



# MLN Matters<sup>®</sup>



Information for Medicare Fee-For-Service Health Care Professionals

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## Use of Group Health Plan Payment System for Demonstrations Serving Medicare Fee-For-Service Beneficiaries

**Note:** This article was updated on May 9, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

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All Medicare providers

### Provider Action Needed

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No action needed.

### Background

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The Centers for Medicare & Medicaid Services (CMS) is conducting several large coordinated care and disease management demonstrations under which private organizations will contract with CMS to provide disease management services to beneficiaries enrolled in the traditional Medicare Fee-For-Service program. In a previous MLN Matters article published on 5/13/2004 (SE0425), a summary of the Medicare Disease Management Demonstration was provided with an instruction to treat participants in the demonstration as traditional fee-for-service beneficiaries.

The Medicare beneficiaries participating in these demonstrations are NOT enrolled in an HMO. The Disease Management Organizations are being paid using the CMS Group Health Plan System as an "Option 1" cost plan. All fee-for-service claims will continue to be able to be processed under traditional Medicare payment rules and beneficiaries enrolled in these demonstrations will be considered covered under the traditional Medicare Fee-For-Service program.

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Beneficiaries will only receive coordinated care/disease management services from these special demonstration plans. They are not restricted in any way as to how they receive their other Medicare services.

In order to avoid confusion about a beneficiary's access to services when providers or others check beneficiary eligibility on certain standard system screens, the related CR 3283 directs CWF to suppress any reference to HMO information on certain screens for beneficiaries enrolled in these demonstrations.

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