
CMS Manual System

Pub. 100-19 Demonstrations

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 5

Date: AUGUST 13, 2004

CHANGE REQUEST 3423

SUBJECT: Use of Group Health Plan Payment System to Pay Capitated Payments to Non-Health Plan Demonstration/Program Sites Serving Medicare Fee For Service Beneficiaries-Updated List of Plan Numbers

I. SUMMARY OF CHANGES:

This CR updates the list of non-health plan demonstration / program sites set up as “option 1” plans under the Group Health Plan Payment System but for which specified information on CWF inquiry screens should be suppressed as described fully in CR 3283 (Transmittal #4, May 14, 2004). With the exception of the updated list of sites, there are no other changes to CR 3283.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005

***IMPLEMENTATION DATE: January 3, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	1 / Table of Contents

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

***Medicare contractors only**

Demonstrations

Pub. 100-19 is the Demonstration Manual, which houses the demonstrations that are not required to be manualized at this point. Below is a table of contents that lists the current demonstrations.

Table of Contents

TRANSMITTAL	COMMUNICATION DATE	CR NUMBER
R5DEMO.doc	08/13/2004	3423
R4Demo.doc	05/14/2004	3283
R3Demo.doc	05/07/2004	3269
R2Demo.doc	04/30/2004	3199
AB-02-153	04/01/2003	2414
AB-02-144	10/25/2002	2382
AB-02-119	08/21/2002	2334
AB-02-002	01/11/2002	1995
AB-01-149	10/23/2001	1752
AB-01-140	09/27/2001	1849
AB-01-97	07/17/2001	1525
AB-01-93	06/28/2001	1750
AB-01-30	02/12/2001	1548
AB-00-71	08/07/2000	1116

Attachment – Recurring Update Notification

Pub. 100-19	Transmittal: 5	Date: August 13, 2004	Change Request 3423
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SUBJECT: Use of Group Health Plan Payment System to Pay Capitated Payments to Non-Health Plan Demonstration/Program Sites Serving Medicare Fee For Service Beneficiaries- Updated list of Plan Numbers

I. GENERAL INFORMATION

A. Background:

CR 3283 (Transmittal # 4, May 14, 2004) described the use of the Group Health Plan Payment System to pay capitated payments to non-health plan demonstration and program sites serving Medicare fee-for-service beneficiaries. The demonstration/program sites include those providing coordinated care, disease management, and/or other specified services not traditionally paid for under the traditional Medicare program and through the traditional Medicare claims payment system. This change request updates the list of sites paid in this way.

B. Policy:

All policies and requirements previously specified in CR 3283 shall remain in effect. The only change is that this CR updates the list of sites covered under this policy to include the additional “plan” numbers listed in Attachment 1. Note that although specific sites have not yet been identified for the Chronic Care Improvement Program, the numbers indicated on Attachment 1 have been reserved exclusively for this program’s use and shall therefore all be covered under this policy.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3423.1	CWF shall update the reference table created to support CR 3283 with the list of 51 plan numbers on Attachment 1.								X	

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3423.1	See CR 3283. All requirements of CR 3283 remain effective.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 Implementation Date: January 3, 2005 Pre-Implementation Contact(s): Jody Blatt (410) 786-6921 Post-Implementation Contact(s): Jody Blatt (410) 786-6921	Medicare contractors shall implement these instructions within their current operating budgets.
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*Unless otherwise specified, the effective date is the date of service.

Attachment

Attachment 1

Demonstrations Being Paid As 'Option 1' Health Plans in the Group Health System

Demonstration Plans Added Effective 1/1/05	
90400 through and including 90449	Chronic Care Improvement Program (Use same "plan" name for all numbers)
H5413	LifeMasters
Demonstration Plans Previously Listed in CR 3283 Effective 10/1/2004	
H1902	Cor Solutions
H4519	XL Health, Inc.
H5408	Pacificare/SeniorCo (on behalf of HeartPartners Group)