

Protecting Medicaid Safety Net Act of 2008

After passing the House Committee on Energy and Commerce by a 46-0 vote, HR 5613, the Protecting Medicaid Safety Net Act of 2008, passed the House on a 349-62 vote last week. The bill would extend a moratorium through March 2009 regarding intergovernmental transfers, certified public expenditures, and graduate medical education. The moratorium is currently set to expire on May 25. Despite apparently broad, bipartisan support in the House, HR 5613 still faces three major obstacles. First, the Bush administration has confirmed earlier indications that it would veto the bill if it passes in its current form. Second, the Senate does not appear likely to pass the measure as a free-standing bill. And third, the bill must clear these hurdles before the moratorium expires in May. The American Hospital Association, with support from state associations, is continuing to push for passage of the bill. One element of the AHA strategy is to attach HR 5613 to another bill so it does not have to be considered as a standalone in the Senate. The AHA is currently reviewing options for that approach. In the meantime, continued support from hospital administrators will be critical in protecting the IGT program and other provisions. Please contact the Wyoming Hospital Association for details on HR 5613, or for assistance in contacting Rep. Cubin, or Sens. Barrasso and Enzi.

CMS Poised To Release Final Report On RAC Demonstration

The Centers for Medicare & Medicaid Services in the next few weeks will release a final report on the overall outcome of the Medicare recovery audit contractor demonstration, CMS officials told the AHA recently. Following the report, the agency plans to announce the permanent RACs for the nationwide rollout. According to CMS, the permanent RACs will conduct outreach and education efforts prior to starting claims audits. Congress in 2006 made the program permanent and required CMS to operate RACs in all 50 states by 2010. RACs review old Medicare claims, and receive a percentage of the improper payments they identify – both overpayments and underpayments. AHA vice president for policy Don May said, "While the changes CMS has made to improve the RAC program based on the demonstration are good, much more needs to be done to ensure that these programs operate properly and fairly." For information on how to prepare for the RAC program and the legislative campaign to slow down the national rollout, visit www.aha.org.

New R&P Publication Examines Interstate Community in Wyoming

When labor is in short supply, employers and economic developers need to know where to focus their recruiting efforts. Which states are the best bet for finding workers to fill jobs in a particular industry? To learn more about where Wyoming's labor forces lives and works, the Research & Planning (R&P) section of the Wyoming Department of Employment developed a

commuting pattern data model. The model is the core of a new 12-page publication, "The Road to Work: Commuting in Wyoming," produced in cooperation with the Wyoming Workforce Development Council. It gives examples of R&P commuting pattern data that can be used by business owners, policy makers, economic developers, and others. These findings have many uses, such as identifying sources of labor, housing needs, or pointing to changing infrastructure needs. The publication is available online at R&P's Commuting Patterns website, <http://doe.state.wy.us/LMI/commute.htm> or via hard copy. For a hard copy, call 307-473-3818 or e-mail pellsw@state.wy.us.

State Unveils Alcohol, Tobacco Advertising Campaign

The Wyoming Department of Health has formally unveiled its new statewide advertising campaign focused on alcohol and tobacco use in Wyoming. The key thought behind the campaign is 'no secondhand harm,' said Dr. Brent Sherard, Director of the Wyoming Department of Health. "In other words, if your actions cause harm to others you've crossed the line." Rodger McDaniel, Wyoming Department of Health deputy director for mental health and substance abuse services, said, "This campaign is about personal responsibility, and is not the state telling you what you should or shouldn't do about tobacco or alcohol." The newly developed, multi-media campaign includes television commercials, radio commercials and innovative on-site direct advertising materials. A bright green line is a key element that repeats throughout the visual parts of the campaign. Most of the campaign's messages direct people to visit wedrawtheline.com online. The new web site invites people to read others' descriptions of when "they crossed the line" and to submit their own stories.

Ask the Contractor Teleconference

Join Noridian Administrative Services (NAS) on Thursday, May 8, 2008, at noon for the next Ask the Contractor Teleconference (ACT). ACT calls are similar to the Open Door Forums offered by the Centers for Medicare & Medicaid Services. They give NAS an opportunity to serve customers by responding timely to questions, and providing a method of sharing information. Please take this opportunity to speak to your Medicare contractor on the topic of your choice. NAS will have staff on the call representing a wide variety of functions. The number to call is (888) 428-4480. The conference name is: Ask the Contractor Teleconference. Please call in ten minutes before the call, as it will start promptly at noon. Upon joining the ACT call, provide the conference name, all attendees' names at your location, and the entity you represent.

NPI Required As of May 23

As of May 23, 2008, the National Provider Identifier (NPI) will be required for all HIPAA standard transactions. The Centers for Medicare & Medicaid Services (CMS) requires the NPI

on all Medicare claims in the primary provider fields. CMS has instructed providers to begin submitting a small number of claims as NPI-only (i.e., no legacy number.) After submitting, providers must ensure claims process through the Medicare payment system. This testing process should begin now; providers must send all claims with NPI-only before May 23, 2008. If your claims still reject, you may need to update your Medicare enrollment information. Call Provider Enrollment at 1-888-608-8816. Do not delay calling, as the May 23, 2008 cut-off date approaches, the line may be quite busy. Completing this testing now will allow time for needed corrections before May 23, 2008, the date when only the NPI will be accepted in all provider fields. More information is available on their website located at www.cms.hhs.gov/NationalProvIdentStand.

Free Educational Event From APS Healthcare

The Wyoming Department of Health's EqualityCare program, Cheyenne Regional Medical Center and APS Healthcare invite you to an educational event "The Role of the Provider in the Referral and Management of Hospice Patients." The event will be held Thursday, May 29, 2008, from 12:15 pm to 1:45 pm. The presenter will be Robert Monger, M.D., Chief Medical Director, Davis Hospice Center and will be available via AT&T web meeting (on the internet) and live at Cheyenne Regional Medical Center. Topics will include an overview of Wyoming hospice, and benefits to providers and patients, and dealing with end of life patients and their friends/family. Please RSVP by May 28, 2008, on their website located at www.WYHealthyTogether.com/cme.htm