

Provider Partnership Program (PPP) E-mail Notification Archives

January 2, 2007

Hello everyone. On Friday, December 29th, I sent a number of Medicare-related news items to you, the first of which announced new MLN Matters articles regarding the 2007 Physician Fee Schedule.

I want to emphasize that two of these articles (MM5443—"2007 Physician Fee Schedule Payment Policies" and MM5459—"Emergency Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)") contain important information regarding Part B payment for the administration of a covered Part D vaccine. This provision, which is effective January 1, 2007, was put into place by the Tax Relief and Health Care Act of 2006 and is for 2007 only. Please find all of the details in the two related MLN Matters articles, which can be found at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5443.pdf>

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

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January 3, 2007

It has come to my attention that a technical problem resulted in improper coding of the URL provided to access *MLN Matters* article MM5459. The technical problem has been fixed and I am resending this message with the corrected URL. I apologize for any inconvenience this may have caused.

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I want to emphasize that two of these articles (MM5443—"2007 Physician Fee Schedule Payment Policies" and MM5459—"Emergency Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)") contain important information regarding Part B payment for the administration of a covered Part D vaccine. This provision, which is effective January 1, 2007, was put into place by the Tax Relief and Health Care Act of 2006 and is for 2007 only. Please find all of the details in the two related MLN Matters articles, which can be found at:

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New MLN Matters Article On Medicare FFS and Medicare Advantage Eligibility System Issues

CMS recently issued a new *MLN Matters* Special Edition Article—SE0681 entitled "Medicare Fee-for-Service (FFS) and Medicare Advantage (MA) Eligibility System Issues." This article discusses situations wherein MA enrollments with retroactive dates are processed by CMS FFS systems, resulting in Medicare paying twice for the services rendered--once under FFS and second by the MA payment systems in the monthly capitation rate to the plan. An electronic copy of SE0681 is attached for your convenience. You may also access the article on the CMS Website at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0681.pdf> .



SE0681.pdf

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January 8, 2007

Medicare Hospital Value-Based Purchasing

Posting of the Issues Paper for the Listening Session on a Plan for Medicare Hospital Value-Based Purchasing- January 17, 2007

Posting of the Issues Paper for the Listening Session on a Plan for Medicare Hospital Value-Based Purchasing – January 17, 2007. Deadline for registration, both for on-site and teleconference participation, is Wednesday, January 10, 2007 at 5:00 PM EST.

CMS is pleased to announce that the Issues Paper addressing design considerations for the development of the Medicare Hospital Value-Based Purchasing Plan authorized by Section 5001(b) of the Deficit Reduction Act of 2005 is now posted on the CMS web page at Hospital Center Spotlights: <http://www.cms.hhs.gov/center/hospital.asp>.

CMS will conduct a Listening Session on January 17, 2007 focused on this Issues Paper. The Listening Session will be held from 10 AM to 5 PM in the CMS Baltimore auditorium. Attendees will have the opportunity to present verbal comments if they have registered in advance to do so. A dial-in number will be provided for those who cannot attend, but due to time constraints, telephone participants will not be able to make verbal comments.

All interested parties are encouraged to participate in the Listening Session, including, but not limited to hospitals and other health care providers, purchasers, employers, consumers, and representatives of these stakeholders. Registration is required for both on-site and teleconference participation. Registration information is available at: <http://registration.intercall.com/go/cms2>. Confirmation of registration is provided. The deadline for registration, both for on-site and teleconference participation, is Wednesday, January 10, 2007 at 5:00 PM EST.

Written comments on the Issues Paper will be accepted until January 24, 2007 and may be sent by e-mail to cmshospitalVBP@cms.hhs.gov. Comments may also be sent by FAX to 410-786-0330 or mailed to Robin Phillips, Medicare Feedback Group, Centers for Medicare & Medicaid Services, Mail Stop C4-13-07, 7500 Security Blvd., Baltimore, MD 21244-1850.

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Various Topics

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

Hello everyone! I have several Medicare news items to start your week, including information on:

- ☐☐☐☐ Revised Version of the Important Message from Medicare
- Annual Medicare Contractor Provider Satisfaction Survey
- National Glaucoma Awareness Month
- Update Information Regarding Fix to Correct NPI Information Within the 837 Institutional Crossover Claim File
- Issues Paper for 1/17/07 Listening Session on a Plan for Medicare Hospital Value-Based Purchasing
- CMS "Medicare Updates" Audio-Conference Training Session
- Importance of Keeping Supplier Information Current

CMS Requests Public Comment on a Revised Version of the Important Message from Medicare

A notice was published in the Federal Register on January 5, 2007 requesting comments on a revised version of the Important Message from Medicare (IM) (CMS-R-193). There is a 60-day comment period. This notice stems directly from the November 27, 2006 final rule, Notification of Hospital Discharge Appeal Rights, CMS-4105-F. Beginning July 1, 2007, hospitals must deliver a revised version of the IM to inform Medicare beneficiaries who are hospital inpatients about their hospital discharge appeal rights. Notice is required both for original Medicare beneficiaries and for beneficiaries enrolled in Medicare health plans. For now, hospitals must continue to use current notices and processes.

To view the announcement in the Federal Register go to:
<http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/E6-22570.pdf>

To obtain copies of the IM and supporting documents, go to
<http://www.cms.hhs.gov/PaperworkReductionActof1995>. On the menu on the left side of that page, click on "PRA Listing", then scroll down or search for "CMS-R-193".

Or, you may email your request including your name, address, phone number, OMB number (0938-0692) and CMS document identifier (CMS-R-193) to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

Comments must be sent to:

CMS, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development – C
Attention: Bonnie L. Harkless
Room C4-26-05,
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Comments must be received by 5 p.m. on March 6, 2007

Annual Medicare Contractor Provider Satisfaction Survey

Make Your Voice Heard!

In January 2007, the Centers for Medicare & Medicaid services (CMS) will begin dissemination of the 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 fee-for-service contractors (FFS) that process and pay more than \$280 billion in Medicare claims each year.

Providers selected to participate in the survey will be notified by mail during the first week of January 2007. The survey is designed so that it can be completed in about 15 minutes and providers can submit their responses via a secure Web site, mail, fax, or over the telephone. CMS will ask providers to respond by February 2007.

The views of each provider in the survey are important because they represent many other organizations similar in size, practice type and geographical location. If you are one of the 35,000 providers randomly chosen to participate in the 2007 MCPSS implementation, you have an opportunity to help CMS improve service to all providers.

The MCPSS focuses on seven major aspects of the provider-contractor relationship -- provider communications, provider inquiries, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement. Respondents are asked to rate their experience working with contractors using a scale of 1 to 6, with "1" representing "not at all satisfied" and "6" representing "completely satisfied."

CMS will use the survey data to support claims processing improvement by contractors and to reform the Medicare Program.

Further information about the MCPSS and results of the 2006 survey are available at:
<http://www.cms.hhs.gov/MCPSS/>.

Attached, please find the CMS Press Release.

January is National Glaucoma Awareness Month – Please join with the Centers for Medicare & Medicaid Services (CMS) in promoting increased awareness of glaucoma and the glaucoma screening benefit provided by Medicare. Nearly 3 million Americans have glaucoma, the second leading cause of blindness in the world. Often progressing silently, with no symptoms, it is estimated that many people that do have the disease don't know it. With glaucoma, by the time a problem is noticed permanent damage has already occurred. With early detection and treatment, however, blindness may be prevented.

Medicare Coverage

Medicare provides coverage of an annual glaucoma screening for beneficiaries in at least one of the following high risk groups:

- Individuals with diabetes mellitus;
- Individuals with a family history of glaucoma;
- African-Americans age 50 and older; and
- Hispanic-Americans age 65 and older.

A covered glaucoma screening includes:

- A dilated eye examination with an intraocular pressure (IOP) measurement; and
- A direct ophthalmoscopy examination or a slit-lamp biomicroscopic examination.

What Can You Do?

As a trusted source of health care information, your patients rely on their physician's or other health care professional's recommendations. CMS needs your help to ensure that all eligible people with Medicare take full advantage of the annual glaucoma screening benefit. Talk to your Medicare patients that are in the high risk groups identified above about their risk for glaucoma and encourage them to get regular yearly glaucoma screening examinations.

For More Information

- For more information about Medicare's coverage of glaucoma screening, visit the CMS website <http://www.cms.hhs.gov/GlaucomaScreening/>
- 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", scroll down to the "Prevention" heading.
- For information to share with your Medicare patients, visit www.medicare.gov on the Web.
- For more information about National Glaucoma Awareness Month, please visit <http://www.preventblindness.org/>

**Update Information Regarding Fix to Correct National Provider Identifier (NPI)
Information within the 837 Institutional Crossover Claim File**

The following message is an update to a previous message sent to you on November 3, 2006, regarding the repair and retransmission of 837 institutional crossover claims that contained non-compliant national provider identifier values.

The Centers for Medicare & Medicaid Services (CMS) has been monitoring the progress of its Part A Medicare contractors and their associated Data Centers with respect to installation of the Fiscal Intermediary Shared System (FISS) fix to ensure that all future Part A 837 COB claims will be devoid of zero-filled NPI values. All Medicare contractors have installed the fix, with the majority having done so on or before November 11, 2006. CMS has also been closely monitoring the progress of its Part A Medicare contractors and their Data Centers with respect to the repair and retransmission of the Part A 837 COB claims that contained the non-compliant NPI values. Though a large number of Part A contractors have successfully repaired and retransmitted their 837 COB claims that had contained the NPI problem, the following contractors, representing the states indicated, have been unable to successfully repair and retransmit their problem NPI claims through the COBA process:

Cahaba Government Benefits Administrator (Iowa and South
Dakota #00011)
Kansas Blue Cross/Wheatland Administrators (Kansas #00150
Nebraska Blue Cross (Nebraska #00260)
Noridian Administrative Services (Arizona #03001, Montana #03201, Oregon/Idaho
#00325, Utah #03501, and Wyoming #03061)
Palmetto Government Benefits Administrator (North Carolina #00382– only claims paid
by Medicare on October 27, 2006, were repaired and transmitted to supplemental payers.)

Providers that would have billed claims to one of these Medicare Part A contractors during the period from October 1, 2006, to November 11, 2006, and that have not received reimbursement on these claims from their patients' supplemental insurers/payers (including Medicaid) should now bill them for supplemental payment.

Since Cahaba GBA for Iowa and South Dakota apparently did not install the fix to correct the NPI problem until approximately November 25, 2006, providers that would have billed claims to Cahaba GBA for Medicare reimbursement from October 1, 2006, to November 25, 2006, and have not received reimbursement on these claims from their patients' supplemental insurers/payers should now bill them for supplemental claim payment (claims submitted to Cahaba GBA from October 1, 2006, to November 25, 2006).

**Posting of the Issues Paper for the Listening Session on a Plan for Medicare
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CMS "Medicare Updates" Audio-Conference Training Session

The next presentation in the My Health. My Medicare. series of audio-conference training sessions sponsored by the Centers for Medicare & Medicaid Services (CMS) will be held:

When: Wednesday, January 10, 2007
Time: 12:30 – 2:00 p.m. EST
Title: "Medicare Updates"

This call will feature CMS subject matter experts who will provide the latest Medicare information and answer questions from the audience on the following topics:

- * My Health. My Medicare.: thanking partners for their important role in assisting people with Medicare and promoting awareness of Medicare's personalized health information to help them make the most of their Medicare benefits
- * Part D and first prescription fills for new enrollees: what new enrollees should do if they need to fill a prescription before receiving their membership card, including the WellPoint point-of-sale process for dual eligibles

* Enrollment periods in 2007: Medicare Advantage Open Enrollment Period; new Special Enrollment Period for people who received late ANOC letters; next Annual Coordinated Election Period (“annual/open enrollment”) for 2008

Call-in Procedures

Dial Toll free: 888-790-3365 (Please call in 15 minutes before session begins.)

Pass code: NMTP

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.

Visit <http://www.cms.hhs.gov/NationalMedicareTrainProg/> on the morning of the call to download the PowerPoint presentation for this session. If you should have any difficulty accessing this call, please send an email message to BSPGTraining@cms.hhs.gov. A recording of the session will be available approximately one week after the call. (Go to <http://www.cms.hhs.gov/NationalMedicareTrainProg/> and select Audio-Conference Calls from the menu on the left.)

Importance of Keeping Supplier Information Current

DMEPOS supplier standard # 2 requires ALL supplies to notify the NSC of any change to the information provided on the CMS 855S application form within 30 days of the change. This is especially important for suppliers who will be involved in the Medicare DMEPOS Competitive Bidding Program. These suppliers must ensure the information listed on their supplier files is accurate to enable participation in this program.

The Medicare DMEPOS Competitive Bidding Program will be phased in beginning in 2007.

Suppliers must understand the importance of keeping their supplier information current. Information and instructions on how to submit a change of information may be found on the NSC Web site (www.palmettogba.com/nsc) and by the following this path: Supplier Enrollment/Change of Information/Change of Information Guide. For more information on the Medicare DMEPOS Competitive Bidding Program please visit the CMS Competitive Bidding Web site (www.cms.hhs.gov/CompetitiveAcqforDMEPOS/).

Flu Shot Reminder - It's Not Too Late to Get the Flu Shot. We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. But re-vaccination is necessary each year because the flu viruses change each year. Encourage your Medicare patients who haven't already done so to get their annual flu shot and don't forget to immunize yourself and your staff. **Protect yourself, your patients, and your family and friends. Get Your Flu Shot. It's Not Too Late!** Remember - Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS's website: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0667.pdf>.



Contractor Survey
release 12.19.06.pdf

Hope you enjoy your week ~ Valerie

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January 12, 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 have a broad spectrum of news items for you today, including information on:

- ☐ ☐ ☐ ☐ **A National Provider Identifier (NPI) Update**
- **A Report on U.S. Health Spending Estimates Through 2006**
- **A Medicare Part D Update**

- **New Products from the Medicare Learning Network**
- **A Few Recently-Released MLN Matters Articles (that I thought might be of interest to you)**
- **A Message for Medicaid Providers Regarding Section 6032 of the Deficit Reduction Act**

A National Provider Identifier (NPI) Update

NPI: Get It. Share It. Use It.

New MLN Matters Article Available

A new Special Edition **MLN Matters** article is now posted on the CMS website with important information for Medicare providers, as well as information that may be helpful for all health care providers. You can view this article by visiting

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0679.pdf> on the CMS website.

WEDI NPI Readiness Survey Now Open

This is the last in a series of WEDI surveys to measure the healthcare industry's ability to meet the May 23, 2007 NPI implementation deadline. You can take the survey by visiting

<http://www.surveymonkey.com/s.asp?u=64993103585> on the web.

Please note that the survey is only open until Friday, January 19th.

Upcoming WEDI Events

WEDI will host the WEDI NPI Industry Forum on February 12th and an audiocast on the impact of the NPI on standard transactions on February 28th. Visit the WEDI website for more details at

<http://www.wedi.org/npioi/index.shtml> on the web. 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.

CMS Releases U.S. Health Spending Estimates Through 2006

Health care spending growth in the United States slowed for the third consecutive year in 2005, increasing 6.9 percent compared to 7.2 percent growth in 2004 and 8.1 percent in 2003, the Centers for Medicare & Medicaid services (CMS) reported today.

The 6.9 percent growth in 2005 marks the slowest rate of growth in health spending since 1999, when growth was 6.2 percent. Health care spending reached almost \$2.0 trillion in 2005, or \$6,697 per person, up from \$6,322 per person in 2004.

The findings can be found in a report by CMS' Office of the Actuary, released today in the Journal of Health Affairs.

For further information, please refer to the attached press release.

Medicare Part D Update

NO MEDICARE PART D LATE FEE FOR LOW-INCOME ENROLLEES, CMS SAYS

CMS Acting Administrator Leslie V. Norwalk announced the elimination of the 2007 late enrollment penalty for any beneficiary eligible for the low income subsidy for a Part D plan even if they failed to sign up by the program's initial deadline.

Generally, Medicare beneficiaries who are qualified to join a prescription drug plan, or Part D, but choose not to enroll during their initial enrollment period, may be subject to a late enrollment penalty (LEP). These fees were intended to encourage Medicare beneficiaries to sign up for the drug coverage plan when they first become eligible, but may cause some low-income beneficiaries to avoid seeking coverage.

By taking today's action, CMS is continuing the same protection against the LEP for low-income Medicare beneficiaries as it did during last year's launch of the massive new program. Under the initiative announced today, certain low-income Medicare beneficiaries can enroll in a Medicare prescription drug plan with no penalty through December 31, 2007.

For more information, please see attached press release.

New Products from the Medicare Learning Network

The *Medicare Learning Network's* newest educational video program, *An Overview of Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals* provides an overview of preventive services covered by Medicare and information on risk factors associated with various preventable diseases, and highlights the importance of prevention, detection, and early treatment of disease. The program is a great resource to help physicians, providers, suppliers, and other health care professionals involved in providing preventive services to Medicare beneficiaries learn more about the preventive benefits covered by Medicare.

The video program runs approximately 75 minutes in length and is suitable for viewing by an individual or for a larger audience such as at a conference or training session. CMS has approved this educational video program for .1 International Association for Continuing Education and Training (IACET) CEUs for successful completion. To order your copy today, go to the Medicare Learning Network Product Ordering page at http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5 on the CMS website. Available in DVD or VHS format.

The Centers for Medicare & Medicaid Services (CMS) has been reviewed and approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1620 I Street, NW, Suite 615, Washington, DC 20006. The Centers for Medicare & Medicaid Services (CMS) has awarded .1 of CEU's to participants who successfully complete this program. Credit expires July 4, 2009. The authors of this program have no conflicts of interest to disclose. This course was developed without the use of any commercial support.

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The ***Acute Inpatient Prospective Payment System Fact Sheet***, which provides general information about the Acute Inpatient Prospective Payment System, diagnosis related groups, and acute inpatient care, is now available in downloadable format from the ***Medicare Learning Network*** at www.cms.hhs.gov/MLNProducts/downloads/AcutePaymtSysfctst.pdf. Print versions of the fact sheet will be available in approximately six weeks.

Some Recently-Released MLN Matters Articles

MM5332 – Instructions for the Coordination of Medicare Secondary Payer (MSP) claims for the Competitive Acquisition Program (CAP)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5332.pdf>

MM5478 – Outpatient Therapy Cap Exception Process for 2007

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5478.pdf>

MM5486 – Payment by DME MACs and DMERCs for the Administration of Part D Vaccines

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5486.pdf>

Revised: MM5459 – Emergency Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)

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

Revised: MM4239 – Claims Submission Instructions for Institutional Providers Billing Vaccine Claims in Cases Where a National Provider Identifier (NPI) Is Not Available

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4239.pdf>

SE0702 – Annual Medicare Contractor Provider Satisfaction Survey: Make Your Voice Heard!

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0702.pdf>

MM5431 – Rules of Behavior Governing Medicare Eligibility Inquiries

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5431.pdf>

MM5438 – January 2007 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes and OPPS PRICER Logic Changes and Instructions for Updating the Outpatient Provider Specific File (OPSF)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5438.pdf>

MM5468 – Tax Relief and Health Care Act of 2006 Changes to Independent Laboratory Billing for the Technical Component (TC) of Physician Pathology Services
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5468.pdf>

A Message for Medicaid Providers Regarding Section 6032 of the Deficit Reduction Act

The Centers for Medicare & Medicaid Services (CMS) understands the interest and concern over the implementation of Section 6032 of the Deficit Reduction Act. Further guidance will be forthcoming soon. In the interim, any questions or concerns may be directed to the following e-mail address: Medicaid_integrity_program@cms.hhs.gov. No questions will be answered individually prior to the issuance of additional guidance. However, we will make every reasonable attempt to consider any questions or issues raised through an e-mail to that address.



05SpendingFinal.pdf



LIS-LEP 1.9.07.pdf

I hope you all enjoy a very nice weekend ~ Valerie

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Information for the January 17th Listening Session on Medicare Hospital Value-Based Purchasing

The Centers for Medicare & Medicaid Services (CMS) is pleased to provide the agenda and slide presentations for the January 17th Listening Session on a plan for Medicare Hospital Value-Based Purchasing. The agenda and slide presentations are posted on the CMS website, Hospital Center, under Spotlights at <http://www.cms.hhs.gov/center/hospital.asp>. The Issues Paper which presents details on the design considerations to be discussed is also posted at: http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/hospital_VBP_plan_issues_paper.pdf.

Individuals who have registered to participate in this Session by teleconference are reminded to dial in at least 15 minutes before 10 AM EST to assure timely access. An audio download of the Session will be available on this site by Monday, January 22, 2007. Written comments on the Issues Paper will be accepted until January 24, 2007 and may be sent by e-mail to cmshospitalVBP@cms.hhs.gov. Comments may also be sent by fax to 410-786-0330 or mailed to Robin Phillips, Medicare Feedback Group, Centers for Medicare & Medicaid Services, Mail Stop C4-13-07, 7500 Security Blvd., Baltimore, MD 21244-1850

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January 17, 2007

Important Modifier Notice for Participating CAP Physicians

In Change Request (CR) 5332 (Transmittal 1088) "Instructions for the Coordination of Medicare Secondary Payer (MSP) claims for the Competitive Acquisition Program (CAP)", issued October 27, 2006, the Centers for Medicare & Medicaid Services (CMS) indicated that, under certain circumstances, a participating CAP physician may procure a CAP drug from a source other than the CAP vendor because of a mistake in identifying the patient's primary insurer. Under these unusual circumstances, CR 5332 instructed CAP physicians to use the J3 modifier to receive payment for the drug at the non-CAP rate. However, CR 5332 further indicated that a new modifier would be created in the near future for the situation described above.

Please take note that the new modifier—M2—has been created and effective January 1, 2007, participating CAP physicians must use the M2 modifier when billing for the unusual circumstances identified above. Medicare will no longer accept the J3 modifier for this purpose.

For more information, please see the related MLN Matters article at
<http://www.cms.hhs.gov/MLNMattersArticles/Downloads/SE0703.pdf>

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Your Latest NPI Update!

NPI: Get It. Share It. Use It.

Failure to prepare could result in a disruption in cash flow. Will you be ready to use your NPI?
Time is running out!

To date, over 1.6M providers have obtained an NPI. Now, only 120 days are left to implement the NPI into business practices prior to the compliance date. A recent survey of the health care industry, conducted by the Workgroup for Electronic Data Interchange (WEDI), indicates that providers should have already obtained an NPI and be focusing on implementation and testing with health plans and clearinghouses. If you have not obtained your NPI by now you should do so immediately so that you can begin the implementation and testing process

Reminder to Supply Legacy Identifiers on NPI Application

CMS continues to urge providers to include legacy identifiers, as well as associated provider identifier type(s), on their NPI applications. This will help all health plans, including Medicare, to get ready for May 23, 2007. If reporting a Medicaid legacy number, include the associated State name. If providers have already been assigned NPIs, CMS asks them to go back into the NPPES and update their information with their legacy identifiers if they did not include those identifiers when they applied for NPIs. Providers should make sure that these legacy identifiers are the ones used to bill for services and should be sure that the NPPES is updated with this information for all health plans. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

New MLN Matters Article Available

A new Special Edition **MLN Matters** article is now posted on the CMS website with important implementation information for Medicare providers, as well as information that may be helpful for all health care providers. You can view this article by visiting <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0679.pdf> on the CMS website.

Upcoming WEDI Events

WEDI will host the WEDI NPI Industry Forum on February 12th, an audio cast on the impact of the NPI on standard transactions on February 28th, as well as a question and answer session on

March 21st. Visit the WEDI website for more details at <http://www.wedi.org/npioi/index.shtml> on the web. 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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