

## November Website Updates

### Accomplishments

#### **September 29, 2006: MMA Section 945- Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group**

CMS published a notice (CMS-1481-N2) that announces a meeting for the EMTALA Technical Advisory Group (TAG), for November 2 and 3, 2006. This group is charged with reviewing regulations affecting hospital and physician responsibilities under the Emergency Medical Treatment and Labor Act (EMTALA). The TAG is charged with helping CMS develop rules that will protect individual rights while minimizing unnecessary burdens on health care providers.

#### **September 29, 2006: MMA Section 937 - Process for Correction of Minor Errors and Omissions without Pursuing Appeals Process**

CMS issued a manual issuance (CR 4147) that provides clarification for re-openings and revisions of claim determinations and decisions.

#### **October 6, 2006: MMA Section 911 -Increased Flexibility in Medicare Administration**

CMS issues a manual issuance (CR 5301) that provides clarification for the Durable Medical Equipment Medicare Administrative Contracts (DME MACs) on the adoption or rejection of local coverage recommendations.

#### **October 13, 2006: MMA Section 303(d) - Payment Reform for Covered Outpatient Drugs and Biologicals**

CMS issued a manual issuance (CR 5207) that provides instructions on Special Competitive Acquisition Programs appeals requirements and the delivery of dispute resolutions services.

#### **October 20, 2006: MMA Section 935 - Recovery of Overpayments**

CMS issued a manual issuance (CR 5085) that describes changes to the process for recovering Medicare Payments for the Home Health Prospective Payment system claims, when there has been a failure to report prior to hospitalization.

### **What to Expect**

#### **November 14, 2006: MMA Section 923 -Medicare Beneficiary Ombudsman**

CMS will host a Medicare Beneficiary Ombudsman open door forum, that will provide an opportunity for beneficiaries and their caregivers, and advocates to discuss issues of concern Medicare Beneficiary Ombudsman. The focus will be on ways to improve the systems and processes within the Medicare program.

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### **Final Rule: Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (CMS-1270-F)**

This final rule will establish durable medical equipment (DME) competitive bidding. National competitive bidding will provide a program for using market forces to set Medicare payment amounts. This will also create incentives for suppliers to provide quality items and services while at the same time providing Medicare with reasonable prices for payment. This is required by Section 302 of the MMA.

*Fourth Quarter of CY 2006*

### **Final Rule: Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2007 Payment Rates (CMS-1506-F)**

This rule revises the Medicare hospital outpatient prospective payment system to implement applicable statutory requirements and changes arising from our continuing experience with this system and to implement certain related provisions of the Medicare MMA.

*Fourth Quarter of CY 2006*

### **Proposed Rule: Use of Repayment Plans (CMS-6032-P)**

This rule proposes to grant a provider or a supplier an extended repayment schedule under certain terms and conditions. This rule will establish criteria and procedures to apply this requirement and to define the concepts of “hardship” and “extreme hardship.” This is required by Section 935 of the MMA.

*Fourth Quarter of CY 2006*

### **Final Rule: Enhanced DSH Treatment for Certain Hospitals (CMS-2198-F)**

This rule will require states to report additional information about their disproportionate share hospital (DSH) programs to their annual report. This is required by Section 1001(d) of the MMA.

*Fourth Quarter of CY 2006*