



<http://www.wpsmedicare.com>

CMS Educational Resources CBT Script

Slide 1

Thank you for being here today.

It is my pleasure to talk with you about informational resources available to Medicare fee-for-service providers regarding coverage, billing, and other pertinent information that affects your work.

I will also be providing information on some of the current “hot” Medicare topics.

I know that the Medicare Program is complex. My goal today is to describe the educational and informational resources that CMS makes available to you and how you can easily access them.

Knowing how to get the information you need and how to voice concerns you may have with the program will make working with Medicare much easier for you.

Slide 2

Here is our agenda for today:

- Our Commitment To Providers
- CMS Outreach to Providers
 - Medicare Contractors
 - CMS Regional Offices
 - CMS Regional Office Map
 - CMS Central Office
 - Medicare Learning Network
 - CMS Provider Web Pages
 - CMS Electronic Provider Listservs
 - Open Door Forums
- Remittance Advice Print Software
- Physician Quality Reporting Initiative
- Present on Admission (POA) Indicator
- Medicare Contracting Reform; A/B MACs
- In The News
- Feedback From Providers
- We Need Your Help

Slide 3

With all of Medicare’s intricacies, the bottom line for CMS is to ensure that the Program runs smoothly to provide the best possible care for our beneficiaries.

Part of that process is to make information and training available to providers, physicians, and suppliers in a timely, easily-accessible, and understandable manner.

We offer a variety of resources through information delivery systems that include the Internet and provider associations at both the national and regional levels.



<http://www.wpsmedicare.com>

Our provider outreach activities aim at fostering a “self-service” environment for accessing information and educational materials.

Slide 4

Our Medicare fee-for-service provider education and outreach comes from three primary sources:

- Medicare contractors
- Regional Offices
- Central Office

We have also found that partnering with national and regional health care provider associations significantly extends our outreach efforts to targeted audiences.

Slide 5

For the majority of Medicare fee-for-service providers, the Medicare contractors are the face of CMS.

Among other things, these contractors are responsible for enrollment, claims processing and reimbursement, education and outreach, and provider inquiries.

We respond annually to almost 58 million provider toll-free telephone inquiries at 35 call centers nationwide. Of these calls, 65% are handled solely by Interactive Voice Response, or IVR, technology (e.g., eligibility and claim status).

Every contractor must maintain a provider call center, as well as respond to written provider inquiries.

Click on http://www.cms.hhs.gov/MLNGenInfo/01_Overview.asp#TopOfPage to get the list of provider call center toll-free telephone numbers (see "Downloads" at bottom of the page). Click on your state and you will go to the page containing your FI or Carrier's toll-free telephone number and web address.

Slide 6

Medicare contractors conduct fee-for-service provider outreach and educational activities, such as conducting in-person educational seminars, lecturing at provider conferences and meetings, and conducting provider information, or “Ask-the-Contractor” teleconference calls.

They also issue weekly, monthly, or quarterly bulletins/newsletters. Contractor bulletins help you keep track of changes in the Medicare Program. Many FIs and Carriers have moved to an electronic distribution of bulletins, so if you do not receive a provider bulletin, contact your FI or Carrier and ask to be added to the mailing list.

Each contractor also maintains a Website for providers and provider-specific electronic mailing lists, or Listservs. If you have access to the Internet, please bookmark the Website address for your FI or Carrier - you'll be glad you did!



<http://www.wpsmedicare.com>

CMS CO staff hosts provider listening forums such as Open Door Forums and National Provider Training Calls. Provide oversight of Medicare contractor provider call centers and outreach activities

Slide 10

The Medicare Learning Network (MLN) is a brand name for official CMS national Medicare FFS provider education products. MLN is designed to promote national consistency of Medicare provider information developed for CMS initiatives. To the extent possible, CMS develops products in a variety of formats to meet individual adult learning preferences. The best part is that all products are absolutely free of charge!

Slide 11

The **MLN On-Line Catalog** provides a comprehensive listing of all MLN products, with direct links to the electronic version of each product. The catalog also provides a direct link to the MLN Product Ordering System, where you can place an order for a hard copy.

- MLN Catalog is updated and printed on a quarterly basis and is available at the following Web address:
<http://www.cms.hhs.gov/MLNProducts/downloads/MLNCatalog.pdf>
- The MLN is supported by dedicated Web pages at:
 - http://www.cms.hhs.gov/MLNGenInfo/01_Overview.asp#TopOfPage
 - http://www.cms.hhs.gov/MLNMattersArticles/01_Overview.asp#TopOfPage
 - http://www.cms.hhs.gov/MLNProducts/01_Overview.asp#TopOfPage
 - http://www.cms.hhs.gov/MLNEdWebGuide/01_Overview.asp#TopOfPage

The MLN General Information page serves as our home page and gives you a description of what you can expect from the Network.

Slide 12

One of our most popular products is “*MLN Matters...Information for Medicare Fee-for-Service Health Care Professionals*” national articles located at
http://www.cms.hhs.gov/MLNMattersArticles/01_Overview.asp#TopOfPage.

The articles do the following:

- Helps providers understand new or changed Medicare policy and how changes affect them
- Comprehensive Search Feature
- “News Flash” section alerts you to the latest CMS news items
- Subscribe to the MLN Matters listserv at <https://list.nih.gov/>

Slide 13

The MLN Products Web page is where you will find all of the products developed by the Network, including web-based training courses, brochures, fact sheets, and various quick reference charts. The Web-based training topics include:

- General Medicare information
- Preventive services
- Coding, certificate of medical necessity
- HIPAA



<http://www.wpsmedicare.com>

The brochures include:

- Diabetes Related Services
- Coverage of Power Mobility Devices
- Adult Immunizations and much more

Quick Reference Charts include:

- Preventive Services
- Immunization Billing
- ABCs of Providing the Initial Preventive Physical Exam

Slide 14

To assist clinicians in answering their Medicare patients' questions, the MLN develops publications for Medicare providers that **compliment beneficiary-focused brochures and booklets**

- Preventive Services
- Physician's Guide to Medicare Coverage of Kidney Dialysis and Kidney Transplant Services

Slide 15

In addition to being downloadable through the Web, many of the educational products produced by the MLN are available in hard copy. You can order hard copy products, free of charge, through the MLN Product Ordering Page located on the MLN Products Web page at http://www.cms.hhs.gov/MLNProducts/01_Overview.asp#TopOfPage.

We are constantly updating and adding new products, so be sure to visit our "What's New" section on the MLN General Information page to get the latest information!

Slide 16

We have created the CMS provider-specific center pages to serve as a one-stop resource to obtain Medicare information. Display copies of Medicare FFS Payment Regulations the day they are available! To show Medicare "Spotlights" for **new regulations**, hot topics, and other important information.

Slide 17

You will find links to all Medicare fee-for-service provider pages on the CMS Website at <http://www.cms.hhs.gov/center/provider.asp>. CMS is always adding new information so check back often!

Slide 18

With the Physician Schedule look-up tool, you can look up physician service information about fee schedule amounts and geographic practice cost indices for every Carrier and locality. The look-up is located at <http://www.cms.hhs.gov/center/physician.asp>.

You can also look up payment policy information for every physician service HCPCS code at http://www.cms.hhs.gov/PFSlookup/01_Overview.asp#TopOfPage.

NCCI edits make it easier for physicians to bill properly and be paid promptly for their services. Over 200,000 comprehensive/component edits and mutually exclusive edits have been posted. The overview page also includes a link to the NCCI Policy Manual



<http://www.wpsmedicare.com>

and FAQs. This is one way CMS is using the Internet creatively to reduce the regulatory burden on physicians. These edits are updated quarterly.

NCCI edits are also available for the Hospital Outpatient Prospective Payment System (PPS).

NCCI edits are available at
<http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEd/list.asp>.

Slide 19

For more information on the PQRI, visit our Website at
http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage. (More details on this to follow.)

Practicing Physicians Advisory Council (PPAC) is a Congressionally-mandated Council that meets quarterly to advise HHS Secretary and CMS Administrator on Medicare issues that affect physicians. PPAC meeting minutes are available on the PPAC Web page at http://www.cms.hhs.gov/FACA/03_ppac.asp#TopOfPage.

Openings for membership on the Council are announced annually in the *Federal Register*.

Physicians Regulatory Issues Team (PRIT) is charged with reducing regulatory burden on physicians. PRIT efforts amplify the voice of practicing physicians, and focuses on hearing and resolving physician Medicare-related issues. The CMS Website for PRIT is http://www.cms.hhs.gov/PRIT/01_overview.asp#TopOfPage.

Slide 20

The Medicare Coverage Web pages contain a wealth of information on both National and Local Coverage Determinations. Available databases include National Coverage Determinations, National Coverage Analysis, and Local Medical Review Policies. The Medicare Coverage homepage is located at <http://www.cms.hhs.gov/mcd/search.asp?from2=search.asp&>. Also, additional information about coverage policies can be found on the National Coverage Policy Process page and the Medicare Coverage Homepage.

The CMS Online Manual System is located at http://www.cms.hhs.gov/Manuals/01_Overview.asp. The benefits of the Online Manual System are:

- A centralized location for Medicare and Medicaid policies
- Available 24 hours a day
- A single source of information for the Medicare and Medicaid Programs
- Eliminates redundancy and streamlines the update process
- Is a more timely and accessible way to access CMS Program Instructions

Slide 21

The purpose of the Quarterly Provider Update (QPU) is to inform providers about new developments in the Medicare program, assist providers in understanding CMS programs and complying with Medicare regulations and instructions, ensure that



<http://www.wpsmedicare.com>

providers have time to react and prepare for new requirements, announce new or changing Medicare requirements on a predictable schedule, and communicate the specific days that CMS business will be published in the *Federal Register*.

Slide 22

CMS partners with national health care associations to help us disseminate information to as broad an audience as possible. You can obtain more details about these partnerships, which associations are currently partners, and how your association can join with us by going to the Medicare FFS Provider Partnership web page.

Slide 23

You can join electronic Listservs, or mailing lists, to receive information updates, instructions, other documents, and URL links at <https://list.nih.gov/>. CMS is switching our mailing list service to a new and improved system. During this transition, search and subscribe to CMS' Listservs via the NIH Website.

Slide 24

Open Door Forums give physicians, providers, suppliers, beneficiary groups, and health plans an opportunity to either attend or call in via toll-free telephone lines to discuss problems/issues with CMS technical program experts and senior staff officials.

At http://www.cms.hhs.gov/OpenDoorForums/01_Overview.asp#TopOfPage, you can find the complete list of available Open Door forums. You can also find information about how to sign up for one or more Open Door Listservs, which will provide you with forum invitations and announcements.

Open Door Forum Web pages can also be accessed from the provider center pages.

Slide 25

Medicare offers providers free software to print remittance advice: PC-print software for institutional providers who bill FIs and Medicare Remit Easy Print (MREP) software for providers who bill carriers/MAC's or DMAC's. The MREP software can be accessed now through your Medicare carrier or DMAC's Website.

- Improvements to the software include:
 - An MREP online help system
 - New reports including
 1. **Other Adjustments** such as late filing, interest, and withholding and forwarding balances
 2. **Non-COB Claims** which display claims that did not automatically cross for payment
- All new improvements to the software are available in the "What's New" section of the MREP User Guide

Slide 26

2007 PQRI Included 1.5% incentive payment for satisfactory reporting quality data on covered professional services furnished to Medicare beneficiaries July 1, 2007 - December 31, 2007.



<http://www.wpsmedicare.com>

2007 PQRI included:

- 74 measures
- Consensus developed and endorsed
- Apply to specialty categories for over 95% physician Part B services
- Applicability depends on services rendered, not designated specialty

For more information on PQRI, visit

http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage.

Slide 27

Eligible professionals should receive their 2007 incentive payment by mid August 2008. The 2007 PQRI Feedback Reports were made available in mid-July on a secure Website. You must register in the Individuals Authorized Access to CMS Computer Services (IACS) to gain access to them. Explicit instructions on how to access the reports can be found in MLN Matters Special Edition articles SE0830 - *Steps for Individual Eligible Professionals to Access Their 2007 Physician Quality Reporting Initiative (PQRI) Feedback Reports Personally* and SE0831 - *Steps for Organizations to Access Their 2007 Physician Quality Reporting Initiative (PQRI) Feedback Reports*.

SE0830 is located at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0830.pdf>.

SE0831 is located at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0831.pdf>.

Slide 28

CMS PQRI website contains all publicly available information at

http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage, including:

- Educational Resources
- Frequently Asked Questions
- 2008 PQRI Tool Kit
- Measure Finder
- Code Master
- Coding for Quality Handbook
- Data Collection Worksheets

Slide 29

Physician Quality Reporting Initiative was continued under The Medicare Improvement for Patients and Providers Act (MIPPA) of 2008 and includes:

- Authorizes incentive payments for 2009 & 2010
- Makes PQRI permanent after 2010
- Inclusion of qualified Audiologists as eligible professionals
- Authorizes incentive payments for electronic prescribing for 2009 through 2013.
 - Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one-half percent incentive payment in 2013.



<http://www.wpsmedicare.com>

Slide 30

On February 8, 2006, the President signed the Deficit Reduction Act (DRA) of 2005. Section 5001(c) of DRA requires the Secretary to identify conditions that are:

- High cost or high volume or both,
- Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and
- Could reasonably have been prevented through the application of evidence-based guidelines.

Slide 31

Section 5001(c) of the Deficit Reduction Act of 2005 requires hospitals to begin reporting the secondary diagnoses that are present on admission (POA) of patients effective for discharges on or after October 1, 2007.

Effective October 1, 2007, Medicare hospitals that submit claims to fiscal intermediaries (FI) or Part A/B Medicare Administrative Contractors (A/B MACs) for Medicare beneficiary inpatient services should begin to submit a Present On Admission (POA) Indicator for every diagnosis on your inpatient acute care hospital claims.

Critical access hospitals, Maryland waiver hospitals, long term care hospitals, cancer hospitals, psychiatric hospitals, inpatient rehabilitation facilities, and children's inpatient facilities are exempt from this requirement.

You should make sure that your billing staffs are aware of this requirement, and that your physicians and other practitioners and coders are collaborating to ensure complete and accurate documentation, code assignment and reporting of diagnoses and procedures.

Details can be found in the related MLN Matters article #MM5499 – Revised.

Slide 32***Medicare Contracting Reform: A/B Medicare Administrative Contractors (MACs)***

There are 15 A/B MAC jurisdictions. To see the states included in each jurisdiction, go to the following Web page:

http://www.cms.hhs.gov/MedicareContractingReform/01_Overview.asp#TopOfPage.

Slide 33***Medicare Contracting Reform: A/B MACs***

The Request for Proposal (RFP) for Jurisdictions 1, 2, 7, and 13 was released in December 2006.

Jurisdiction 1 was awarded to Palmetto GBA. Implementation work is scheduled to be completed by September 2008.

Jurisdiction 13 was awarded to National Government Services.

The RFPs for Jurisdictions 6, 11, 14 and 15 (which include the home health and hospice work) and Jurisdictions 8, 9, and 10 were released on August 31, 2007. Awards will be made in mid to late 2008.



<http://www.wpsmedicare.com>

Slide 34***Medicare Contracting Reform: Durable Medical Equipment (DME) MACs***

There are four DME MACs

Jurisdiction A: NHIC

Jurisdiction B: National Government Services

Jurisdiction C: CIGNA Government Services

Jurisdiction D: Noridian Administrative Services

To view the DME MAC information, visit

http://www.cms.hhs.gov/MedicareContractingReform/01_Overview.asp#TopOfPage.

Slide 35***Medicare Preventive Services***

Medicare covers a range of preventive services and CMS needs your help to spread the word to Medicare beneficiaries. A wide array of educational products is available to assist you at on the CMS Website at

http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage.

Slide 36***Flu Season Is Coming!***

It's not too early to start vaccinating as soon as you receive vaccine and continue to vaccinate as long as you have vaccine available, even after the new year.

Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient (no deductible or co-payment/coinsurance applies)

Encourage your patients to get a flu shot - and remember that health care workers also need to protect themselves so don't forget to immunize yourself and your staff.

Note that the influenza vaccine plus its administration is covered Part B benefits; the influenza vaccine is NOT a Part D covered drug.

Slide 37***Competitive Acquisition Program (CAP) for Part B Drugs and Biologicals***

-- 2009 CAP Postponed --

Gives physicians a choice between buying and billing for certain Part B drugs under the Average Sales Price (ASP) system, or obtaining drugs from a CAP vendor selected in a competitive bidding process. CAP includes nearly 190 injectable and infused Part B drugs commonly provided by physicians "incident to" an office visit. New changes in the CAP make it more flexible for physicians:

- Within the first 60 days of election: physicians may now request to leave the CAP if participation results in a burden to a practice (ex: difficulty meeting CAP drug ordering or billing requirements);
- After 60 days: physicians may request to leave the CAP if an unexpected change in circumstance causes CAP participation to become a burden to a practice (ex: a change in patient population or practice personnel)
- CAP drug administration claims may now be filed up to 30 days after administering CAP drugs



<http://www.wpsmedicare.com>

Slide 38***Competitive Acquisition for DMEPOS—Delayed!***

The Medicare Improvements for Patients and Providers Act of 2008 was enacted on July 15, 2008. This new law has delayed the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Items that had been included in the first round of the DMEPOS Competitive Bidding Program can be furnished by any enrolled DMEPOS supplier in accordance with existing Medicare rules. Payment for these items will be made under the fee schedule. Additional guidance regarding this new law will be forthcoming.

Slide 39***ICD-10 Clinical Modification/Procedure Coding System***

August 22, 2008 the proposed rule issued to adopt ICD-10-CM and ICD-10-PCS. CMS will sponsor a series of national provider conference calls that will provide an overview of the new coding system.

Visit the ICD-10 Web page for the latest information!

http://www.cms.hhs.gov/ICD10/01_Overview.asp#TopOfPage

Slide 40***Medicare Contractor Provider Satisfaction Survey (MCPSS)***

MCPSS captures quantifiable data on provider satisfaction with the performance of Medicare FFS contractors. It is distributed to a new sample of providers every January and helps to identify areas and convey feedback to contractors to improve processes and enhance services.

The results are used to establish performance standards for contractors and incentive plans. Information on the 2008 survey, including a Press Release, Public Report, and a Fact Sheet with key findings, is now available. For more information, please visit http://www.cms.hhs.gov/MCPSS/01_overview.asp#TopOfPage.

Slide 41***Feedback Helps Us Meet Your Educational Needs***

Send your education-related feedback to MLN@cms.hhs.gov.

- What information are you looking for that you can't easily find?
- What's your preferred method for receiving information from CMS?

Slide 42***CMS Needs Your Help ~ Providers As Sources Of Information For Beneficiaries***

Become familiar with the *Medicare & You* handbook and share with your patients to remind them about this important resource for Medicare information

Be aware that the new CMS "My Medicare" initiative is helping Americans with Medicare make the most of their benefits so they can stay healthier and spend less on their medical care. This initiative provides tools to assist beneficiaries throughout Part D enrollment periods

For more information about signing up for mymedicare.gov, visit the following Website:

http://www.cms.hhs.gov/MyHealthMyMedicare/01_Overview.asp#TopOfPage



<http://www.wpsmedicare.com>

Slide 43

We Need Your Help ~ Providers As Sources Of Information For Beneficiaries

Always refer your patients to 1-800-MEDICARE or <http://www.medicare.gov> if you have questions about the Medicare Program that you cannot answer.

To download or order Beneficiary Products From CMS, visit <http://www.medicare.gov> or call 1-800-MEDICARE.

Slide 44

Thanks for your attention.