

## Accomplishments

### **March 2, 2006: MMA Section 303- Payment Reform for Covered Outpatient Drugs and Biologicals**

CMS issued a manual instruction (CR 4309) that allows payments beginning in 2005 to be based on 106 percent of the average sales price for drugs and biologicals.

### **March 10, 2006: MMA Section 911 – Increased Flexibility in Medicare Administration**

CMS issued a manual instruction (CR 4304) that establishes Medicare Administrative Contractors (MACs) in place of fiscal intermediaries and carriers. It also provides for consolidation and more flexibility on the contracting process. This is required by MMA Section 911.

### **March 17, 2006: MMA Section 731 – Improvements in National and Local Coverage Determination (LCD) Process to Respond to Changes in Technology**

CMS issued a manual instruction (CR 4278) that requires the development of plans to evaluate whether local coverage determinations (LCDs) should be adopted nationally, and to promote greater consistency among LCDs.

### **March 22, 2006: MMA Section 646- Medicare Health Care Quality (MHCQ) Demonstration**

CMS announced that it is making available the shared savings payment model and quality measurement and reporting processes used in the Medicare Physician Group Practice Demonstration (PGP) to Medicare Health Care Quality (MHCQ) Demonstration applicants. The PGP models give applicants a defined and industry supported payment model and quality measurement and reporting process. The MHCQ demonstration project was required by MMA Section 646.

### **March 24, 2006: MMA Section 945 - Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group**

CMS published a notice (CMS-1269-N7) announcing a new member for the EMTALA Technical Advisory Group. MMA Section 945 required the establishment of a 19 member technical advisory group to review EMTALA regulations, provide advice and recommendations to the Secretary regarding those regulations, solicit comments and recommendations regarding the implementation of regulations, and disseminate information regarding the application of such regulations.

## What to Expect

### **March 28, 2006: MMA Section 923 - Medicare Beneficiary Ombudsman**

CMS will host an Open Door Forum on the Medicare Beneficiary Ombudsman program. This forum will provide an opportunity for beneficiaries, caregivers, and advocates to discuss issues and concerns regarding ways to improve the systems within the Medicare program. This is required by Section 923 of the MMA.

**Final Rule: MMA Section 936 (b)(1) - Requirements for Establishing and Maintaining Medicare Billing Privileges and Provider Enrollment Process**

This final rule (CMS-6002-F) is needed as part of the Administration's anti-fraud and abuse efforts. It gives CMS the authority to enroll and re-enroll providers, with time frames for re-enrollment. The rule also responds to comments received on the proposed rule and implements section 936 of the MMA, which establishes deadlines for action on enrollments and renewals.

*Targeted Release: First Quarter of CY 2006*

**Final Rule: MMA Section 302 – Conditions for Coverage for Payment of Power Mobility Devices, Including Powered Wheelchairs and Power Operated Vehicles (Scooters) (CMS-3017-F)**

This final rule expands who can prescribe a power mobility device when it is necessary for the beneficiary's medical condition. MMA Section 302 expanded the list of practitioners who can prescribe POVs and requires a face to face examination of the beneficiary.

*Targeted Release: First Quarter of CY 2006*

**Proposed Rule: MMA Section 302- Competitive Acquisition for Certain Durable Medical Equipment (DME) Prosthetic, Orthotics, and Supplies**

This proposed rule would create national competitive bidding that will provide a program for using market forces to set Medicare payment amounts. It will also create incentives for suppliers to provide quality items and services, while at the same time providing Medicare with reasonable prices for payment.

*Targeted Release: First Quarter of CY 2006*

**Proposed Rule: MMA Section 936(b)(3) - Provider Enrollment Process: Right of Appeal–Hearing Rights**

This proposed rule (CMS-6003-P2) would extend appeal rights to all suppliers whose enrollment applications for Medicare billing privileges are disallowed by a carrier or whose Medicare billing privileges are revoked, except for those suppliers covered under other existing appeals provisions of CMS regulations. This rule is required by MMA Section 936(b)(3).

*Targeted Release: First Quarter of CY 2006*