

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Beginning January 1, 2012, eligible professionals and group practices participating under the group practice reporting option (GPRO) that have not successfully met the requirements of the eRx incentive program (or, alternately, qualify for a significant hardship exemption) will be subject to the 2012 Medicare eRx payment adjustment. The adjustment will reduce Medicare payment rates by 1% of the provider's allowable Medicare Part B charges. Individual eligible professionals must submit their hardship exemption requests through the [Quality Communications Support Page](#) and group practices participating under the group practice reporting option (GPRO) must submit hardship exemption requests via a letter to CMS. The deadline to submit a hardship exemption request is Tuesday November 1, 2011.

MLN Matters® Number: MM7561

Related Change Request (CR) #: CR 7561

Related CR Release Date: October 27, 2011

Effective Date: April 1, 2012

Related CR Transmittal #: R9750TN

Implementation Date: April 2, 2012

Format Revisions to the Special Incentive Remittance Advice Used to Report Quarterly Incentive Payments for Health Professional Shortage Areas (HPSAs), the Primary Care Incentive Payment Program (PCIP), and the HPSA Surgical Incentive Payment Program (HSIP)

Provider Types Affected

This article is for physicians and non-physician practitioners submitting claims to Medicare carriers and Part A/B Medicare Administrative Contractors (A/B MACs) for primary care services; and for general surgeons submitting claims to Medicare carriers and A/B MACs for major surgical procedures furnished in Health Professional Shortage Areas (HPSAs).

What You Need to Know

A revision to the special remittance advice used to report quarterly incentive payments for Health Professional Shortage Areas (HPSAs), the Primary Care Incentive Payment Program (PCIP), and the HPSA Surgical Incentive Payment

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Program (HSIP) will allow you to know your total individual incentive payment amount for HPSA, PCIP, and/or HSIP (which ever applies).

Change Request (CR) 7561, from which this article is taken, announces that the special remittance advice currently used for quarterly HPSA, PCIP, and the HSIP incentive payments is being revised to include a summary page with a grand total incentive payment amount per performing National Provider Identifier (NPI), per incentive payment.

Background

Section 5501(a)(3) of the Affordable Care Act (the Act) provides payment of the Primary Care Incentive Payment Program (PCIP) as an additional payment amount for specified primary care services regardless of any other additional payment for services under Section 1833(m) of the Act; and Section 5501(b) revises Section 1833(m) of the Act to authorize the HPSA Surgical Incentive Payment Program (HSIP), an incentive payment program for major surgical services furnished by general surgeons in Health Professional Shortage Areas (HPSAs).

Note: An eligible primary care physician furnishing a primary care service in an HPSA may receive both a HPSA physician bonus payment and a PCIP payment; however, a general surgeon in an HPSA is only eligible to receive a HSIP payment.

In order to coordinate these payments, the Centers for Medicare & Medicaid Services (CMS) instructed Medicare carriers and A/B MACs to revise the Special Incentive Remittance to include the PCIP and HSIP programs in: 1) Change Request (CR) 7060 (Incentive Payment Program for Primary Care Services, Section 5501(a) of the Affordable Care Act), released on February 25, 2011; and 2) CR7063 (Section 5501(b) Incentive Payment Program for Major Surgical Procedures Furnished in Health Professional Shortage Areas under the Affordable Care Act), released August 27, 2010. These CRs also instructed the Medicare contractors, when appropriate, to pay the primary care incentive payment and the HPSA general surgery payment at the same time and in the same payment as the HPSA physician bonus.

Note: The MLN Matters® Articles related to these CRs are available at <http://www.cms.gov/MLNMattersArticles/downloads/MM7060.pdf> and <http://www.cms.gov/MLNMattersArticles/downloads/MM7063.pdf>, respectively.

The first PCIP and HSIP payments were made in April 2011; and at that time, many providers reported to CMS that the accompanying Special HPSA Remittance report was long (in some cases several hundred pages), and did not total the incentive payments by an individual practitioner's NPI. After a review of public comments, CMS is responding to the request to modify this report (now re-named the "Special Incentive Remittance") to provide detailed incentive billing and payment information.

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CR7561 announces that CMS has revised the Special Incentive Remittance currently used for quarterly HPSA, PCIP, and HSIP incentive payments to include a summary page with a total incentive amount paid per performing NPI, per incentive program. At a minimum, it includes the following information per performing NPI:

- Performing NPI;
- Sum total HPSA amount paid for all claims on the remittance advice;
- Sum total number of HPSA claims on the remittance advice;
- Sum total PCIP amount paid for all claims on the remittance advice;
- Sum total number of PCIP claims on the remittance advice;
- Sum total HSIP amount paid for all claims on the remittance advice; and
- Sum total number of HSIP claims on the remittance advice.

Additional Information

You can find the official instruction, CR7561, issued to your carrier or A/B MAC by visiting <http://www.cms.gov/Transmittals/downloads/R975OTN.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - Vaccination is the Best Protection Against the Flu. The Centers for Disease Control and Prevention is encouraging everyone 6 months of age and older to get vaccinated against the seasonal flu. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. And remember, vaccination is particularly important for healthcare workers, who may spread the flu to high-risk patients; don't forget to immunize yourself and your staff. *Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccination – Not the Flu.* Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp. Note that the flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp and <http://www.cms.gov/immunizations>.

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