 2008—we'll keep you posted!

A New MLN Feature – the Quarterly Journal Ad

Each calendar quarter, the **Medicare Learning Network** will create a journal advertisement based on an initiative or new product of particular importance during that time frame. National, state and local associations are encouraged to use this journal ad in their publications and/or newsletters and websites, as appropriate. This quarter's journal ad features a basic message about the **Medicare Learning Network** and where to go on the CMS Website to get more information. The ad is designed to fit the requirements for most journals' print specifications. The files for this quarter's ad, as well as future ads, can be found at

http://www.cms.hhs.gov/MLNGenInfo/downloads/MLNQuarterly_Journal.zip on the CMS Website.

Home Health Prospective Payment System (HH PPS) Refinement & Rate Update for Calendar Year 2008 - Correction Notice (CMS-1541-CN2)

Since the publication of the HH PPS Final Rule "Home Health Prospective Payment System Refinement & Rate Update for Calendar Year 2008" (CMS-1541-FC) dated August 29, 2007, technical errors have been identified. CMS had previously posted draft descriptions of those errors and advised the public to refer to the published correction notice, in the Federal Register, as official notification and publication of the errors and corrections. "Home Health Prospective Payment System Refinement and Rate Update for Calendar Year 2008; Corrections" was published on November 30, 2007. The Correction Notice can be found at:

<http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS-1541-CN2.pdf> . The final rule with comment (CMS-1541-FC) is available at:
<http://www.cms.hhs.gov/HomeHealthPPS/HHPPSRN/itemdetail.asp?itemID=CMS1202451> .

Phase III - Physician Self-Referral to Health Care Entities With Which They Have Financial Relationships (CMS-1810-CN2)

The Phase III Correction Notice (CMS-1810-CN2) went on display today at the Office of the Federal Register and will be published in the December 4, 2007 issue of the Federal Register. CMS-1810-CN2 makes technical corrections to the September 5, 2007 Phase III final rule regarding physicians' referrals to health care entities with which they have financial relationships (72 FR 51012). The effective date of the Phase III final rule is December 4, 2007. CMS-1810-CN2 is available in the Downloads section at http://www.cms.hhs.gov/PhysicianSelfReferral/04a_regphase3.asp.

CMS Needs Your Help With the Third Annual Medicare Contractor Provider Satisfaction Survey

The Centers for Medicare & Medicaid Services (CMS) has begun its third annual *Medicare Contractor Provider Satisfaction Survey (MCPSS)* to a new sample of Medicare providers. The survey is designed to garner quantifiable data on provider satisfaction levels with key services performed by the Medicare fee-for-service contractors. Specifically, the survey will be used by CMS as an additional measure to evaluate performance of Medicare Administrative Contractors (MACs) and support process improvement efforts. Attached are copies of the 2008 instrument and Press Release for your ready reference.

An integral part of the survey is an aggressive roll-out strategy that involves integrating professional health care associations and key stakeholders to communicate the importance of the survey and promote participation within the provider community. We are requesting your organization's assistance with the following two items:

- Disseminate the below article about the survey to your members
- Create a hyperlink on your website to our MCPSS website, <http://www.cms.hhs.gov/MCPSS> that provides detailed information about the project, including our Press Release, Fact Sheet and previous survey results.

Your assistance is, of course, voluntary and we appreciate your consideration of this request. The MCPSS provides an important opportunity for our Medicare providers/suppliers to be heard. Your active support in making MCPSS information available to your membership is instrumental in ensuring the success of this effort. Thank you in advance. If you have any questions, please contact Gladys Valentin at Gladys.Valentin@cms.hhs.gov or (410) 786-1620.

Attachments:

- 1) 2008 MCPSS Instrument
- 2) Press Release

SUGGESTED ARTICLE

Make Your Voice Heard!

Participate in the Third Annual Medicare Contractor Provider Satisfaction Survey

The Centers for Medicare & Medicaid Services (CMS) has begun its third annual Medicare Contractor Provider Satisfaction Survey (MCPSS) to a new sample of Medicare providers. The survey is designed to garner quantifiable data on provider satisfaction levels with key services performed by the Medicare fee-for-service contractors.

MCPSS offers providers an opportunity to contribute directly to CMS' understanding of contractor performance as well as aid future process improvement efforts at the contractor level. Specifically, the survey will be used by CMS as an additional measure to evaluate contractor performance. In fact, all Medicare Administrative Contractors (MACs) will be required to achieve performance targets on the MCPSS as part of their contract requirements by 2009.

CMS will contact approximately 35,000 randomly selected providers, including physicians and other health care practitioners, suppliers and institutional facilities that serve Medicare beneficiaries across the country. If you are selected to participate in the survey, you will be notified by January 2008.

CMS urges all Medicare providers who are selected to participate in the MCPSS to complete and return their surveys upon receipt. CMS plans to make the survey results available in July 2008. The survey is designed so that it can be completed in about 15 minutes and providers can submit their responses via a secure website, mail, fax, or over the telephone. The full survey results and further information about the MCPSS are available at www.cms.hhs.gov/MCPSS/

I hope you enjoy your week ~ Valerie



2008 MCPSS
Instrument.pdf



Contractsurveyform
11.29.07.pdf

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Visit the [Medicare Learning Network](http://www.MedicareLearningNetwork.gov) ~ it's free!

December 5, 2007

2008 Physician Quality Reporting Initiative (PQRI) National Provider
Question and Answer Session

**2008 Physician Quality Reporting Initiative (PQRI)
National Provider Question & Answer Session**

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the second in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 3:00 p.m. – 5:00 p.m., EST, on Wednesday, December 19, 2007.

The call will cover the 119 PQRI measures available for reporting by eligible professionals in 2008.

Information on the 2007 and 2008 PQRI programs are posted to the PQRI web page located at, <http://www.cms.hhs.gov/PQRI>, on the CMS website. The website is continually being updated, so check it often for the most current information available. There are many educational resources available on the webpage, so feel free to download the available resources prior to the call.

In addition to a formal presentation, this toll-free question and answer teleconference will provide eligible professionals the opportunity to ask questions of CMS subject matter experts. Materials for the call will be posted at least one day prior to the teleconference on the PQRI webpage at, <http://www.cms.hhs.gov/PQRI>, on the CMS website in the Educational Resources section so that you can follow along with the presenters.

Conference call details:

Date: December 19, 2007
Conference Title: 2008 Physician Quality Reporting Initiative National Provider Call
Time: 3:00-5:00 p.m. EST

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. EST on December 18, 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/121907>
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 messages may have been directed there. .

For anyone unable to attend, a replay option will be available shortly following the call. This replay will be accessible from 5:30 p.m. EST 12/19/2007 until 11:59 p.m. EST 12/26/2007. The call-in data for the replay is (800) 642-1687 and the passcode is 24219737.

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Visit the [Medicare Learning Network](#) ~ it's free!

December 7, 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!

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Happy Friday everyone ~ just two items this afternoon, including information on:

- **Upcoming Listening Session on Hospital-Acquired Conditions and Present on Admission Indicator Reporting**
- **A New Product from the Medicare Learning Network**



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Reminder ~ Upcoming Listening Session on HAC/POA Indicator Reporting

The Centers for Medicare & Medicaid Services (CMS) would like to remind you of the upcoming Listening Session on Hospital-Acquired Conditions (HAC) and Present on

Admission (POA) Indicator Reporting to be held on **Monday, December 17, 2007**. Due to the very positive response from Medicare providers, an additional 500 telephone lines have been added to accommodate anyone who has not yet registered for the session. To date, there are greater than 1,000 registered participants for the Listening Session.

If you have not yet registered for the session and would like to do so, click on the following link:

https://registration.intercall.com/menu.php?short_name=cms2.

The agenda and presentation materials will be posted in the Educational Resources section of the HAC POA webpage at: <http://www.cms.hhs.gov/HospitalAcqCond/>, on the CMS website.

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New From the Medicare Learning Network

The ABCs of Providing the Initial Preventive Physical Examination quick reference chart is now available in hardcopy! This two-sided laminated chart can be used by Medicare fee-for-service physicians and qualified non-physician practitioners as a guide when providing the initial preventive physical examination (IPPE) (also known as the "Welcome to Medicare" Physical Exam or the "Welcome to Medicare" Visit). This chart identifies the components and elements of the IPPE, and provides eligibility requirements, procedure codes to use when filing claims, FAQs, suggestions for preparing patients for the IPPE, and lists references for additional information. To order, free of charge, go to the MLN Product Ordering page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5.

To download and view, go to

http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf on the CMS website.

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Please enjoy a safe and happy weekend ~ Valerie

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Visit the [Medicare Learning Network](#) ~ it's free!

December 12, 2007

New from the Medicare Learning Network!



New from the Medicare Learning Network!

The *Guidelines for Teaching Physicians, Interns, and Residents Fact Sheet* (July 2007 version), which provides information about payment for physician services in teaching settings and general documentation guidelines, is now available in print format from the Centers for Medicare & Medicaid Services' **Medicare Learning Network**. To place your order, please visit <http://www.cms.hhs.gov/MLNGenInfo/>, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

The *Skilled Nursing Facility Consolidated Billing Web-Based Training Course* (October 2007) can now be accessed at the Centers for Medicare & Medicaid Services' **Medicare Learning Network** at <http://www.cms.hhs.gov/MLNGenInfo/> by scrolling down to "Related Links Inside CMS" and selecting "Web Based Training (WBT) Modules." The course includes the following information:

- General information about Skilled Nursing Facilities
- Skilled Nursing Facility Consolidated Billing
- "Under arrangement" agreements between Skilled Nursing Facilities and other providers or suppliers

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Visit the [Medicare Learning Network](#) ~ it's free!

December 28, 2007

Special Open Door Forum for Nursing Home Administrators, RAI and MDS Coordinators

Special Open Door Forum for Nursing Home Administrators, RAI and MDS Coordinators

A Minimum Data Set, Version 3.0 (MDS 3.0) Special Open Door Forum (ODF) is scheduled to take place in the CMS auditorium in Baltimore, Maryland on **January 24, 2008 from 1:00 pm to 3:00 pm EST**. The purpose of this Special ODF is to report on the findings of a 5-year CMS Nursing Home MDS 3.0 Validation Study. CMS will post the MDS 3.0 timeline for implementation of the “MDS 3.0 for Nursing Homes” on the Nursing Home Quality Initiative webpage on December 31, 2007 at: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage on the CMS website.

The updated draft version of the MDS 3.0 form and written introduction is delayed but will be posted at least one day prior to the ODF. The MDS has not had extensive clinical updating since 1995. The changes in MDS 3.0 have been designed to improve data assessment, care planning, and quality measurement. Changes were based on extensive written and oral provider feedback, a Town Hall meeting, a CMS/Veterans Administration Research Collaborative, technical expert review, and data collection in eight States. CMS now plans to evaluate the impact of the MDS 3.0 changes on the resident classification system, Resource Utilization Group (RUG-III), used in the Medicare payment structure. This analysis will be conducted as part of the Staff Time and Resource Intensity Verification (STRIVE) study and the results will be available in late 2008/early 2009. The MDS 3.0 changes will then be finalized and implemented nationally on October 1, 2009.

To participate (onsite or by telephone) in this Special ODF, **please register beginning on December 31, 2007**, at <http://registration.intercall.com/go/cms2> on the CMS website. Upon registering, you will receive a confirmation email containing further participation information. **The deadline for registration is January 22, 2008, 2:00 PM EST**. Capacity is limited so register early. An audio recording of this special forum will be posted to the Special ODF webpage at http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp on the CMS website, and will be accessible for downloading for 30 days beginning January 29, 2007.

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Visit the [Medicare Learning Network](#) ~ it's free!

Your End-of-the-Year 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 holidays have been good! I have several items with which to close out 2007, including information on:

- New from the Medicare Learning Network
- Physician Quality Reporting Initiative (PQRI) Updates
- Medicare Competitive Acquisition Program (CAP) for Physicians Updates
- Guidance to Home Health Agencies on Two Issues Related to the Implementation of the Refined HH PPS Effective January 1, 2008
- Update to Q and A Document for CR 5567 - Reporting of Additional Data to Describe Services on Hospice Claims
- Q and A Regarding Brachytherapy Seeds Implanted During Procedures Performed in ASCs
- Awards for Senior Risk Reduction Demonstration as Part of Focus on Prevention

New from the Medicare Learning Network

- ❑ **New Medicare Learning Network (MLN) Products are now available on the topic of [Individuals Authorized Access to CMS Computer Services - Provider Community \(IACS-PC\)](#)**

As we have previously mentioned, CMS will soon be announcing new online enterprise applications that will allow Medicare fee-for-service providers to access, update, and submit information over the Internet. CMS enterprise applications are those hosted and managed by CMS and do not include FI/Carrier/MAC Internet applications. Details of these provider applications will

be announced as they become available. In the meantime, the second and third in a series of **MLN Matters** articles on this subject are now available! They can be accessed at the following urls:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf>

In addition, a Quick Reference Chart has been developed and is now available for downloading. This new educational tool entitled, “**Steps to Accessing CMS Enterprise Applications for Provider Organizations**,” can be accessed at the following URL:

<http://www.cms.hhs.gov/MLNProducts/downloads/IACSchart.pdf> .

SPECIAL REMINDER NOTE: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers should **not** register for IACS-PC at this time because we do not expect any new online services will be available to them in 2008. DMEPOS suppliers interested in the second round of DMEPOS competitive bidding should follow CMS DMEPOS Competitive Bid instructions that will be released closer to the 2008 bid window.

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❑ New Fact Sheets

- CMS is pleased to announce the release of two new educational products, ***the Hospital-Acquired Conditions (HAC) in Acute Inpatient Prospective Payment System (IPPS) Hospitals Fact Sheet and the Present On Admission (POA) Indicator Reporting by Acute Inpatient Prospective Payment System (IPPS) Hospitals Fact Sheet***. These Fact Sheets provide information on this quality of care initiative including the list of affected and exempt hospitals, the implementation timeline, and a detailed chart on the category of conditions, as well as general reporting requirements and information on coding, documentation, and claims. The Fact Sheets are available at http://www.cms.hhs.gov/HospitalAcqCond/07_EducationalResources.asp, in the “Downloads” section of the Educational Resources web page on the CMS website.
- The ***Acute Inpatient Prospective Payment System Fact Sheet*** (revised November 2007), which provides general information about the Acute Inpatient Prospective Payment System (IPPS) and how IPPS rates are set, is now available in downloadable format at <http://www.cms.hhs.gov/MLNProducts/downloads/AcutePaymtSysfctsht.pdf> from the Centers for Medicare & Medicaid Services **Medicare Learning**

Network. If the URL above does not take you directly to the fact sheet, please copy and paste the URL in your web browser.

- The ***Skilled Nursing Facility Prospective Payment System Fact Sheet*** (October 2007), which provides the elements of the Skilled Nursing Facility Prospective Payment System, is now available in print format from the Centers for Medicare & Medicaid Services **Medicare Learning Network**. To place your order, visit <http://www.cms.hhs.gov/mlngeninfo/> , scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.” If the url above does not take you directly to the MLN product ordering page, please copy and paste the url in your web browser.

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❑Some Recently Released MLN Matters Articles

New:

SE0752 – Medicare Provides Coverage for Many Preventive Services and Screenings
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0752.pdf>

SE0751 – Clarification on the National Provider Identifier (NPI) Enumerator’s Responsibilities
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0751.pdf>

SE0749 – Addressing Misinformation Regarding Chiropractic Services and Medicare
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0749.pdf>

MM5834 – Pulmonary Rehabilitation Services
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5834.pdf>

MM5827 – Implementation of Changes in End Stage Renal Disease (ESRD) Payment for Calendar Year (CY) 2008
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5827.pdf>

MM5803 – Fee Schedule Update for 2008 for Durable Medical Equipment, Prosthetics, Orthotics and Supplies
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5803.pdf>

MM5577 – Mammography: Change Certification-Based Action from Return to Provider (RTP)/Return as Unprocessable to Denial
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5577.pdf>

Revised:

SE0724 – Medicare Payments for Ambulance Transports
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0724.pdf>

SE0738 – An Overview of Medicare Covered Diabetes Supplies and Services
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0738.pdf>

MM5674 – How to Handle the National Provider Identifier (NPI) for Ordering/Referring and Attending/Operating/Other/Service Facility for Medicare Claims

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5674.pdf>

Physician Quality Reporting Initiative (PQRI) Updates

❑ Reporting for 2008 PQRI Begins January 1, 2008

Eligible professionals should begin submitting appropriate 2008 Quality Data Codes on qualifying Part B claims with a date of service of January 1, 2008. Information on the 119 2008 Physician Quality Reporting Initiative (PQRI) measures, release notes, and detailed specifications are available on <http://www.cms.hhs.gov/pqri> on the CMS website. Eligible professionals are encouraged to contact their professional associations for additional information and tools that will facilitate participation.

The American Medical Association (AMA) has posted PQRI worksheets for the 2008 PQRI program on the AMA website at <http://www.ama-assn.org> on the internet. These worksheets will also be available in the CMS 2008 PQRI Toolkit which will be announced and posted soon on <http://www.cms.hhs.gov/pqri> on the CMS website.

Eligible professionals and others interested in PQRI should cut and paste these URLs into their internet browser should they have a problem accessing the URLs embedded in the message.

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❑ Availability of PowerPoint Presentation Used for December 19, 2007 Provider Call

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the PowerPoint presentation that was used during the December 19th, 2007 PQRI National Provider call is now available on the CMS website. This presentation provides a basic overview of the 2008 Physician Quality Reporting Initiative and the 119 quality reporting measures.

To access the presentation, go to <http://www.cms.hhs.gov/PQRI>, and select the Educational Resources tab on the left side of the page. Next, scroll down to the Downloads section and under the heading PowerPoint Presentations, select “2008 PQRI – Module VI.”

***** **Medicare Competitive Acquisition Program (CAP) for Physicians Updates**

The Centers for Medicare & Medicaid Services (CMS) has made available the **Medicare Part B Drug and Biological Average Sales Price (ASP) Payment Amounts for January 1, 2008 to March 31, 2008** on the CMS website at http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a_2008aspfiles.asp. The files are located in the "Downloads" section of this web page.

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Effective January 1, 2008, Orthovisc (J7324), Tysabri (J2323), and Reclast (J3488) will be available through the CAP. Additional information and the updated CAP drug list will be available around the middle of the week of December 17, 2007 on the CAP website at: http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp

As a reminder, please note that the CAP Terms of Agreement state that elected CAP physicians must obtain all drugs on the CAP drug list from the Approved CAP Vendor. Physicians can still continue to purchase and bill Medicare under the Average Sale Price (ASP) system for those drugs that are not provided by the Approved CAP Vendor. BioScrip is the Approved CAP Vendor for 2008.

Guidance to Home Health Agencies on Two Issues Related to the Implementation of the Refined HH PPS Effective January 1, 2008

The Centers for Medicare & Medicaid Services (CMS) is providing guidance to home health agencies (HHAs) on two issues related to the implementation of the refined HH PPS effective January 1, 2008:

- 1) Billing options for HHAs whose systems are not ready to bill, based on the refined HH PPS, on January 1, 2008
- 2) Upcoming revisions to the HH PPS Grouper, which may result in underpayments to HHAs, and the options available to HHAs on how to handle those potential underpayments.

CMS will be releasing the revised grouper, HAVEN and associated pseudo code as soon as possible in 2008.

You may access the home health agencies guidance document at:
http://www.cms.hhs.gov/HomeHealthPPS/Downloads/GuidanceforHHAs_Posting_12-18-2007.pdf

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Update to Questions and Answers Document for “CR 5567 - Reporting of Additional Data to Describe Services on Hospice Claims

An updated version of the Questions and Answers document for “CR 5567 - Reporting of Additional Data to Describe Services on Hospice Claims” has been posted on the CMS website. This version (dated 12/20/07) includes two additional questions and a revision to question 1. The “Additional Questions and Answers” document is available at http://www.cms.hhs.gov/PropMedicareFeeSvcPmtGen/downloads/Questions_and_Answers_About_CR5567v2.pdf. For more Hospice information, go to <http://www.cms.hhs.gov/center/hospice.asp> on the CMS website.

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Question and Answer Regarding Brachytherapy Seeds Implanted During Procedures Performed In ASCs

CMS recently posted a Question and Answer regarding brachytherapy seeds implanted during procedures performed in ambulatory surgical centers (ASCs). For details, see http://questions.cms.hhs.gov/cgi-bin/cms.hhs.cfg/php/enduser/std_adp.php?p_faqid=8807.

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MEDICARE MAKES AWARDS FOR SENIOR RISK REDUCTION DEMONSTRATION AS PART OF FOCUS ON PREVENTION

The Centers for Medicare & Medicaid Services (CMS) today announced awards for the Medicare Senior Risk Reduction Demonstration, seeking ways to promote health and wellness for seniors. The demonstration will evaluate whether health promotion and disease prevention programs currently offered by private insurers and employers can be delivered by Medicare to encourage beneficiaries to engage in healthy lifestyles and practices that can help them maintain and improve their health, and reduce the need for health care services for preventable illnesses, injuries, or complications.

To view the entire press release click here:
http://www.cms.hhs.gov/apps/media/press_releases.asp

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December Flu Shot Reminder ~ It's seasonal flu time again! If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting the seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu!

Remember - Influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf>) on the CMS website.

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*What a year it has been—and here's hoping that 2008 is every bit as much fun!
Wishing you all the best in the New Year ~ Valerie*

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Visit the [Medicare Learning Network](#) ~ it's free!

December 20, 2007

NPI: Start Testing Your Medicare Claims Now & Important Reminders

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

Reminder: Clarification on NPI Enumerator's Responsibilities

The topics with which the NPI Enumerator can assist providers are listed below:

- Status of an NPI application, update, or deactivation
- How to apply, update, or deactivate
- Forgotten/lost NPI
- Lost NPI notification
- Trouble accessing NPES
- Forgotten password/User ID
- Need to request a paper application

Health care providers should not contact the NPI Enumerator for questions other than those related to the above topics. A new *MLN Matters* article clarifies the specific responsibilities of the NPI Enumerator. This article is located at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0751.pdf> on the CMS website.

Important Information for Medicare Providers

Reminder: NPI Requirement on Medicare Electronic and Paper Institutional Claims Begins 1/1/08!

Effective 1/1/08, NPIs will be required to identify the primary providers (the Billing and Pay-to Providers) in Medicare electronic and paper institutional claims (i.e. 837I and UB-04 claims). You may continue to use the legacy identifier in these fields as long as you also use the NPI in these fields. This means that 837I and UB-04 claims with ONLY legacy identifiers in the Billing and Pay-to Provider fields will be rejected starting on 1/1/08. (Pay-to Provider is identified only if it is different from the Billing Provider.)

You may continue to use only legacy identifiers for the secondary provider fields in the 837I and UB-04 claims, until 5/23/08, if you choose.

Urgent: Test Your Claims Now!

After you have submitted claims containing both NPIs and legacy identifiers and those claims have been paid, Medicare urges you to send a small batch of claims now with **only the NPI** in the primary provider fields. If the results are positive, begin increasing the number of claims in the batch.

(Reminder: For institutional claims, the primary provider fields are the Billing and Pay-to Provider fields. For professional claims, the primary provider fields are the Billing, Pay-to, and Rendering Provider fields. If the Pay-to Provider is the same as the Billing Provider, the Pay-to Provider does not need to be identified.)

If Your Claims Are Rejecting...

If you are submitting an NPI and a legacy identifier pair on your claims and they are being rejected first go into the NPPES website located at <https://nppes.cms.hhs.gov/> and validate that your NPPES information is correct and that you reported your Medicare legacy identifier in the appropriate Medicare sections of the "Other Provider Identification Numbers" field. Your Medicare legacy identifier is the identifier that Medicare assigned to you upon enrollment.

Sometimes, Medicare assigned multiple identifiers to a single provider, usually because the provider had multiple locations or, if the provider is an individual and worked in multiple locations. An enrolled physician/non-physician practitioner and the group practice to which the physician/non-physician practitioner assigns his/her benefits would both have unique legacy identifiers. Legacy identifiers are the ones that were used prior to using NPIs to identify Billing/Pay-to and Rendering Providers.

If the information in your NPPES record is correct and contains your Medicare legacy identifier(s), print the screen (so you have a copy of this portion of your NPPES record on paper), call your Medicare contractor, and ask that they confirm that this information is present in the Medicare NPI Crosswalk. If your contractor confirms you are not on the crosswalk, please ask them to validate what information they have in their provider file

Reminder - Medicare's Key Dates

Date	Implementation Steps
January 1, 2008	<ul style="list-style-type: none">- 837I electronic claims, UB-04 paper claims and DDE claims without an NPI in fields identifying the primary provider (billing and pay-to) will be rejected.- Legacy identifiers paired with NPIs in the primary provider fields on the claim will still be acceptable as will legacy-only numbers in secondary provider fields.
March 1, 2008	<ul style="list-style-type: none">- Medicare FFS 837P and CMS-1500 claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields).- You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit

	<p>claims containing only a legacy identifier in the primary fields.</p> <ul style="list-style-type: none"> - Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable. - Until further notice, you may continue to include legacy identifiers only for the provider secondary fields.
May 23, 2008	<ul style="list-style-type: none"> - In keeping with the Contingency Guidance issued on April 3, 2007, CMS will lift its NPI contingency plan, meaning that , for all primary and secondary provider fields, only the NPI will be accepted and sent on all HIPAA electronic transactions (837I, 837P, NCPDP, DDE, 276/277, 270/271 and 835), paper claims (UB-04 and CMS-1500) and SPR remittance advice. - The reporting of legacy identifiers will result in the rejection of the transaction. - CMS will also stop sending legacy identifiers on COB crossover claims at this time.

Need More Information?

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 through 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. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the www.cms.hhs.gov/NationalProvIdentStand CMS webpage.

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

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December 31, 2007

New 2008 Payment Rates for Services Paid Under the Medicare Physician Fee Schedule and the Extension of the Participation Decision Period

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

The Medicare, Medicaid and SCHIP Extension Act of 2007 made several changes affecting payments to physicians. One such change provides for a 0.5 percent increase to the physician fee schedule conversion factor for dates of service beginning **January 1 through June 30, 2008**, instead of the (negative) -10.1 percent that was scheduled to take place. Effective for dates of service on and after **July 1, 2008**, the (negative) -10.1 percent update to the physician fee schedule will go into effect. The new fees will be posted on your local contractor's website as soon as possible.

Since there is a change to the 2008 Medicare Physician Fee Schedule rates, CMS is extending the Participation Decision Period an additional 45 days. The participation decision period now runs through **February 15, 2008**, instead of ending on December 31, 2007. All participating status changes will be effective January 1, 2008.

To become a participating physician, complete the CMS-460 form which can be found on the CD that was mailed to physicians in November. You can also request the form from your local contractor. The form must be completed, signed, and mailed to your local contractor and post-marked by February 15, 2008. If you are changing your participation status to non-participating, please send your request in a letter to your local contractor, post-marked by February 15, 2008.

An official CMS change request and an *MLNMatters* article will be forthcoming.

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