

HHS Posts Elective Procedure, Hospital Costs

BY MARY ELLEN SCHNEIDER
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Patients and physicians can now find out how much Medicare pays hospitals for certain common elective procedures and other admissions, and by fall, similar information on outpatient and physician services will be accessible.

The hospital information, which is posted on Medicare's Web site, includes aggregated payment information by county

for fiscal year 2005. Officials at the Centers for Medicare and Medicaid Services have also released information on the volume of these procedures at each hospital.

"People need to know how much their health care costs," Health and Human Services Secretary Mike Leavitt said during a press briefing. "They need to know the quality of the care they receive, and they need to have a reason to care. Right now none of those things exist in our health care system."

Mr. Leavitt said this information is the first step to greater transparency of health care cost and quality information. This summer, CMS officials plan to post Medicare payment information for common elective procedures performed at ambulatory surgery centers. And in the fall, the agency plans to post Medicare payment information for common hospital outpatient and physician services.

Ultimately, consumers will be able to use this type of information to make bet-

ter decisions about their care, Mr. Leavitt said. For example, a patient in need of knee replacement surgery today would likely choose a hospital based on its location or the recommendation of a physician.

However, at some point in the future, patients will be able to assemble information on the number of knee replacement surgeries performed at a certain hospital, compare the quality of the hospital against national data, and see patient satisfaction information, he said.

The information released in June includes the range of Medicare payments and the volume of services for 30 conditions with the highest utilization rates among all Diagnosis Related Groups, including implanting cardiac defibrillators, hip and knee replacements, and gallbladder operations. Data also are available on conditions that were not in the top 30 DRGs but which are of interest to the Medicare community. ■

Hospital payment information is posted at www.cms.hhs.gov/HealthCareConInit.

CMS: Apply Now for a New ID Number

Physicians need to apply now for a national provider identifier number in order to start using it in May 2007, according to the Centers for Medicare and Medicaid Services.

The national provider identifier (NPI) is a 10-digit number that does not expire or change; it is used to speed claims processing.

The Health Insurance Portability and Accountability Act mandates that the NPI be used for all standard health care transactions involving both public and private payers starting on May 23, 2007. Small health plans, defined as having annual receipts of \$5 million or less, are given an additional year to comply.

A physician needs only one NPI, regardless of the number of specialties, licenses, or practice locations he or she may have. Once assigned to the physician, that number will stay with him or her through job changes and relocations.

Physicians will need to have several numbers on hand before applying, such as their health care license number or certificate number and any "legacy identifiers," such as a unique physician identification number (UPIN). If physicians have numbers issued by Medicaid and other health plans, they also need to be included in the application.

—Nancy Nickell

Apply online for an NPI at <https://NPPES.cms.hhs.gov>; or call 1-800-465-3203 for a paper application. For more information, go to http://www.cms.hhs.gov/apps/npi/01_overview.asp.

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