



# The Pulse of CMS

**“A quarterly regional publication for health care professionals”**  
Serving Delaware, Maryland, Pennsylvania, Virginia, West Virginia and the District of Columbia.

**NATIONAL PROVIDER IDENTIFIER (NPI) DEADLINE APPROACHING!!  
MAY 23, 2007: WILL YOU BE READY? SEE STORY ON PAGE 2**

## CMS Approves 11 DME Accreditors

With less than a year before competitive bidding is scheduled to begin, CMS has released the names of 11 organizations approved to accredit DMEPOS suppliers. The list includes all of the industry's established accrediting bodies, as well as some specialty accreditors, such as those that focus on orthotics suppliers.

Contact information for the 11 organizations that have been given "deeming authority" by CMS to accredit suppliers as meeting Medicare-issued quality standards can be found [here on the CMS website](#).

All suppliers who plan on participating in Medicare DME competitive bidding, which will begin in 10 to-be-named cities in October, must be accredited. In a recent CMS Open Door session, agency officials suggested those companies should be accredited by early 2007.

Because of the short timeframe, CMS has asked the accreditation organizations to give preference to providers in the competitive bidding areas that

are chosen. But as mandated under the Medicare Modernization Act, at some future point the accreditation requirement will extend to all Part B suppliers who bill the Medicare program.

According to a release issued by CMS, the agency hopes to minimize the burden on suppliers by allowing accreditors to consider previous accreditation, Medicare certification and licensure that would indicate its quality standards are being met. Most of the approved organizations will be able to accredit national, local and mail-order suppliers, and some said they have been gearing up for the DME accreditation mandate by streamlining procedures and adding new surveyors.

To gain approval, all of the organizations had to mesh their standards with those issued by CMS in August (see [HomeCare Monday, Aug. 21](#)). But some accreditors also have retained portions of their previous requirements along with the new CMS-based programs.

According to Sherry Hedrick, director of clinical compliance and accreditation for ACHC, the accreditor's program closely follows the CMS standards but also includes some standards that mainly come from state requirements.

"There were a handful of standards that we did keep that were a step above the quality standards that CMS released, but we do not think that will cause any problems for providers," she said. "Even in the past, most of the providers we were accrediting were meeting those standards anyway because they were good business practices."

For contacts and information about what each organization is approved to accredit, visit [the DMEPOS page](#) of the CMS website.

## Second Phase of Medicare Contractor Survey Begins

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 were 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. 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 on [the MCPSS page](#) of the CMS website.

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## Medicare Publishes New Hospital Requirements

The Centers for Medicare & Medicaid Services (CMS) published a final rule revising requirements in the hospital conditions of participation (CoPs) for completion of history and physical examinations, authentication of verbal orders, securing medications, and completion of post anesthesia evaluations. The new rule addresses concerns of the health care community that the old regulations were outdated and unduly burdensome.

"We always want to make sure that Medicare beneficiaries receive the best possible health care, and one important way to do that is to provide rules and guidelines that enable providers to operate smoothly and efficiently," said CMS Acting Administrator Leslie V. Norwalk, Esq. "We think these changes will better serve the health care industry as a whole."

This final rule will ensure that CMS requirements are consistent with current standards of practice, to provide hospitals and practitioners greater flexibility in meeting the needs of patients, and to reduce unnecessary regulatory burden for hospitals.

The final rule was published in the Federal Register on November 27, 2006. It will become effective January 26, 2007.

## National Provider Identifier: 7 Steps to Implementation

Only five months remain until the NPI compliance date – are you ready to use your NPI? A recent survey of the health care industry, conducted by the Workgroup for Electronic Data Interchange (WEDI), indicates that providers should be moving from the enumeration stage into the implementation stage to ensure NPI readiness by the compliance date. Remember, it is estimated that it may take up to 120 days to complete the work needed in order to implement the NPI into your current business practices. The following steps will assist you in your preparation:

1. **Enumerate:** Have you applied for your NPI(s)? Not only should individual providers have enumerated, but organizations and subparts should have enumerated also.
2. **Update:** Have you received your software application updates, upgrades and/or changes relevant to NPI? Be sure that the updates not only addresses the HIPAA Transactions, but includes the CMS1500, UB04 and/or Dental claim form changes.
3. **Communicate:** Have you communicated your NPI(s) to your health plans and other organizations you work with? All covered providers must share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

4. **Collaborate:** Do you know the readiness of your trading partners (such as health plans, TPAs, clearinghouses, etc...)? It's important to work with your trading partners to know their readiness with NPI and how it impacts you.
5. **Test:** Have you started testing the NPI, both internally and externally? Not only do you need to test the HIPAA Transactions such as 837 Claims, but if you process 835 Remittance Advice, be sure to test that your system can process the NPI appropriately. Also, if you submit paper claims, be sure that you've tested the data being printed in the correct fields.
6. **Educate:** Have you educated your staff on what the NPI is and the use of it? It's important that staff who may be using the NPI in day-to-day work, such as verification of eligibility, or other tasks that may need the NPI, be aware of the NPI and the provider identifiers that it replaces.
7. **Implement:** Have you implemented the NPI into your business practices? Once testing is complete, changes will go into production.

Given all the steps above, will you be ready by May 23, 2007? Go to the [NPI page on the CMS website](#) for all NPI-related information.

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## Flu Shot Reminder

As a respected source of health care information, patients trust their doctors' recommendations. If you have Medicare patients who haven't yet received their flu shot, help protect them by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration.

And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get your flu shot! 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 the [CMS website](#).



**More Medicare Learning Network Products Available**

Print versions of Medicare Learning Network (MLN) education and training products can be ordered free of charge by visiting [the MLN website](#). At this site, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page." Downloadable versions of MLN products can be accessed at [the MLN Products page](#). Some of the newest products available include:

- The [Guidelines for Teaching Physicians, Interns, and Residents Fact Sheet](#)
- The updated [Medicare Fraud & Abuse Fact Sheet](#)
- The [Skilled Nursing Facility Prospective Payment System Fact Sheet](#)
- The [Hospice Payment System Fact Sheet](#)
- The [Hospital Outpatient Prospective Payment System Fact Sheet](#)
- The [CMS Online Manual System: A Web-based Manual System for Medicare Contractors, Providers and State Agencies Brochure](#)
- The [Reference Guide for Medicare Physician & Supplier Billers -- Helping Front Office Personnel Navigate Medicare Rules for Part B Claims Processing \(Second Edition\)](#)



**CMS Proposes Sprinkler Requirement in Nursing Homes**

Nursing homes across America would, for the first time, have to install sprinkler systems throughout their buildings if they wish to continue to serve Medicare and Medicaid beneficiaries, under a new regulation proposed by the Centers for Medicare & Medicaid Services. "CMS is taking further action to protect the lives of our beneficiaries through a proven effective approach to fire safety," said Leslie V. Norwalk, acting administrator of CMS. "Automatic sprinkler systems are integral to increasing safety in nursing homes, and we look forward to their installation in all of the nursing homes across the country."

As an interim step, in March 2005, CMS began requiring all nursing homes that did not have sprinklers to install battery-operated smoke alarms in all patient rooms and public areas.

CMS also has drastically increased the number of life safety code (LSC) inspections performed between 2004 and 2005. The agency will also publish information on smoke alarms and sprinkler systems for every nursing home in the country on its Nursing Home Compare Web site by the end of this year.

Under existing CMS regulations, newly constructed nursing homes and nursing homes undergoing major renovations, alterations or modernizations must be equipped with sprinkler systems. Currently, older homes are not required to have such systems.

For more information on the proposed rule, visit the [Federal Register](#).

**What You Need to Know: Preventive Services**

The *Medicare Preventive Services PowerPoint Slide Presentation* provides an overview of preventive services and information about preventive benefits by service, beneficiary cost sharing, the prevention gap, as well as many other resources. All of this can be accessed on the [Medicare Learning Network webpage](#).

**Medicare & You 2007 Handbook Now Available**

The general *Medicare & You 2007* official government handbook, which contains important information about health plans, prescription drug plans, and rights for people with Medicare, is now available at [the CMS Publications page](#). State specific *Medicare & You 2007* handbooks are available at [www.cms.hhs.gov/Partnerships/MY2007/1list.asp#](http://www.cms.hhs.gov/Partnerships/MY2007/1list.asp#).

**Information Disclaimer:**  
The information provided in this newsletter is intended only to be general summary information to the Region III provider community. It is not intended to take the place of either the written law or regulations.

**Links to Other Resources:**  
Our newsletter may link to other federal agencies. You are subject to those sites' privacy policies. Reference in this newsletter to any specific commercial products, process, service, manufacturer, or company does not constitute its endorsement or recommendation by the U.S. government, HHS or CMS. HHS or CMS is not responsible for the contents of any "off-site" resource identified.

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