



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3953 **Revised**

MLN Matters Number: MM3953

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Implementation Date: October 20, 2005

MMA - Medicare Health Support Programs (Formerly Known as Medicare Chronic Care Improvement Programs)

Note: This article was updated on February 12, 2013, to reflect current Web addresses. This article was previously revised on December 5, 2008, to note that Phase I program operations began between August 2005 and January 2006, and that providers should visit <http://www.cms.gov/Medicare/Medicare-General-Information/CCIP/index.html> for current information on the program. All other information remains the same.

Provider Types Affected

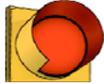
Physicians and providers in any one of the eight geographic areas described below

Organization Selected by CMS to Provide Program	Geographic Areas to be Served
1. Aetna Life Insurance Company, LLC	Chicago, Illinois counties
2. American Healthways	Maryland and the District of Columbia
3. CIGNA Health Support	Northwest Georgia
4. Health Dialog Services Corporation	Western Pennsylvania
5. Humana, Inc.	Central and South Florida
6. LifeMasters Supported SelfCare, Inc.	Oklahoma
7. McKesson Health Solutions	Mississippi
8. XLHealth Corporation	Selected counties in Tennessee

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Provider Action Needed



STOP – Impact to You

This article includes information from Change Request (CR) 3953 that describes the new Medicare Health Support Programs (MHSPs), formerly known as Chronic Care Improvement Programs, and identifies the eight organizations selected by the Centers for Medicare & Medicaid Services (CMS) to provide MHSPs to certain beneficiaries enrolled in the traditional Fee-For-Service (FFS) Medicare program.



CAUTION – What You Need to Know

CMS is implementing Phase I: Developmental of the Medicare Health Support Initiative. 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.



GO – What You Need to Do

See the *Background* and *Additional Information* sections for more information on this new program.

Background

This article provides information about CMS' implementation of the Medicare Health Support Programs (MHSPs), formerly known as Chronic Care Improvement Programs. Section 721 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) adds a new section 1807, "Voluntary Chronic Care Improvement Under Traditional Fee-for-Service (FFS) Medicare" to the Social Security Act. This section requires Medicare to provide for the phased-in development, testing, evaluation, and implementation of chronic care improvement programs (now known as MHSPs) and to proceed with expansion regionally or possibly nationwide if the pilot programs (or program components) are successful.

This initiative represents one of multiple strategies developed by the Department of Health and Human Services (DHHS) to help chronically ill beneficiaries stay healthier, accelerate the adoption of health information technology, reduce avoidable costs, and diminish health disparities among Medicare beneficiaries nationally.

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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.

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The following chart identifies the MHSO, provides information about selected program features of the MHSPs to be offered, and delineates the geographic areas served by the MHSOs:

MHSO	Selected Program Features	Geographic Area
Aetna Life Insurance Company, LLC	<ul style="list-style-type: none"> • Advance Practice Nursing Program for home health and nursing homes • Customized care plans • Caregiver education • Blood pressure monitors and weight scales provided based on participant need • Physician communication • Physician web access to clinical information • 24-hour nurse line 	Chicago, IL counties
American Healthways	<ul style="list-style-type: none"> • Personalized care plans • Direct-mail and telephonic messaging • Supplemental telephonic coaching • Gaps in care generate physician prompts • Intensive case management services as necessary • Remote monitoring devices (weight, blood pressure (bp), and pulse) based on participant need • Physician web access to clinical information • Physician communication • 24-hour nurse line 	MD and DC
CIGNA Health Support, LLC	<ul style="list-style-type: none"> • Personalized plan of care • Telephonic nurse interventions • Oral and written communication in addition to telephonic coaching • Home monitoring equipment (weight, bp, and glucometers) based on participant need • Intensive case management for frail elderly and institutionalized participants, as required • Data exchange with physicians • 24-hour nurse line 	Northwest GA
Health Dialog Services Corporation	<ul style="list-style-type: none"> • Personal health coaches develop individual care management plans • Health education materials (web-based, faxed or mailed) • In-home biometric monitoring • Behavioral health case management and intensive case management as needed • Data exchange with physicians • Active involvement of other community agencies • 24-hour nurse line 	Western PA
Humana, Inc.	<ul style="list-style-type: none"> • Trademarked Personal Nurse (PN) program model • Group education and support sessions • Biometric monitoring equipment, including glucometers and weight scales as necessary • Core telephonic support supplemented with RNs, social 	Central and South FL

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MHSO	Selected Program Features	Geographic Area
	<p>workers, and pharmacists in the field interacting with providers and beneficiaries with complex needs</p> <ul style="list-style-type: none"> • Data exchange with physicians • On-site meetings with physicians and CME (continuing medical education) programs • Physician web access to clinical information • Electronic medical recordkeeping systems will be piloted in five small physician-group practices • Active involvement of other community agencies • 24-hour nurse line 	
<p>LifeMasters Supported SelfCare</p>	<ul style="list-style-type: none"> • Single nurse as primary contact for beneficiary • Supported self-care model including education, medication compliance, behavior change • Home visits as appropriate • Team of local and call center-based nurses, physicians, pharmacists, and health educators • Digital weight scale and bp monitors • Physician communication including customized care plans, alerts, decision support applications; access to patient care record and biometric monitoring data • Physician outreach includes in-person orientation for high-volume physician practices • Physician web access to clinical information • Active involvement of other community agencies • 24-hour nurse line • 	<p>OK</p>
<p>McKesson Health Solutions</p>	<ul style="list-style-type: none"> • Extensive physician involvement, including on-site staff support • Data exchange with physicians • Physician web access to clinical information • Telephonic outreach • Mail, fax, workbooks • Remote monitoring and biometric equipment for selected high-risk participants • Pharmacist review of medications and collaboration with physicians • Management of long-term care residents and intensive case management, including end-of-life • 24-hour nurse line 	<p>MS</p>
<p>XLHealth Corporation</p>	<ul style="list-style-type: none"> • Biometric monitoring including glucometers and weight scales as necessary • RNs, social workers, and pharmacists in the field, interacting with providers and beneficiaries with complex needs • Medication counseling sessions by pharmacists at retail pharmacies • Specialized program for higher risk patients • Medication management and compliance • Data exchange with physicians • Physician web access to clinical information • 24-hour nurse line 	<p>Selected counties in Tennessee</p>

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Physicians and providers with questions regarding the programs can find additional information at <http://www.cms.gov/Medicare/Medicare-General-Information/CCIP/index.html> on the CMS website, or they may direct their inquiries directly to the following MHSO contacts:

<p>Aetna Life Insurance Company, LLC: Kathleen Giblin Aetna Health Management, LLC 151 Farmington Avenue, RT11 Hartford, CT 06156 Or call 888-713-2836 or visit http://www.aetna.com</p>	<p>LifeMasters Supported SelfCare: Ron Lau, c/o Mel Lewis LifeMasters Supported SelfCare 5000 Shoreline Court S#300 South San Francisco, CA 94080 Or call 888-713-2837 or visit http://www.lifemasters.com</p>
<p>American Healthways: Michael Montijo, M.D., American Healthways American Healthways, Inc. 3841 Green Hills Village Drive Nashville, TN 37215 Or call 866-807-4486 or visit http://www.medicarehealthsupport.com</p>	<p>McKesson Health Solutions: Sandeep Wadhwa McKesson Health Solutions 335 Interlocken Parkway Broomfield, CO 80021 Or call 800-919-9110 or visit http://www.mckesson.com</p>
<p>Health Dialog Services Corporation: Molly Doyle Health Dialog Services Corporation 60 State Street, Suite 1100 Boston, MA 02109 Or call 800-574-8475 or visit http://www.myhealthsupport.com (available August 2005)</p>	<p>XLHealth Corporation: Paul Serini XLHealth Corporation 351 West Camden Street, Suite 100 Baltimore, Maryland 21201 Or call 877-717-2247</p>
<p>Humana, Inc.: Heidi Margulis Humana, Inc. 500 West Main Street, 6th Floor Louisville, KY 40202 Or call 800-372-8931 or visit http://www.greenribbonhealth.com</p>	
<p>CIGNA Health Support: Elizabeth Sanford CIGNA TLP 11H 1601 Chestnut Street Philadelphia, PA. 19355 Or call 866-563-4551 or visit http://www.mhsgeorgia.com (available August 2005)</p>	

Note: The start date for the XL Health program in Tennessee is January, 2006. The start date for the Humana program is November, 2005. All other programs started in August or September of 2005.

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Additional Information

For complete details of CR3953, please see the official instruction issued by going to: <http://www.cms.gov/Regulations-and-Guidance/Guidance/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.gov/apps/media/press/release.asp?Counter=1274> 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.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm3410.pdf> on the CMS website.

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