

Provider Partnership Program (PPP) E-mail Notification Archives

April 2, 2007

Important News About the Medicare DMEPOS Competitive Bidding Program!

The Centers for Medicare & Medicaid Services (CMS) has announced that the Medicare Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Final Regulation is now on display at the Office of the Federal Register. CMS has also announced the first 10 metropolitan areas in which competition will occur as well as the first items to be competitively bid. Visit the CMS Website at <http://www.cms.hhs.gov/competitiveacqfordmepos/> to view the rule and obtain additional information.

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April 3, 2007

Important Update Regarding the National Provider Identifier

NPI: Get It. Share It. Use It.

The Centers for Medicare & Medicaid Services (CMS) announced that it is implementing a contingency plan for covered entities (other than small health plans) who will not meet the May 23, 2007, deadline for compliance with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Details are contained in a CMS document entitled, "Guidance on Compliance with the HIPAA National Provider Identifier (NPI) Rule." To view this guidance, visit http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Contingency.pdf on the CMS website. A press release on this topic is also available at http://www.cms.hhs.gov/apps/media/press_releases.asp on the web.

The final rule establishing the NPI as the standard unique health provider identifier for health care providers was published in 2004 and requires all covered entities to be in compliance with its provisions by May 23, 2007, except for small health plans, which must be in compliance by May 23, 2008.

CMS encourages health plans to assess the readiness of their provider communities to determine the need to implement contingency plans to maintain the flow of payments while continuing to work toward compliance. Likewise, we encourage health care providers that have not yet obtained NPIs to do so immediately, and to use their NPIs in HIPAA transactions as soon as possible. Applying for an NPI is fast, easy and free. Visit the National Plan/Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/>.

A critical aspect of implementing the NPI is the ability for covered entities to match a provider's NPI with the many legacy provider identifiers that have been used to process administrative transactions. CMS plans to make data available from the NPPES system that will assist covered entities in developing these "crosswalks."

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.

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

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REMINDER: National Clearinghouse Conference Call Regarding PQRI

I am resending this message to remind you of the upcoming National Clearinghouse Conference call on the 2007 Physician Quality Reporting Initiative (PQRI). Please feel free to distribute this information to your membership.

The Centers for Medicare & Medicaid Services (CMS) would like to invite Clearinghouses to a special session on the 2007 Physician Quality Reporting Initiative (PQRI). A conference call will take place on **Thursday, April 5, 2007**. Registration information follows:

Conference call details:

Date: April 5, 2007
Conference Title: 2007 Physician Quality Reporting Initiative-National Clearinghouse Conference Call
Time: 3:00 – 4:00 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 information. This registration is solely to reserve a phone line, NOT to allow participation.

Registration will close at 3:00 p.m. EST on April 4, 2007. 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:
https://ww4.premconf.com/webbrsvp/register?conf_id=4154112
2. Click "Continue" to be taken to the registration screen.
3. Fill in all required data.
4. Click "Submit".
5. You will be taken to the confirmation screen where the call-in number will be given.
6. To view the time the call will start, you will need to select your time zone in the drop down box under "Time" on the confirmation screen.
7. Click "Confirm Registration" to receive a confirmation email.

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible for seven (7) days following the call and will end on April 12, 2007. The toll-free number for the replay is 1-888-348-4629 and the pass code is 784874.

The PowerPoint presentation that will be used during the call will be available on the PQRI web page at, www.cms.hhs.gov/PQRI, on the CMS website. Go to Educational

Resources, scroll down to the Downloads section and select “PQRI – National Clearinghouse Call, April 5, 2007.”

Under the 2007 PQRI, eligible professionals will add quality-data codes to claims for dates of service between July 1, 2007 and December 31, 2007. The PQRI quality-data codes are HCPCS codes, specifically CPT Category II codes or G codes if Category II codes are not available. Reporting requirements follow current rules for reporting other HCPCS codes (e.g. CPT Category I codes).

CMS has instructed providers that the submitted charge field associated with a quality-data code cannot be left blank and that the amount of \$0.00 should be entered on the claim as the charge. CMS has also stated that if billing software does not accept a \$0.00 charge, a small amount can be substituted.

In the April 5, 2007 session, CMS will provide Clearinghouses a broad overview of the initiative and discuss system updates that may be needed to support PQRI. For more detailed information on PQRI and the definition of eligible professionals, go to www.cms.hhs.gov/PQRI, on the CMS website

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Announcement of Physician Quality Reporting Initiative (PQRI) Measures and Specifications

Physician Quality Reporting Initiative (PQRI) Measures and Specifications

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the 2007 Physician Quality Reporting Initiative (PQRI) Quality Measures and Specifications are now available.

In addition to posting the 2007 PQRI Measures Specifications, CMS has also updated the list of 2007 PQRI measure statements and descriptions.

To access both the measures and measure specifications documents, visit the PQRI web page at, www.cms.hhs.gov/PQRI, on the CMS website. Go to the Measures/Codes section of the page and scroll down to the Downloads section.

Please note that the measure specifications document may be updated prior to the July 1, 2007 start date of the 2007 PQRI reporting period.

Important Note About Testing

Providers may want to test their systems to be certain that claims containing the codes associated with the measures will be processed. Please note that many of the quality codes are new and will be rejected by Medicare claims processing systems prior to the July 1, 2007 HCPCS update. CMS will be issuing further information about which measures may be used for testing systems prior to the July 1 start date.

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April 5, 2007

**Special Open Door Forum on Competitive Acquisition for Certain
DMEPOS**

**SPECIAL OPEN DOOR FORUM:
COMPETITIVE ACQUISITION FOR CERTAIN DURABLE MEDICAL
EQUIPMENT, PROSTHETICS, ORTHOTICS, and SUPPLIES**

April 11, 2007
2:30 PM – 3:30 PM (EDT)

(CONFERENCE CALL ONLY)

The Centers for Medicare & Medicaid Services (CMS) will be hosting a Special Open Door Forum (ODF) on April 11, 2007 to discuss the CMS final rule to improve

Medicare's payment for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) through a new competitive acquisition program.

The CMS final rule: "Competitive Acquisition for Certain Durable Medical Equipment, Orthotics, and Supplies" was displayed at the Office of the Federal Register on April 2, 2007. The final rule will be published on April 10, 2007. We have planned this Open Door Forum to provide a brief overview of the provisions in the final rule and the bidding process. CMS will then moderate an open session where ODF participants on the phone will have an opportunity to interact with CMS in an informal dialog.

This forum will be followed up with an extensive education and outreach initiative aimed at beneficiaries, suppliers and referral agents. Much of the supplier education and outreach initiative will be conducted by the Competitive Bidding Implementation Contractor (CBIC). CMS will educate beneficiaries, suppliers and referral agents through its normal outreach processes.

We look forward to your participation.

Open Door Participation Instructions:

To participate:

Dial: **1-800-837-1935** & Reference Conference ID: **2739332**

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html> . A Relay Communications Assistant will help.

ENCORE: 1-800-642-1687; Conf. ID# **2739332**

"Encore" is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conference ID beginning 2 hours after the call has ended. The recording will expire after 4 business days.

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

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April 5, 2007

2007 Physician Quality Reporting Initiative (PQRI) National Provider Conference Call

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

The Centers for Medicare & Medicaid Services (CMS) will host the second in a series of national provider conference calls on the 2007 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 1:00 p.m. – 3:00 p.m., EDT, on Thursday, April 19, 2007.

This call will build on the broad overview of the 2007 PQRI program provided on the March 27, 2007 national provider conference call by providing more detailed information on provider selection of quality measures, the recently posted measure specifications, incorporating PQRI into the care delivery process, and successful reporting. A PowerPoint slide presentation will be posted to the PQRI webpage at www.cms.hhs.gov/PQRI prior to the call, so that you can follow along with the presenters, Dr. Thomas Valuck and Dr. Susan Nedza.

In addition, *MLN Matters* article MM5558, which provides a program overview of the 2007 PQRI, is available on the PQRI web page.

Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

Conference call details:

Date:	April 19, 2007
Conference Title:	2007 Physician Quality Reporting Initiative – Reporting Quality Data Codes
Time:	1:00 - 3:00 p.m. EDT

To receive the call-in information, you must register for the call. Note that due to a high level of interest, CMS is significantly increasing capacity for this call. If you are planning to participate as a group, CMS asks that only one person register to receive the call-in information. This registration is solely to reserve a phone line, NOT to restrict participation.

Registration will close at 1:00 p.m. EDT on April 18, 2007. No exceptions can be made, so please be sure to register prior to this time.

1. To register for the call, participants need to go to:
https://ww4.premconf.com/websvp/register?conf_id=6197949
2. Click "Continue" to be taken to the registration screen.
3. Fill in all required data.
4. Click "Submit."
5. You will be taken to the confirmation screen where the call-in number will be given.
6. To view the time that the call will start, you will need to select your time zone in the drop down box under "Time" on the confirmation screen.
7. Click "Confirm Registration" to receive a confirmation email.

For those who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible for 7 days following the call and will end on April 25, 2007. The toll-free number for the replay is 1-888-348-4629; the passcode is 364849.

Online Evaluation Form

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

http://www.cms.hhs.gov/MLNProducts/60_ContractorTraining.asp. CMS appreciates your comments.

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

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April 6, 2007

RESEND: 2007 Physician Quality Reporting Initiative (PQRI) National
Provider Conference Call

*This message is being resent to correct coding problems that occurred
within the URLs contained in the body of the message.*

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

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This call will build on the broad overview of the 2007 PQRI program provided on the March 27, 2007 national provider conference call by providing more detailed information on provider selection of quality measures, the recently posted measure specifications, incorporating PQRI into the care delivery process, and successful reporting. A PowerPoint slide presentation will be posted to the PQRI webpage at www.cms.hhs.gov/PQRI prior to the call, so that you can follow along with the presenters, Dr. Thomas Valuck and Dr. Susan Nedza.

In addition, *MLN Matters* article MM5558, which provides a program overview of the 2007 PQRI, is available on the PQRI web page.

Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

Conference call details:

Date: April 19, 2007
Conference Title: 2007 Physician Quality Reporting Initiative –
Reporting Quality Data Codes
Time: 1:00 - 3:00 p.m. EDT

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Registration will close at 1:00 p.m. EDT on April 18, 2007. No exceptions can be made, so please be sure to register prior to this time.

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RESEND: Special Open Door Forum on Competitive Acquisition for Certain DMEPOS

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**SPECIAL OPEN DOOR FORUM:
COMPETITIVE ACQUISITION FOR CERTAIN DURABLE MEDICAL
EQUIPMENT, PROSTHETICS, ORTHOTICS, and SUPPLIES**

April 11, 2007
2:30 PM – 3:30 PM (EDT)

(CONFERENCE CALL ONLY)

The Centers for Medicare & Medicaid Services (CMS) will be hosting a Special Open Door Forum (ODF) on April 11, 2007 to discuss the CMS final rule to improve Medicare's payment for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) through a new competitive acquisition program.

The CMS final rule: "Competitive Acquisition for Certain Durable Medical Equipment, Orthotics, and Supplies" was displayed at the Office of the Federal Register on April 2, 2007. The final rule will be published on April 10, 2007. We have planned this Open Door Forum to provide a brief overview of the provisions in the final rule and the bidding process. CMS will then moderate an

open session where ODF participates on the phone will have an opportunity to interact with CMS in an informal dialog.

This forum will be followed up with an extensive education and outreach initiative aimed at beneficiaries, suppliers and referral agents. Much of the supplier education and outreach initiative will be conducted by the Competitive Bidding Implementation Contractor (CBIC). CMS will educate beneficiaries, suppliers and referral agents through its normal outreach processes.

We look forward to your participation.

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To participate:

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Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services, dial 7-1-1 or 1-800-855-2880; for Internet Relay services, click here <http://www.consumer.att.com/relay/which/index.html> . A Relay Communications Assistant will help.

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Your Friday Reading Materials!

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

Let me begin by apologizing for the unusually high number of e-mail messages I have sent to all of you this week. I try to send you a compilation of news items just once a week, but as you can tell there has been a lot going on here lately. And even today there are still several items to report on including:

- □□□ National Provider Identifier (NPI) Roundtable Conference Call
- Hospital Value-Based Purchasing Listening Session #2 on April 12, 2007



- □□□ Updates from the Medicare Learning Network
- Availability of Expanded Modified MedPAR Data
- 2008 Medicare Advantage Payment Rates and Part D

National Provider Identifier (NPI) Contingency Guidance National Provider Roundtable with Question & Answer Session

The Centers for Medicare & Medicaid Services (CMS) will host a National Roundtable on the recently released NPI Compliance Contingency Guidance. This toll-free call will take place from **2:30 p.m. – 4:00 p.m., EDT, on Wednesday April 18, 2007.**

CMS announced that through May 23, 2008, CMS will not impose penalties on covered entities that deploy contingency plans to facilitate the compliance of their trading partners (e.g. those healthcare providers who bill them). The posted guidance document can be used by covered entities to design and implement a contingency plan. Details are contained in a CMS document entitled, "Guidance on Compliance with the HIPAA National Provider Identifier (NPI) Rule." To view this guidance, visit http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Contingency.pdf on the CMS website.

The final rule establishing the NPI as the standard unique health provider identifier for health care providers was published in 2004 and requires all covered entities to be in compliance with its provisions by May 23, 2007, except for small health plans, which must be in compliance by May 23, 2008.

CMS encourages health plans to assess the readiness of their provider communities and determine the need to implement contingency plans to maintain the flow of payments, while continuing to work toward compliance.

The call will open with a presentation on the Contingency Guidance announced on April 2, and it should be of particular interest to health plans that are developing their own contingency plans. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

A second Roundtable will be scheduled following the Medicare Fee-for-Service announcement of its contingency plan. This call will be of particular interest to Medicare providers and trading partners. Information on this call will be announced shortly and posted on www.cms.hhs.gov/NationalProvIdentStand.

The CMS guidance and resultant contingency plans that may be implemented by covered entities does not remove the requirement and expectation for health care providers to acquire an NPI. Getting an NPI is easy and free. Go to www.cms.hhs.gov/NationalProvIdentStand for more information.

April 18, 2007 conference call details:

Date:	April 18, 2007
Conference Title:	NPI Contingency Guidance Roundtable
Time:	2:30 – 4:00 p.m. EDT

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

Registration will close at 1:00 p.m. EST on April 17, 2007. 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:
https://www4.premconf.com/webbrsvp/register?conf_id=7749423
2. Click "Continue" to be taken to the registration screen.
3. Fill in all required data.
4. Click "Submit".
5. You will be taken to the confirmation screen where the call-in number will be given.

6. To view the time the call will start, you will need to select your time zone in the drop down box under "Time" on the confirmation screen.

7. Click "Confirm Registration" to receive a confirmation email.

For technical issues with web registration for this Roundtable, please call 1-800-289-0579.

For those individuals who are unable to attend, an audio file of the conference will be posted at

http://www.cms.hhs.gov/NationalProvIdentStand/04_education.asp on the CMS website.

Hospital Value-Based Purchasing Listening Session #2 April 12, 2007
Posted on the CMS Website

CMS is pleased to announce that the **agenda and slide presentations for the April 12th Listening Session** on the Options Paper for Medicare Hospital Value-Based Purchasing have been posted to the CMS website

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

Registration is required to participate in the Listening Session, both on-site and via teleconference, and will close on Monday, April 9th at 5 PM EDT. Registration information is available at: <http://registration.intercall.com/go/cms2>. Confirmation of registration is provided.

All participants on-site wishing to make comments will have the opportunity to do so. Participants on the teleconference will be able to comment as time permits. As reflected in the agenda, time for comments has been scheduled both after specific presentations and for an hour before Closing Remarks. Individuals who will participate in this session by teleconference are reminded to dial in at least 15 minutes before 10 AM EDT to assure timely access.

An audio download of the Session will be available on the CMS website by Monday, April 16th. Written comments on the Options Paper will be accepted until 5 PM EDT on April 19th 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.

New from the Medicare Learning Network



- Two *MLN Matters* articles regarding information for Suppliers of Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS) were recently released:

MM5574 – Program Instructions Designating the Competitive Bidding Areas and Product Categories Included in the CY 2007 DMEPOS Competitive Bid Program
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5574.pdf>

Provider Types Affected: Section 1847 of the Social Security Act requires the Secretary of the Department of Health and Human Services (HHS) to establish and implement programs for certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) under which competitive bidding areas are established throughout the United States for the furnishing of certain competitively priced items and services for which payment is made under Part B (the Medicare DMEPOS Competitive Bidding Program"). **Suppliers who bill Medicare for DMEPOS must be aware of this program.**

SE0713 – Accreditation Information for Suppliers of Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0713.pdf>

Provider Types Affected: All suppliers of durable medical equipment (DME) that wish to participate in the Medicare DMEPOS program.

- Several new Medicare Learning Network **Fact Sheets** are now available!
 - **Critical Access Hospital:** The March 2007 version of the ***Critical Access Hospital Fact Sheet***, which provides general information about Critical Access Hospitals, is now available in downloadable format at www.cms.hhs.gov/MLNProducts/downloads/CritAccessHosp07fctsht.pdf . Print versions of the fact sheet will be available in approximately six weeks
 - **Inpatient Rehabilitation Facility PPS:** The *Inpatient Rehabilitation Facility Prospective Payment System Fact Sheet*, which provides information about Inpatient Rehabilitation Facility Prospective Payment System rates and classification criterion, is now available in downloadable format on the Centers for Medicare & Medicaid Services Medicare Learning Network Publications Page located at www.cms.hhs.gov/MLNProducts/downloads/IRFPPSFactSheet0307.pdf.
 - **Medicare Physician Fee Schedule:** The *Medicare Physician Fee Schedule Fact Sheet*, which provides general information about the Medicare Physician Fee Schedule, is now available in print format. To place an order for the fact sheet, visit the Medicare Learning Network at www.cms.hhs.gov/mlngeninfo on the Centers for Medicare & Medicaid Services website and select "MLN Product Ordering Page" under the "Related Links Inside CMS" Section.
- **"The Medicare Preventive Services PowerPoint Slide Presentation"** has been updated. This slide presentation (including speaker notes) has been developed to assist the Medicare fee-for-service provider community when they give education and training presentations about preventive services and screenings covered by Medicare. The presentation is designed so that speakers can pick and chose slides

to meet the needs of various audiences. The following topics are covered in the presentation.

- Overview of Medicare Preventive Services
- Preventive Benefits by Service
- Beneficiary Cost Sharing
- The Prevention Gap
- Medicare Prevention Demonstrations
- Prevention Activities for Beneficiaries
- Resource

A facilitator's guide is also provided for this slide presentation to assist users who may not be as familiar with using PowerPoint features. **Medicare Learning Network** staff will regularly update the presentation to ensure that it contains the most current preventive services information.

The presentation and facilitator's guide can be downloaded from the CMS website at the following location:

The MLN Preventive Services Educational Products web page
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage

Availability of Expanded Modified MedPAR Data

The Centers for Medicare & Medicaid Services (CMS) makes available for purchase the Expanded Modified MedPAR data that are being used in simulating the policies proposed in the Inpatient Prospective Payment System (IPPS) proposed rule. If interested parties have already ordered the proposed rule data, we will begin filling the orders and providing the FY 2006 MedPAR data used to model the proposed changes to DRGs and relative weights once the FY 2008 IPPS proposed rule goes on public display.

If readers have not ordered the proposed rule MedPAR data but are interested in receiving them, we encourage them to order the data as soon as possible by following the directions provided below. We will process requests in the order they are received.

For information on how to order the Expanded Modified MedPAR, go to the following Web site: <http://www.cms.hhs.gov/LimitedDataSets/> and click on MedPAR Limited Data Set (LDS)-Hospital (National). This Web page will describe the file and provide directions to further detailed instructions for how to order.

Persons placing order must send the following: Letter of Request, LDS Data Use Agreement and Research Protocol (see Web site for further instructions), LDS Form and a check for \$3,655 to: Centers for Medicare & Medicaid Services, Public Use Files, Accounting Division, P.O. Box 7520, Baltimore, MD 21207-0520.

2008 Medicare Advantage Payment Rates and Part D

The Centers for Medicare & Medicaid Services (CMS) recently released the Announcement of Calendar Year 2008 Medicare Advantage Capitation Rates and Payment Policies and the Notification of Changes in Medicare Part D Payment for Calendar Year 2008.

A fact sheet is attached which provides more information on the factors shaping expected payment rate increases under Part C (original Medicare benefits and related supplemental benefits offered by MA plans), as well as a discussion of Part D payment.

To access the 2008 rate announcement and Part D payment notification, please click the following link:

<http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/AD/list.asp#TopOfPage>.

To view the CMS Fact sheet, please click on the following link:

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

I hope you all enjoy a wonderful weekend!

Best regards ~ Valerie

*Valerie A. Hart, Director
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April 9, 2007

Registration Opens for Suppliers Interested in Competitive Bidding
for DMEPOS

**INITIAL REGISTRATION IS NOW OPEN FOR
SUPPLIERS INTERESTED IN COMPETITIVE BIDDING
FOR DMEPOS**

The initial registration process is now open and available to all suppliers interested in participating in the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Interested suppliers will submit their bids using an internet application. To help ensure the privacy of all bids, all suppliers must complete initial registration in the internet application to get a USER ID and password. **Suppliers need to complete this initial registration process early.** We strongly recommend that they do so well before the bid window opens to avoid a delay in being able to submit bids. Bidding is currently scheduled to open in late April 2007.

The initial registration process requires the **authorized official**, as identified in Section 15 of the CMS 855S, to complete the information required in the internet application. The authorized official's information must match the information on file at the National Supplier Clearinghouse. The USER ID and password will be mailed to the authorized official if his/her submitted information matches exactly the data on file for last name, date of birth, Social Security number and supplier number. The USER ID and password will be delivered in 2 separate mailings to the authorized official at the correspondence address (Section 2A.2) listed on the CMS 855S. An authorized official only needs **ONE** USER ID and password in order to submit bids for any company for which he/she was listed as the authorized official on the CMS 855S. To complete this initial registration and obtain a USER ID and password, please go to <https://applications.cms.hhs.gov>.

Suppliers must have the USER ID and password before they can enter a bid into the competitive bidding internet application. However, the USER ID and password cannot be used until the bidding window opens, which is expected in late April 2007.

Please read the user guide for the Individuals Authorized Access to CMS Computer Services (IACS) application before attempting initial registration. This guide can be found on the Competitive Bidding Implementation Contractor's website at [http://www.dmecompetitivebid.com/cbic/cbic.nsf/\(pages\)/home](http://www.dmecompetitivebid.com/cbic/cbic.nsf/(pages)/home). If you have any questions about the initial registration process, please contact the Competitive Bidding Implementation Contractor (CBIC) helpdesk on 1-877-577-5331. The helpdesk will be available Monday – Friday 6:00 a.m. – 9:00 p.m. prevailing Eastern Time and on Saturday 9:00 a.m. – 3:00 p.m. prevailing Eastern Time.

An *MLN Matters* article regarding this registration process will be forthcoming. Additional information on the DMEPOS Competitive Bid Program can be found in *MLN Matters* article MM5574 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5574.pdf>. Information on accreditation for suppliers can be found in *MLN Matters* article SE0713 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0713.pdf>.

Important note: For added security, when suppliers use their USER IDs and passwords to access the Competitive Bid Submission System for the first time, they will need to complete a brief authentication process. The information required for this process must also match the information in the National Supplier Clearinghouse file. If you

successfully completed the initial registration and received your USER ID and password, please enter your information exactly as you did for initial registration when completing the Competitive Bid Submission System authentication process. Failure to do so may delay your ability to use the system.

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April 11, 2007

REMINDER ~ NPI Compliance Contingency Guidance Roundtable on April 18th

NPI: Get It. Share It. Use It.

REMINDER - NPI Compliance Contingency Guidance Roundtable on April 18th

CMS will host a National Roundtable on the recently released NPI Compliance Contingency Guidance. This toll-free call will take place from 2:30 p.m. – 4:00 p.m., EDT, on Wednesday April 18, 2007. Visit

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Roundtable_listserv.pdf for more details and registration information. Registration will close at 1:00 p.m. EDT on April 17, 2007. No exceptions will be made, so register today!

New Contingency Guidance Frequently Asked Questions (FAQs) Posted

CMS has posted new NPI FAQs related to the NPI Compliance Contingency Guidance on its website.

Questions include:

- What will CMS be looking for in an acceptable National Provider Identifier (NPI) plan?
- Why is the contingency period limited at all?
- How does this guidance differ from the recommendations made to HHS by the National Committee on Vital and Health Statistics (NCVHS)?

- I am a provider. What should I do now to determine how this guidance affects me?
- Does this mean that providers have an additional 12 months to obtain and begin using NPIs?
- Will Medicare have a contingency plan and what will it be?
- How will covered entities decide when to end their contingency plans?
- When should a covered entity announce its (NPI) contingency plan?

To view these FAQs, please go to the CMS dedicated NPI web page at <http://www.cms.hhs.gov/NationalProvIdentStand/> and scroll down to the section that says "Related Links Inside CMS" and click on NPI Frequently Asked Questions. To find the latest FAQs, click on the arrows next to "Date Updated".

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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April 13, 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! Today's news items include information on the following:

- **New Interactive Learning Tool Educates Physicians in the Adoption and Implementation of Electronic Health Records and Care Management Practices**
- **National Provider Identifier (NPI) Roundtable Conference Call**
- **Important Message from Medicare” and “Detailed Notice of Discharge”**
- **Medicare Funding for Health Insurance Counseling in All 50 States**
- **News from Office of Research, Development, and Information**

CENTERS FOR MEDICARE & MEDICAID SERVICES LAUNCHES DOQ-IT UNIVERSITY

New Interactive Learning Tool Educates Physicians in the Adoption and Implementation of Electronic Health Records and Care Management Practices

The Centers for Medicare & Medicaid Services (CMS) today announced the national launch of DOQ-IT (Doctor's Office Quality Information Technology) University, or DOQ-IT U, to support health information technology (HIT) in physicians' offices.

DOQ-IT U is an interactive, Web-based tool designed to provide solo and small-to-medium sized physician practices with the education for successful HIT adoption, including lessons on culture change, vendor selection and operational redesign, along with clinical processes. The nationally available e-learning system is available at no charge.

DOQ-IT U will provide lessons in assessment, planning and implementation methodologies that will be disease and population specific, incorporating clinical decision support and evidence-based medicine guidelines. This e-learning platform will be utilized to provide physicians with a self-paced curriculum and associated tools, based on adult learning principles, available at their convenience. Additional features, such as surveys, utilization tracking, and Continuing Medical Education/Continuing Education Unit (CME/CEU) offering/issuing capabilities will also be included in the near future.

The first learning sessions (modules), available now, focus on physician office workflow redesign, culture change, and communication necessary for successful Electronic Health Record (EHR) adoption, implementation of care management, and the incorporation of a strong patient self-

management component to clinical care. Disease specific modules, starting with diabetes, will include a patient self-management component, which is critical to successfully managing patients with chronic disease.

For more information, please see CMS' DOQ-IT U Web site at:
<http://elearning.qualitynet.org>.

To view the related CMS press release, please click here:
http://www.cms.hhs.gov/apps/media/press_releases.asp

“Important Message from Medicare” and “Detailed Notice of Discharge” Published for 30-day Comment Period

As part of the Office of Management and Budget's (OMB's) Paperwork Reduction Act process, a notice was published in the Federal Register on April 6, 2007 announcing a second public comment period for the revised versions of the Important Message from Medicare (IM) (CMS-R-193), and the Detailed Notice of Discharge (CMS 10066). These two notices are associated with CMS-4105-F, the final rule establishing revised requirements for how hospitals must notify Medicare beneficiaries who are hospital inpatients about their discharge appeal rights. The 30-day comment period for the IM and Detailed Notice will close on Sunday, May 6, 2007.

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. Hospitals or plans will deliver a Detailed Notice of Discharge to beneficiaries who request an appeal. For now, hospitals must continue using current notices and processes.

To view the announcement in the Federal Register Notice go to:
<http://www.gpoaccess.gov/fr/index.html>. See items 4 and 5 in the announcement.

To obtain copies of the notices 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”.

To view the IM and supporting documents, perform a search for “CMS-R-193”. To view the Detailed Notice and supporting documents, perform a search for “CMS-10066”.

Written comments and recommendations must be mailed or faxed directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

More information on the revised notice process can be found at:
<http://www.cms.hhs.gov/BNI>, click on “Hospital Discharge Appeal Notices”. FAQs
have been posted at the “Resources” link.

MEDICARE PROVIDES FUNDING FOR HEALTH INSURANCE COUNSELING IN ALL 50 STATES

Medicare will provide funding for health insurance counseling in every state to help beneficiaries get the most from the health program for elderly and disabled persons, the Centers for Medicare & Medicaid Services (CMS) announced today.

Each state will receive a share of \$30 million in grant funds so state agencies can bring personalized assistance to people with Medicare at the local level. Under the State Health Insurance Assistance Programs (SHIPs), CMS provides funding to 54 SHIPs, including all 50 states, and the District of Columbia, Puerto Rico, Guam and the Virgin Islands.

SHIPs are a key part of Medicare’s education and outreach efforts to educate beneficiaries about health insurance coverage, including Medigap, Medicare Advantage options, Medicare prescription drug coverage, and long-term care financing. In recent months, they assisted millions of beneficiaries with finding drug plans suited to their individual needs.

To review the CMS Press release issued today please click here:
http://www.cms.hhs.gov/apps/media/press_releases.asp

Spring

1. Health Care Financing Review

Since our last newsletter, ORDI published the Winter 2006-2007 edition of the *Health Care Financing Review*, the agency’s journal of information, analysis and research on a broad range of health care financing and delivery issues. The

Winter edition of the *Review* examines Health Information Technology, and also includes highlights from the Medicare Current Beneficiary Survey (MCBS).

Click [here](#) to view the Winter edition. (There are also links on that page to previous issues.)

To request copies of the printed edition, please contact Patty Manger at 410-786-3253.

2. Active Projects Report

The 2007 edition of the *Active Projects Report* is now available on our web site. The *Active Projects Report* is a comprehensive guide to CMS's approximately 600 demonstration, evaluation, and research activities, providing a brief description of each project and its status. It also provides the name of the CMS project officer, the awardee, funding, the period of performance and other useful information. It is available online [here](#).

For more information, please contact Jim Beyer at 410-786-6693.

3. Current Demonstrations

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- **End Stage Renal Disease (ESRD) Disease Management Demonstration:** In 2006, CMS launched the ESRD Disease Management Demonstration to increase opportunities for Medicare beneficiaries with ESRD to receive integrated health care services through Medicare Advantage (MA) Plans. The demonstrations enroll only ESRD beneficiaries. Three demonstration MA Plans (SCAN Health Plan/DaVita Inc.; Evercare; Sterling Insurance Co./American Progressive Insurance Co./Pennsylvania Life Insurance Co./Fresenius Medical Care Health Plan) are providing disease management services, as well as all Medicare-covered services. The MA plans began enrolling beneficiaries in January 2006.

CMS contractors (Arbor Research Collaborative for Health and the National Opinion Research Center) conducted six focus groups to assess patient satisfaction with the demonstration. Enrollees from all demonstrations were included in the focus groups and had been enrolled at least three to six months. Overall, focus group participants were very satisfied with the MA Plans. Patients who described being very pleased with the support services that they were receiving focused on the convenience of having improved access to medications and lower cost medications, as well as help with billing issues. Other participants noted that they rely heavily on their new care managers for a variety of issues. Care management services including nutritional counseling and help with the cost, delivery, and

management of medications were aspects of the disease management programs that participants most frequently mentioned as useful.

The demonstration includes a pay for performance feature. Five percent of monthly capitated payments to the demonstration MA plans is withheld and made available if quality performance goals are met. The Quality Incentive Payment (QIP) occurs if there are improvements over previous performance as well as achievement of national targets. Quality measures include outcomes associated with renal dialysis – adequacy of hemodialysis; anemia management; albumin-corrected serum calcium; serum phosphorus; and the method of vascular access.

One of the demonstrations (SCAN Health Plan/DaVita Inc.) had sufficient enrollment for the QIP reconciliation for January to June 2006 and met all of the quality targets. The plan received the full incentive payment. Future QIP calculations will occur every six months until the end of the demonstration in December 2009.

6622, or
For additional information, please contact Ron Deacon, 410-786-
visit the demonstration website [here](#).

- **Premier Hospital Quality Incentive Demonstration:** This “pay for performance” demonstration was established with about 250 hospitals in 38 states associated with Premier, Inc., a large hospital organization that includes a quality measurement and monitoring group. The demonstration is designed to determine if economic incentives to hospitals are effective at improving the quality of inpatient care. The value-based demonstration has shown proof that “Pay for Performance” really works to improve the quality of health care at hospitals. The second-year results of the demonstration showed that improvement was achieved across the board in five clinical focus areas, measured using more than 30 nationally recognized quality indicators. The average improvement in the project’s second year was 6.7 percentage points, for total gains of 11.8 percent over the first 2-years. For high quality of care in the second year of the demonstration, 115 top-performing hospitals received incentive payments totaling \$8.6 million. The Premier demonstration was extended for another three years, through Fiscal Year 2009. Lessons from the Premier demonstration will be used to help inform the CMS plans for Medicare value based purchasing proposal to Congress.

For more information on this demonstration please contact Kathy Pirotte at 410-786-6774 or visit the demonstration's website [here](#).

4. New Research Reports Published

- “The Collaborative Demonstration-Based Review of Physician Practice Expense Geographic Adjustment Data Required under Section 605 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003,” by Jesse M. Levy, Ph.D., Office of Research, Development, and Information, CMS.

Description: This Report to Congress, mandated under Section 605 of the Medicare Prescription Drug Improvement and Modernization Act of 2003, reviews alternative sources of data for establishing the geographic index for the practice expense component of the Medicare physician fee schedule. It addresses concerns about the adequacy of the data underlying the geographic practice cost index (GPCI) used for physician payment and the appropriateness of the resulting index, particularly in rural areas. Two physician payment localities were selected for a focused review of the issues raised by using the GPCI for physician payment: Iowa and Maine. The study did not endorse any existing data alternatives to the GPCI, but recommended that CMS continue to assess ways to enhance the validity and reliability of its geographic adjustments for payment.

The report is available [here](#).

For more information, contact Jesse Levy at 410-786-6600.

- “Medicare Special Needs Plans: Lessons from Dual-Eligible Demonstrations for CMS, States, Health Plans, and Providers,” by Walter Leutz, Ph.D., Brandeis University, under CMS Contract 500-00-0031/03.

Description: The report highlights five areas of the Medicare Special Needs Plans’ experience:

1. *Enrollee characteristics and utilization*
2. *Medicare and Medicaid payment*
3. *Contracting for and managing community care services*
4. *Coordinating acute care and community care*
5. *Marketing to people with special needs*

The report is available [here](#).

For more information, contact Bill Clark at 410-786-1484.

- Design of Evaluation Options of the Systems Change Grants. Final Report. Walsh, E.; Greene, A.; and Kaganova, Y. RTI, International. Contract Number 500-00-0044 Task Order # 3.

Description: Under the Systems Change grant program, the Centers for Medicare & Medicaid Services (CMS) has awarded about \$240 million since 2001 in approximately 300 separate grants to states and Independent Living Centers. A review of the 2001 awards indicates that there are no direct measures readily available to evaluate the Systems Change grant program as a whole, or specific types of grant activities, due to the diversity of grants in goals and scope and timing and a lack of quantitative data about grant activities. In addition, many grants lay the groundwork for change that will not affect the service system in the short run, for example, developing new waivers or creating new service delivery options (Walsh, Greene, and Brown, 2000). However, virtually every state is engaged in long-term care reforms and systems change activities that should ultimately prevent or delay institutionalization and facilitate return to the community for beneficiaries who have institutional stays. This report details the use of admission and discharge assessment data from the Nursing Home Minimum Data Set (MDS) to observe state variation and changes over time in the profile of new entrants to nursing facilities and in discharge destinations. The results are used to make inferences about the strength of the home and community based system and states' progress in moving towards long-term care reform.

This report is available [here](#).

For more information, contact Susan Radke at 410-786-4450.

- Study Regarding Barriers to Participation of Farmworkers in Health Programs. DHHS Report to Congress.

Description: Section 404 of the Health Care Safety Net Amendments of 2002 (P.L. 107-251) required the Secretary of Health and Human Services to conduct a study on the problems experienced by farmworkers and their families under Medicaid and SCHIP, including the barriers migrant and seasonal farmworkers face in accessing health services through Medicaid and SCHIP, and the lack of portability of Medicaid and SCHIP coverage for farmworkers who are determined eligible in one state but who, due to the seasonal nature of their work, periodically move to other states.

The legislation also specified that the report examine possible solutions to the problems identified in order to increase enrollment and access to benefits for farmworkers, including:

- *Interstate compacts;*
- *Demonstration projects;*
- *Use of current law flexibility;*
- *National migrant family coverage;*
- *Public-private partnerships; and*
- *Other possible solutions.*

The report includes information on only the first five of these areas, because no other possible solutions were identified. This report offers many potential areas for further program policy development that could lead to improving migrant farmworker Medicaid and SCHIP eligibility which States may wish to explore in the future. It also includes options to facilitate portability within and across States. The report was submitted to Congress in December, 2006

The report is available [here](#).

For more information, contact Bill Clark at 410-786-1484.

- The Evaluation of the Medicare Coordinated Care Demonstration: Findings for the First Two Years. Interim Report. Brown, R.; Peikes, D.; Chen, A.; Ng, J.; Schore, J.; Soh, C. MPR, Inc. Contract Number 500-95-0047 Task Order # 9.

Description: The Medicare Coordinated Care Demonstration (MCCD), congressionally mandated in the Balanced Budget Act of 1997, is testing whether various program models of case coordination/disease management for targeted conditions can improve patient outcomes and well-being, as well as lower costs, in the fee-for-service population, compared to ‘usual care’ controls.

This report provides findings for these 15 programs over the first 25 months of operation. Findings include program-specific estimates of impacts from: survey-based measures of patients’ health status, knowledge, behavior, satisfaction with their health care, quality of care, and quality of life; physician provider survey of satisfaction during the second year; and claims-based measures of patients’ Medicare service use and expenditures. Early findings indicate that patients and their physicians were generally very satisfied with the program. However, there were very few statistically detectable effects on patients’ health behaviors or use of Medicare services.

The report is available [here](#).

For additional information, contact Carol Magee at 410-786-6611.

5. MCBS 2005 Access to Care File is released; drop in flu shot rates found

ORDI has released the first data file for the 2005 Medicare Current Beneficiary Survey (MCBS), known as the Access to Care file. A striking finding is the decline in the rate of influenza immunization among aged beneficiaries living in the community, from 72.8 percent in 2004 to 64.8 percent in 2005. This interrupts a steady increase from the initiation of the survey in 1991, when the rate was 48.2 percent. The growth in the flu shot rate is considered an achievement of CMS and the Department, and is tracked as one of CMS's GPRA goals. *The search for a cause of the sudden decline in the 2004-2005 season points to the interruption of vaccine supply in that year, and is confirmed by the MCBS data on reasons for not getting a flu shot: 28.1 percent of beneficiaries who did not get the shot said the reason was that the vaccine was unavailable or in short supply. This is an increase from the 5.6 percent who gave that reason in 2004.*

For additional information, please contact Gerry Adler, 410-786-7938.

Previous ORDI listserv newsletters are available [here](#).

Click [here](#) to subscribe/unsubscribe to this listserv.

More information on research activities at CMS is always available [here](#).

Hope you all enjoy a wonderful weekend ~ Valerie

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April 16, 2007

Time is Running Out to Register for the April 18th NPI Compliance Contingency Guidance Roundtable!

NPI: Get It. Share It. Use It.

REMINDER - NPI Compliance Contingency Guidance Roundtable on April 18th

CMS will host a National Roundtable on the recently released NPI Compliance Contingency Guidance. This toll-free call will take place from 2:30 p.m. – 4:00 p.m., EDT, on Wednesday April 18, 2007. Visit

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Roundtable_listserv.pdf for more details and registration information. **Registration will close at 1:00 p.m. EDT on April 17, 2007. No exceptions will be made, so register today!**

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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April 19, 2007

PowerPoint Presentation for April 19, 2007 PQRI Call Is Available

Physician Quality Reporting Initiative (PQRI) National Provider Call- April 19, 2007

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the PowerPoint presentation to be used during the **April 19th, 2007 National Provider Call** has been posted to the CMS website.

To access the PowerPoint Presentation, visit <http://www.cms.hhs.gov/PQRI> on the CMS website and click on the Educational Resources tab. Once on the Educational Resources page, scroll down to the "Downloads" section and click on the "PQRI- National Provider Call, April 19th 2007" link. As an added benefit, the presentation is also available as an Adobe Acrobat file.

If you haven't already registered for the National Provider Call, please be aware that registration will close today at 1:00 p.m. EDT. No exceptions can be made, so please be sure to register prior to this time.

New Section on the PQRI Web page – CMS Sponsored Calls

CMS will periodically hold national conference calls on a variety of topics related to the Physician Quality Reporting Initiative. When each call is announced, registration information will be provided on this page. All calls are free of charge. If you are unable to participate in a scheduled call, options to hear the call or read a transcript of the call will be made available. To access the registration information on the April 19th call and all upcoming National Provider Calls, visit <http://www.cms.hhs.gov/PQRI> on the CMS website and click on the CMS Sponsored Calls tab.

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Special ODF on Registry-Based Reporting for PQRI

Special Open Door Forum on Registry-Based Reporting for the Physician Quality Reporting Initiative (PQRI)

The Centers for Medicare & Medicaid Services (CMS) will host a Special Open Door Forum on the use of registries for reporting data on quality measures to the Physician Quality Reporting Initiative (PQRI).

This Special Open Door Forum will take place from 1:00 p.m. – 5:00 p.m., EDT, on **Monday, May 14, 2007** in the CMS auditorium, 7500 Security Blvd., Baltimore, MD. A toll-free number will be available for those who will participate by telephone.

Division B, Title 1-Medicare Improved Quality and Provider Payments, Section 101 (b) of the Tax Relief and Health Care Act (TRHCA) of 2006, states that "As part of the publication of proposed and final quality measures for 2008..., the Secretary shall address a mechanism whereby an eligible professional may provide data on quality measures through an appropriate medical registry (such as the Society of Thoracic Surgeons National Database), as identified by the Secretary." This Special Open Door Forum will build on the broad overview of the 2007 PQRI program presented on two recent national provider conference calls by giving providers and organizations that use or produce registries and other members of the public the opportunity to discuss the potential use of registries for reporting data on quality measures to PQRI.

For the most up to date information on PQRI, please visit www.cms.hhs.gov/PQRI.

To participate in the Special Open Door Forum in person or by phone, you will need to register on this web site: <http://registration.intercall.com/go/cms2>

Registration will close at 4:00 p.m. EDT on Wednesday May 9, 2007. Please be sure to register prior to this time.

For those who will be unable to attend, the Special Open Door Forum will be recorded. A replay option will be available beginning the close of business May 18, 2007 and will be accessible for 3 days. You may visit the following website <http://www.cms.hhs.gov/center/hospital.asp> to download an audio recording.

If you have questions or require special accommodations, please contact Diane Stern at diane.stern@cms.hhs.gov or (410) 786-1133.

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April 20, 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! Today's news items include information on the following:

- **MLN Matters Article on DMEPOS Competitive Bid Registration**
- **Beneficiary-Related News Regarding Preventive Health Benefits**

MLN Matters Article Now Available on DMEPOS Competitive Bid Registration

Now Available! The MLN Matters Special Edition Article # SE0717 ~ Initial Supplier Registration for Competitive Bidding Program for DMEPOS is Now Open ~ is now posted on the CMS Website at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0717.pdf> . This article will be of particular interest to suppliers of durable medical equipment that wish to participate in the Medicare Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies. I have also attached a copy of the article for your convenience.

Beneficiary-Related News

CMS knows that your patients turn to you for help and advice about their healthcare concerns, and we want to prepare you for questions your Medicare patients may ask related to their health. Medicare is launching a prevention initiative to increase awareness of benefits that help prevent and detect diseases like heart disease, cancer, stroke and diabetes. Attached is the brochure (in both English and Spanish) that Medicare beneficiaries may bring to their appointments to ask you questions. The brochure contains both a checklist of Medicare's preventive benefits, and questions to ask the doctor and pharmacist. We hope that you will join us in continuing to encourage people with Medicare to take advantage of the preventive benefits available through their coverage.

If you'd like additional information about "A Healthier US Starts Here" prevention initiative, please follow this link:

http://www.cms.hhs.gov/MyHealthMyMedicare/02_HealthierUS.asp . Be sure to bookmark this link, as new materials will be added on a regular basis.

I hope you have a great weekend ~ Valerie

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April 23, 2007

Important News Regarding Medicare Fee-for-Service NPI Implementation Contingency Plan

NPI: Get It. Share It. Use It.

Medicare Fee-For-Service (FFS) NPI Implementation Contingency Plan Announced

FFS Medicare has announced its contingency plan. View the associated Change Request at <http://www.cms.hhs.gov/transmittals/downloads/R1225CP.pdf>, as well as the related MLN Matters article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf> on the CMS website. This information will also be available shortly on the dedicated NPI page. A national NPI Roundtable on this topic is scheduled for May 10, 2007 from 2-3:30PM EDT. Registration details to follow.

As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProviderStand 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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April 24, 2007

Medicare Part B Drug CAP "Ask-the-Contractor" Teleconference

**Medicare Part B Drug Competitive Acquisition Program (CAP):
Medicare Part B Drug Competitive Acquisition Program (CAP):
Additional Physician Election Period and "Ask-the-Contractor"
Teleconference.**

The Centers for Medicare & Medicaid Services will be conducting an "Ask-the-Contractor" teleconference to discuss the additional 2007 CAP physician election period. The call will be hosted by the CAP designated carrier, Noridian Administrative Services (NAS). All interested providers and contractor staff are invited to participate.

Call Details:

Date: **Wednesday, May 2, 2007, 10:30 – 11:30 AM CT**
Call: **888-423-3275**

Passcode: **CAP**
Call Leader: **Audrey Aberle**

A PowerPoint slide presentation, that will accompany the “Ask-the-Contractor” teleconference, will be posted in the Downloads section at http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp on CMS’ CAP Information for Physicians webpage. The slides will be available at least one day prior to the teleconference. After the presentation, there will be a question and answer session for physicians who are not yet participating in the CAP and are interested in participation during 2007.

For security reasons, you will be required to give the passcode and leader’s name in order to join the call. The conference operator will also ask you for the name of your company and the spelling of your name.

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April 27, 2007

Medicare Fee-For-Service NPI Contingency Plan Roundtable
Announcement

**Medicare Fee-For-Service National Provider Identifier (NPI)
Contingency Plan
National Provider Roundtable with Question & Answer Session**

The Centers for Medicare & Medicaid Services (CMS) will host a National Roundtable on the recently released Medicare Fee-For-Service (FFS) NPI Contingency Plan. This toll-free call will take place from 2:00 p.m. – 3:30 p.m., EDT, on Thursday, May 10, 2007.

Following the April 2nd release of CMS' Contingency Guidance for all covered entities, the Medicare FFS health plan announced its contingency plan for NPI implementation. For more details on the Medicare FFS Contingency Plan, visit the associated Change Request at <http://www.cms.hhs.gov/transmittals/downloads/R1227CP.pdf> and the related *MLN Matters* article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf> on the CMS Website.

The call will open with a presentation on the Medicare FFS Contingency Plan announced on April 20th. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

The Medicare FFS Contingency Plan does not change the requirement for Medicare FFS health care providers to acquire an NPI. Getting an NPI is easy and free. Go to www.cms.hhs.gov/NationalProvIdentStand for more information.

May 10, 2007 conference call details:

Date: May 10, 2007
Conference Title: NPI Medicare Fee-For-Service Contingency Plan
Roundtable
Time: 2:00 – 3:30 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 2:00 p.m. EST on May 9, 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/051007>

2. Fill in all required data.

4. Click "Register".

5. You will be taken to the "Thank you for registering" page and will receive a confirmation email shortly thereafter. (Note: If you do not receive the confirmation email, please check your spam/junk mail filter as they may have gotten caught in that.)

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 05/10/2007 until 05/17/2007, 11:59 p.m. EST. The call in data for the replay is (800) 642-1687 and the passcode is 7087149.

For technical difficulties registering, call 1-877-812-4520 and reference call # 7087149.

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