



Provider Inquiry Assistance

Montefiore Care Guidance Demonstration Project for New York – JA4100 (Montefiore)

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Date Job Aid Revised: July 13, 2009

Effective Date: October 1, 2005

Implementation Date: October 3, 2005

Key Words MM4100, CR4100, R28DEMO, Demonstration, Chronic, CMO, FFS

- Contractors Affected**
- Medicare Carriers
 - Fiscal Intermediaries (FIs)
 - Durable Medical Equipment Regional Carriers (DMERCs)
 - Regional Home Health Intermediaries (RHHIs)

Provider Types Affected Physicians and providers who bill any Medicare contractor for services provided to Medicare fee-for-service (FFS) beneficiaries (i.e., those in the traditional FFS Medicare program) who reside in any one of the geographic areas described below and who have enrolled in a Care Management for High Cost Beneficiaries (CMHCB) program



- Change Request (CR) 4100 describes the Centers for Medicare & Medicaid Services (CMS) CMHCB Demonstration project and the associated Care Management Organizations (CMOs) programs. These programs are being implemented under the demonstration project to test whether supplemental care management services can improve quality of care and health results, and reduce unnecessary hospital stays and emergency room visits for FFS beneficiaries who have one or more chronic diseases.
- Care management services provided by the CMOs may include facilitating collaboration among beneficiaries' primary and specialist providers, and enhanced communication of relevant clinical information to providers for the beneficiaries enrolled in a CMHCB program.

Call Script – This script will be used for responding to provider inquiries regarding beneficiaries in this demonstration project.

- Provider Needs to Know...**
- Medicare has awarded a contract to Montefiore Medical Center to conduct a pilot project called Montefiore Care Guidance. As part of this project, Montefiore Care Guidance will offer services to a selected group of fee-for-service (original Medicare plan) beneficiaries who have one or more chronic conditions. Participation is the beneficiary's choice. This project is intended to improve quality of care and reduce costs by helping participants manage their health and avoid emergency room visits and hospitalization.

- This three-year pilot demonstration project will begin early 2006. Montefiore Care Guidance is not a new insurance plan. Choosing to be in this project does not mean that the beneficiary has joined an HMO, Medicare Advantage plan, or other non-fee-for-service health plan. Participation will not alter a beneficiary's Medicare coverage, choice of providers, or access to care. It will not cost the beneficiary anything beyond normal Medicare copayments or deductibles.
- Some of the services offered by Montefiore Care Guidance will help participants:
 - Learn more about their chronic conditions;
 - Get support for their doctor's plan of care; and
 - Keep track of their medical treatments.
- To learn more about Montefiore Care Guidance, call 1-888-667-8447.

Key Tips

- This is NOT a new insurance plan. It does not replace Medicare FFS benefits, but provides additional support services for those who are eligible to participate.
- Participating in this program does not mean that the beneficiary will be enrolling or have enrolled in a Medicare Advantage Plan or HMO.

Background

CMS awarded contracts to six CMOs to conduct a three-year Care Management Demonstration with chronically ill, high cost beneficiaries. Each CMO project is part of a collective demonstration to test provider-based intensive care management services as a way to improve quality of care and reduce costs for fee-for-service beneficiaries who have one or more chronic diseases.

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4100.pdf> on the CMS website.

The official instruction (CR4100) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R28DEMO.pdf> on the CMS website.
