

Technology & Information

Expert Available to Discuss New Technology PDPs Are Using for Part D Enrollment

The Medicare Part D drug coverage benefit has caused consumer confusion as well as a business land grab by prescription drug plans (PDPs). More than 42 million Americans eligible for Part D represent close to \$700 billion in new business over 10 years for PDPs. How are the PDPs capturing market share, educating consumers, and enrolling them smoothly? What is the government and private sector doing right, and wrong? What new technologies can ease the confusion?

If plans get their Part D communications right, they stand to earn and retain more beneficiaries, reduce member confusion, and deliver services while satisfying customers.

Industry veteran and Silverlink Communications CEO Stan Nowak can answer these questions and more. Nowak is a managed care communications expert whose company is used by 7 of the top 10 health plans for automated voice services to educate and enroll consumers. Silverlink's PDP customers are also available for interviews.

"Clearly, one of the biggest challenges health plans have in rolling out Medicare Part D is effective communication with beneficiaries," said Nowak. "We're all reading a lot about the confusion many potential bene-

ficiaries and their families are feeling about this program. Automated voice services help plans send personalized calls that deliver Part D information in a clear and understandable way. That's good for the beneficiary because they feel better about selecting a plan, and it's good for the plan because they reduce the number of inbound calls their call centers have to manage. Ultimately they enroll more beneficiaries."

"It has become clear that Medicare Part D can and should be a transformational event for member management," said Nowak. "Part D is one component of 'consumerism'—the driving trend of health care today. As a function of consumerism, we're increasingly pushing risk and responsibility to consumers. They deserve, and will demand, the information they need to make the most of this position. Plans need to deliver the right information, at the right time, in digestible increments."

"If plans get communications right in their Part D strategies, they stand to earn and retain more beneficiaries, dramatically reduce member confusion, and effectively deliver services while satisfying customers," said Nowak. "What we can see today is that the market is already rewarding companies that are proactive, consistent and clear in their communications. Communications and education strategies are an obvious competitive differentiator for companies—a 'sit back and wait' approach is not the path to success."

To arrange interviews with Nowak or Silverlink health plan customers, please contact Brian DeMichele or Mercedes Fereck at 781-684-0770 or silverlink@schwartz-pr.com.

CMS Council on Technology and Innovation

CMS is launching the Council on Technology and Innovation (CTI) to provide the Agency with improved methods for developing practical information about the clinical benefits of new medical technologies resulting in faster and more efficient coverage and

payment of these medical technologies.

The CTI is charged with coordinating coverage, coding, and payment processes with respect to new technologies and procedures (including new drug therapies), as well as facilitating the exchange of information between CMS and other entities making similar decisions. The CTI works to improve the timeliness and efficiency of the coverage, coding, and payment processes. Specific steps to achieve this goal include facilitating greater stakeholder understanding of those processes, making sure that the processes are based on the best and latest scientific knowledge, and creating enhanced opportunities for stakeholders to communicate with the Agency.

The CTI consists of members of the Agency's senior professional staff and is co-chaired by the Director of the Center for Medicare Management, who is also designated as the CIT's Executive Coordinator, and the director of the Office of Clinical Standards and Quality.

The Council's new Web site, <http://new.cms.com.hhs.gov/councilontechinnov/>, is designed to keep providers and other stakeholders interested in Medicare coverage, coding, and payment and apprised of council activities through up-to-date information and a CTI mailing list.

In addition to information about the guidance documents CMS has developed, the CTI Web site also contains information on upcoming open door forums, town halls, and other meetings related to CTI activities, as well as updates on other important CTI initiatives. The CTI Web site, along with special open door forums and other public announcements are among the many ways that the CTI encourages public participation in technology policy development.

American College of Physicians Urges Broader "Safe Harbors" for Information Technology

The American College of Physicians (ACP) has asked the Centers for Medicare and Medicaid

Services (CMS) to significantly expand a proposed safe harbor rule for electronic prescribing and electronic health records (EHRs). While the proposed rule would establish new safe harbors under federal anti-kickback statutes, ACP said the rule does not provide enough options to facilitate widespread technology adoption.

CMS has proposed that physicians be allowed to accept information technology donations from specified donors, including large group practices and hospitals. In letters sent to CMS and the Health and Human Services' Office of Inspector General, ACP urged the CMS to adopt the following recommendations:

- Modify CMS requirement that hospitals can donate equipment only to physicians on their medical staff. Donors should be allowed to donate technology to all members of a group practice, ACP said, not just those with admitting privileges. Similarly, group practices should be able to donate technology to independent contractors who are not physicians.
- Extend the proposed safe harbor to include other categories of donors and recipients, such as nursing homes and community health centers, as well as physician-hospital organizations and regional health information organizations.
- Expand the types of technology that can be donated to include any equipment, license, software, or training service used to develop or facilitate the adoption of information technology.
- Remove provisions that limit the aggregate fair market value of all donated items and services. Setting any per-physician cap or limit, the ACP said, would stifle technology implementation.

The ACP also said that Congress should significantly increase financial incentives for physicians to offset the costs of implementing information technology. Those incentives could take the form of grants, loans, tax credits, or Medicare payment add-ons for physicians using technology in their practice.

The ACP letter to CMS is available on-line at: www.acponline.org/hpp/stark_mcclellan.pdf. MPM