

Medicare Minutes

Impact of Medicare Part D

Data analysis of 2004 to 2007 prescription drug purchases shows that the Medicare Prescription Drug Benefit (Part D) led to a 13.1% decrease in out-of-pocket expenses for patients and a 5.9% increase in prescription, according to researchers from the University of Chicago Medical Center, Harvard University, and Virginia Commonwealth University. More information is available at: <http://www.annals.org/cgi/content/full/148/3/169>.

Providing the IPPE

The Initial Preventive Physical Examination (IPPE) or “Welcome to Medicare” office visit consists of 7 components, all of which must be provided to bill for this exam. Visit www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf to read the full guide and find the applicable billing codes.

CKD on the Rise

Researchers at the Johns Hopkins University used National Health and Nutrition Examination Surveys (NHANES) data to determine that about 13% of Americans have chronic kidney disease (CKD)—up from a previous 10% in 1988-1994—partly due

to the rising prevalence of diabetes and hypertension. The full study was reported in JAMA and can be viewed at: <http://jama.ama-assn.org/cgi/content/abstract/298/17/2038>.

Update to the 2008 Medicare Physician Fee Schedule

Read all about it! New information is now available on the 2008 Medicare Physician Fee schedule (MPFS). Also read *MLN Matters* newsletter MM5944. Visit: www.cms.hhs.gov/MLNProducts/downloads/MedcrePhysFeeSchedfctst.pdf.

Flu Season Can Last Until May

Although peak flu season usually ends in March, it can last until May. Use each office visit to talk with your patients about getting an annual flu shot and a 1-time pneumococcal vaccination. Learn more about Medicare’s coverage of adult immunizations and related provider education resources at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf.

Missed the NPI Deadline?

Claims without an NPI in the primary provider field (ie, the billing, pay-to, and rendering fields) will now be rejected! Moreover, Medicare fee-for-service legacy provider IDs will be prohibited on Form CMS-1500 claims received after May 23, 2008. Visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do> to sign up for your NPI now. MPM

MCPSS, CAHPS, and IACS-PC

William Rogers, MD

Nobody is more turned off by acronyms than I am, but I could not resist having a little fun with the title of this article. The first two acronyms refer to Medicare quality initiatives that you might not know about. The

third acronym refers to release of software that will allow you to get access to Centers for Medicare and Medicaid Service (CMS) Internet applications. If you are frustrated with your carrier, with Medicare Part D,

MCPSS, CAHPS, and IACS-PC (continued)

and with the paper-based physician enrollment program, read on.

MCPSS

The Medicare Contractor Provider Satisfaction Survey (MCPSS) was created to comply with a mandate in the Medicare Modernization Act of 2003. Congress directed Medicare to develop a program to assess physician opinions concerning carriers. In 2006 the first survey was conducted; 25,000 physicians and other healthcare providers were asked questions concerning claims processing, appeals, enrollment, medical review, audit, carrier outreach, and technical assistance to physicians.

The study was repeated in 2007 as it will be every year. In 2007, 35,000 randomly selected physicians and other providers were surveyed. The study consisted of 67 questions and took about 20 minutes to complete. More than 65% of those who were sent a study completed it, which is an indication of just how important doctors think it is to give Medicare feedback on the carriers. I expect that you would like to know what the study found and more importantly what CMS plans to do with the results.

You can read the entire study at: http://www.cms.hhs.gov/MCPSS/downloads/MCPSS_Report.pdf. Carriers scored from a low of 4.12 (Noridian Services) to a high of 4.66 (Blue Cross Blue Shield of Kansas). Labs tended to give carriers higher scores, while physicians tended to be more critical. Carriers had pretty high satisfaction scores for their ability to process claims; not surprisingly, their processing of appeals caused the most heartburn.

These customer satisfaction scores are very important to CMS. We are using this data as we transition to Medicare Administrative Contractors (MACs)—requiring them to keep their satisfaction scores within a narrow range. In addition, the MACs' award fee will be affected by the MCPSS score. Better scores, more money. What a concept! Participants in the study are randomly selected, so you might well be asked to participate this year or next. If you are asked, please fill out the survey and send it back to CMS. Without this information, it is going to be much harder to hold carriers accountable for the quality of their service to you.

Part D plans are another source of frustration for physicians. As we know well from handling your complaints, some plans are much more physician friendly than others. The Part D plans now have their own Medicare survey to contend with. Unfortunately we are not

yet surveying physicians directly, but we have developed a survey that is administered to the Medicare beneficiaries. In Part D, I believe that if patients are frustrated with their Part D plan, then the docs probably are too. Patients and doctors have the same issues—restrictive formularies, slow appeals processing, and quantity limits. Therefore, patient satisfaction is probably a pretty good surrogate for physician satisfaction.

CAHPS

The Part D survey is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The results of this survey are used by CMS to rate the plans, and the ratings are one factor that Medicare beneficiaries consider when they decide which plan to enroll in. Plans that make the beneficiary happy attract more customers. Plans with restrictive formularies and cumbersome administrative policies attract fewer. There's something appealing about that model.

IACS-PC

Doctors will need to establish an Individuals Authorized Access to CMS Computer Services-Provider Community (IACS-PC) account before they can get access to CMS applications like the upcoming online provider enrollment system. Since registering in IACS can take time, I suggest that a physician planning to enroll or make a change in their enrollment and who wants to have online access to Medicare provider enrollment information, do the preliminary registration in IACS now. Before you do, read the series of *MLN Matters* articles to understand the process. These may be found on the CMS website at: www.cms.hhs.gov/MLN_MattersArticles/downloads/. Choose SE0747, SE0753, and SE0754.

It seems entirely reasonable to make sure that CMS data are only accessed by those who should have access. I think you will agree. The benefits of being able to submit enrollment applications, perform revalidation, and update your profile online justify the investment of an hour working through IACS-PC. We hear a lot from frustrated physicians who have had trouble with the current paper-based enrollment process, and we are as excited as anyone that this project is so close to fruition.

Dr. Rogers is Director of the Physicians Regulatory Issues Team (PRIT) at CMS.