



The Pulse of CMS

“A quarterly regional publication for health care professionals”
Serving Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

CALLING ALL DOCS: SIGN UP NOW FOR THE PHYSICIAN VOLUNTARY REPORTING PROGRAM!! GO TO THE [PVRP PAGE ON THE CMS WEBSITE](#) FOR MORE INFO.

More Than 27 Million Beneficiaries Are Now Enrolled in Prescription Drug Coverage

The number of Medicare beneficiaries receiving prescription drug coverage continues to grow with more than 27 million Medicare beneficiaries covered as mid-March. This number includes the 7.2 million beneficiaries who have signed up individually for coverage since the enrollment period began on November 15. HHS Secretary Michael Leavitt noted that those with coverage include not only those in new stand-alone prescription drug plans, but also those in Medicare Advantage plans made stronger by the new law, as well as retirees who are in employer/union-sponsored plans that are getting support from Medicare for the first time.

For the vast majority of seniors, the benefit is working, with more than one million prescriptions being filled every day. At the same time, CMS continues to monitor and identify problems that any beneficiary may have in obtaining their

medications. CMS is taking steps to ensure a smoother process when dual-eligible beneficiaries switch plans, especially when changes occur near the end of the month. CMS is also providing extended transitional coverage of beneficiaries' prior drugs and making sure plans follow this requirement.

Medicare beneficiaries are still being encouraged to sign up for drug coverage early in the month before they want coverage. "Signing up before the 15th makes it more likely that you will get your prescriptions filled quickly the first time you use your coverage, says CMS Administrator Mark B. McClellan, M.D., Ph.D. The enrollment period continues through May 15, 2006.

The table below shows the enrollment figures for the states in Region VI as of March 18, 2006. For more information and resources, visit the Part D Information for Physicians page of the CMS website.

State	Stand-Alone Prescription Drug Plan	Medicare Advantage with Prescription Drugs	Medicare-Medicaid (Auto-Enrolled)	Medicare Retiree Drug Subsidy	Estimated Federal Retirees (Tricare, FEHB)	Total with Drug Coverage
Arkansas	113,419	8,701	63,347	49,332	47,096	281,895
Louisiana	72,895	69,798	100,822	87,744	45,897	377,156
New Mexico	31,851	47,146	33,032	35,213	36,854	184,096
Oklahoma	118,565	42,570	74,933	45,394	70,445	351,907
Texas	458,538	243,221	307,765	403,920	283,273	1,696,717
Total in Region VI	795,268	411,436	579,899	621,603	483,565	2,891,771
Total in the U.S.	6,360,414	5,671,199	5,772,171	6,221,371	3,545,473	27,570,628

Make Your Voice Heard: Medicare Contractor Provider Satisfaction Survey

On January 3, 2006, CMS launched the first national implementation of the Medicare Contractor Provider Satisfaction Survey (MCPSS). This new initiative measures the satisfaction of fee-for-service providers with each of the 42 contractors who are responsible for services such as educating providers about changes, responding to provider inquiries, and processing and paying the more than \$280 billion in Medicare claims each year. Many Medicare providers are taking the opportunity to voice their opinions on the administration of the Medicare program. The views of every provider asked to participate are important to the success of this survey, as each one represents many other organizations that are similar in size, practice type and geographical location. The feedback from providers will be used to improve the program's efficiency.

If you are one of the 25,000 providers randomly chosen to participate in the MCPSS, please take the time to complete the survey if you have not already done so. CMS will contact non-respondents by telephone in the coming weeks to encourage their participation. Survey administration will continue through April and results will be available to contractors and the public in July 2006.

Additional information about the MCPSS is available at: <http://www.cms.hhs.gov/MCPSS/>

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Update on the CMS Website

CMS launched its redesigned website at www.cms.hhs.gov on December 15, 2005. The new website features consistent organization and navigation; timely, relevant and accurate content; and an improved Google search feature. The new website has one-stop-shopping areas called Centers that are targeted to your specific professional needs. For example, if you are a provider or partner you will have the option to browse the website by your area of interest.

CMS will continue to evaluate the new website in order to provide the best organization and navigation – so you can continue to retrieve the information you are looking for in the most efficient way possible. CMS welcomes your feedback and encourages you to let us know how we can improve your visit to our website. Please visit the [Submit Feedback](#) form to offer your suggestions.

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Information Disclaimer:

The information provided in this newsletter is intended only to be general summary information to the Region VI 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.

Preparing for a Pandemic: What Can You Do?

Preparedness is crucial for all involved in the delivery of health care. CMS has been working with our partners to ensure that all beneficiaries have access to care and that all essential business functions will continue in the event of an emergency including Avian Influenza Pandemic. The Department of Health and Human Services (HHS) has been sponsoring Pandemic Summits throughout the country since the beginning of the year. States are in the process of developing pandemic plans to respond in the event of an outbreak of the avian flu. HHS pandemic planning checklists and updated avian flu information is available at www.pandemicflu.gov.

The most vigorous preparations for any type of emergency are done at the local level. In the event of an outbreak, local health services will be quickly overwhelmed. Given that providers practice at the local level, some may be first responders. It is essential that providers work with their local hospitals to make sure they are involved and knowledgeable about the institutions emergency

preparedness plans. Encourage your hospitals to provide training for providers and participate in the hospitals training exercises.

What can providers do now to be prepared?

First, providers need to remain up to date about emerging infectious disease trends and threats, as well as current immunization recommendations. Consider encouraging your patients to maintain at least a one week supply of medications available for emergencies. It is also very important that all providers develop an office preparedness plan that would include how acute medical issues will be addressed in the event containment and quarantine is in place. On the business side, ask your carriers about their payment plans during an emergency.

The Centers for Disease Control has an excellent provider communication website available at www.bt.cdc.gov/coca which members of the medical community can visit for up-to-date information regarding disease outbreaks.

The Latest on the Electronic File Interchange Process

CMS just released several documents on the Electronic File Interchange (EFI) process. EFI, also referred to as "bulk enumeration," is a process by which a health care provider or group of providers can have a particular organization apply for National Provider Identifiers (NPIs) on their behalf. For example, a large group practice may want to have its staff handle the NPI applications for all its members. If an organization/provider employs all or a majority of its physicians and is willing to be considered an EFI submitter, EFI enumeration may be a good solution for that group of providers. EFI documents posted to the web include a summary, user's guide and technical companion manual.

A new fact sheet for health care providers who are individuals is also now available.

Visit

<http://www.cms.hhs.gov/NationalProvidentStand/> to download these new items.

The EFI Steps

Once EFI is available, concerned entities will follow these steps:

- An organization that is interested in being an EFI organization will log on to an EFI home page (currently under construction) on the [NPPES web site](#) and download a certification form.

- The organization will send the completed certification form to the Enumerator to be considered for approval as an EFI organization (EFIO).
- Once notified of approval as an EFIO, the entity will send files in a specified format, containing NPI application data, to the NPPES.
- Providers who wish to apply for their NPI(s) through EFI must give the EFIO permission to submit their data for purposes of applying for an NPI.
- Files containing NPI application data, sent to NPPES by the EFIO, will be processed. NPI(s) will be assigned and the newly assigned NPI(s) will be added to the files submitted by the EFIO.
- The EFIO will then download the files containing the NPI(s) and will notify the providers of their NPI(s). An EFIO may also be used for updates and deactivations, if the providers agree to do so.

