CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-19 Demonstrations	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 82	**Date: January 26, 2012**
	Change Request 7693

SUBJECT: Implementation Support and Payment Processing for the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration- Additional Requirements

I. SUMMARY OF CHANGES: On February 11, 2011, the Centers for Medicare and Medicaid Services (CMS) issued Change Request (CR) 7283, Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration. This CR was implemented with the October 2011 release. During the testing and initial production implementation of claims processing, several issues were identified which would have prevented the accurate processing of claims. The purpose of this CR is to document the final set of changes necessary to support claims processing for this demonstration.

EFFECTIVE DATE: July 1, 2011
IMPLEMENTATION DATE: July 2, 2012

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
One-Time Notification
**Unless otherwise specified, the effective date is the date of service.*

Attachment – One Time Notification

Pub. 100- 19	Transmittal: 82	Date: January 26, 2012	Change Request: 7693

SUBJECT: **Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration- Additional Requirements**

Effective Date: July 1, 2011

Implementation Date: July 2, 2012

I. GENERAL INFORMATION

NOTE: These requirements only apply to contractors processing claims for providers (including some FQHCs), participating in this demonstration in the following States:

- Maine, Vermont, Rhode Island (J14)
- New York (J13)
- Pennsylvania (J12)
- North Carolina (J11)
- Michigan (J8)
- Minnesota (J6)

In addition, because Railroad Retirement beneficiaries shall be eligible for demonstration services, the specialty contractor (Palmetto) that processes claims for these beneficiaries shall be affected by this demonstration and these requirements.

A. Background:

On February 11, 2011, the Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7283, *Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration*. This CR was implemented with the October 2011 release. During the testing and initial production implementation of claims processing, several issues were identified which would have prevented the accurate processing of claims. The purpose of this CR is to document the final set of changes necessary to support claims processing for this demonstration.

B. Policy:

Contractors shall make changes, as needed, to provide for the accurate processing of MAPCP Demonstration claims (Demonstration code #58) for eligible beneficiaries as specified in CR 7283 and amended by the requirements below.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7693.1	Medical home claims (Demonstration code "58") for beneficiaries resident in a skilled nursing or other inpatient facility on the date of service of the demonstration claim shall be paid if the beneficiary is otherwise eligible for services under the demonstration.	X			X					X	
7693.2	Medical home claims (Demonstration code "58") for beneficiaries who have elected the hospice benefit on the date of service of the demonstration claim shall be paid if the beneficiary is otherwise eligible for services under the demonstration.	X			X					X	
7693.3	Information for demonstration code "58" claims from ME, VT, NY, RI, PA, NC and MI that are submitted by the CMS research contractor and subsequently denied or rejected for any reason shall be suppressed from the provider remittance advice (SPRs and ERAs).							X			
7693.4	For demonstration code "58" claims from ME, VT, NY, RI, PA, NC & MI that are submitted by the CMS research contractor where the beneficiary's name and/or address on the claim is incomplete or does not match data in the Medicare claims processing system, notification shall be provided to the CMS research contractor (see business requirement 6 below) only. The CMS research contractor shall correct the claim and resubmit it. The claim shall not be returned to the provider for re-submission.	X			X						Research contractor
7693.4.1	In contrast to how demonstration code "58" claims from ME, VT, NY, RI, NC, & MI, are handled in the above requirement (7693.4), demonstration code "58" claims from MN where the beneficiary's name and/or address on the claim is incomplete or does not match data in the Medicare claims processing system shall be returned to the provider in accordance with normal claims processing guidelines.										Billing provider

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	The billing provider shall be expected to provide updated information and re-submit the claim in accordance with normal claims processing guidelines										
7693.5	For Demonstration code "58" claims from ME, VT, NY, RI, PA, NC & MI where the billing and rendering provider information on the claim submitted by the CMS research contractor does not match what is in the Medicare claims processing system and, as a result, the claim cannot be processed, notification shall be provided to the CMS research contractor (see business requirement 6 below) only. The CMS research contractor shall correct the claim and resubmit it. The claim shall not be returned to the provider for re-submission.	X			X						Research contractor
7693.6	The system maintainer shall prepare a weekly report and file to be provided to the CMS Research Contractor in a mutually agreeable, machine readable format showing all claim denials and rejections. The information on the report shall include the following information at a minimum: • Carrier or MAC • State • Billing Provider PTAN and NPI • Rendering Provider PTAN and NPI • Beneficiary HIC • Beneficiary Name • ICN • Date of Service • Denial reason If the denial reason is a code, text descriptions of the code shall be provided as well.							X			
7693.7	The EDC shall work with the CMS Research Contractor to develop a file transfer mechanism to enable this report to be delivered in a timely manner to the CMS Research Contractor.										EDC, CMS research contractor

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7693.8	It shall be the responsibility of the research contractor to correct and resubmit claims where appropriate (i.e. updating of names/addresses as referenced above).										CMS research contractor

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7693.9	There won't be a provider education article for this CR. However, CMS/ORDI and its State partners will be responsible for conducting any educational activities with the States. The contractor shall, however, be responsible for responding to questions specifically pertaining to payment processing.										CMS; States

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jody Blatt: (410)786-6921 - Jody.Blatt@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs)*:
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Section B: *For Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.