



Related MLN Matters Article #: MM3953

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### *MMA – The Medicare Health Support Programs (formerly known as Medicare Chronic Care Improvement Programs)*

#### Key Words

Chronic, Care Improvement, MHSO, MHSP, MHS, CCIOs, CR3953, MM3953, CR3953, R30DEMO, Medicare Health Support Program, MMA, Section 721

#### Provider Types Affected

Physicians and providers in any one of the eight Medicare Health Support pilot areas as follows:

1. AETNA Life Insurance Company, LLC, Chicago, Illinois counties;
2. American Healthways, Maryland and the District of Columbia;
3. CIGNA Health Support, LLC, Northwest Georgia;
4. Health Dialog Services Corporation, Western Pennsylvania;
5. Humana, Central and South Florida;
6. LifeMasters Supported SelfCare, Oklahoma;
7. McKesson Health Solutions, Mississippi;
8. XLHealth Corporation, selected counties in Tennessee, including Nashville, Memphis and Knoxville.

#### Key Points

- The effective date of the instruction is October 20, 2005.
- The implementation date is October 20, 2005.
- MM3953 describes the new Medicare Health Support Programs (MHSPs) and identifies the eight Medicare Health Support Organizations (MHSOs) selected by CMS to provide MHSPs to certain beneficiaries enrolled in the traditional Fee-for-Service (FFS) Medicare program.
- The eight Medicare Health Support Organizations (MHSOs) selected by CMS will serve approximately 180,000 Medicare beneficiaries who have congestive heart failure and/or diabetes among their chronic conditions.

- Eligible beneficiaries do not have to change plans or providers to participate, and participation is totally voluntary. Participation in an MHSP does not restrict access to other Medicare services and will be provided at no extra cost to beneficiaries.
- Some key points about the MHS initiative are as follows:
  - The MHSPs will test whether providing additional health education and support services for targeted chronically ill Medicare beneficiaries who are in traditional FFS Medicare will lead to improved clinical quality and satisfaction and lower costs to Medicare.
  - CMS has entered into agreements with selected organizations (MHSOs) to provide MHSPs to targeted Medicare FFS beneficiaries (about 20,000 beneficiaries serviced by each MHSO) who have congestive heart failure and/or diabetes.
  - The first MHSPs will be phased in during 2005, operate for three years, and be tested through comparative analysis with beneficiaries randomly assigned to regional control groups. The statute provides for expansion of the MHS initiative if the pilot programs or program components are successful.
  - The programs will offer support services—such as self-care guidance and answers to questions about medications—for chronically ill beneficiaries who are invited by CMS to participate.
  - The goal is to help them adhere to their prescribed treatment plans and ensure that they seek the medical care they need to reduce their health risks. Coordination and collaboration with participants' healthcare providers to enhance communication of relevant clinical information are also key components of the MHSPs.
  - Participation in MHSPs will not restrict access to care and will be provided at no cost to eligible beneficiaries. Such beneficiaries do not have to change from their existing plans, nor do they have to change physicians or providers in order to participate. Further, they may stop participating at any time.
  - MHSOs will be paid by CMS, outside of the Medicare FFS claims payment system, a fixed administrative fee per participant per month.
  - The MHSOs will not focus on any single disease, but will help participants manage their health holistically.
  - The MHSOs will not pay any claims on behalf of enrolled beneficiaries and a beneficiary's participation will not affect how claims from their physicians/providers are processed by Medicare.
- The chart on page 3 of the MLN Matters Article MM3953 has a chart that identifies the MHSOs, details selected program features and delineates their geographic areas served.

## Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3953.pdf>

For complete details of CR3953, affected providers should see the official instruction at <http://www.cms.hhs.gov/Transmittals/Downloads/R30DEMO.pdf> on the CMS website.

The Medicare Fact Sheet that describes the Medicare Health Support programs may be found at [http://www.cms.hhs.gov/CCIP/Downloads/overview\\_ketchum\\_71006.pdf](http://www.cms.hhs.gov/CCIP/Downloads/overview_ketchum_71006.pdf) on the CMS website. This document is an excellent overview of the program.

MLN Matters Article MM3410 provides some background information on the *“Use of Group Health Plan Payment System to Pay Capitated Payments to Chronic Care Improvement Organizations Serving Medicare Fee-For-Service Beneficiaries Under Section 721 of the MMA”* and can be viewed by going to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3410.pdf> on the CMS website.