CMS Manual System

Pub 100-19 Demonstrations

Transmittal 28

Department of Health & Human Services (DHHS)
Center for Medicare & Medicaid Services (CMS)
Date: SEPTEMBER 23, 2005
Change Request 4100

SUBJECT: The Medicare Care Management for High Cost Beneficiaries (CMHCB) Demonstration

I. **SUMMARY OF CHANGES**: This Change Request (CR) describes a new demonstration project that will test whether supplemental care management services can improve health outcomes for high cost beneficiaries and reduce expenditures in the Medicare Fee-for-Service program. This CR has no effect on claims processing.

NEW/REVISED MATERIAL
EFFECTIVE DATE: October 01, 2005
IMPLEMENTATION DATE: **October 03, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R = REVISED, N = NEW, D = DELETED.

R/N/D	Chapter / Section / SubSection / Title

III. FUNDING:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-19	Transmittal: 28	Date: September 23, 2005	Change Request 4100

SUBJECT: The Medicare Care Management for High Cost Beneficiaries (CMHCB) Demonstration

I. GENERAL INFORMATION

NOTE: Although this notification is addressed to specific contractors, for specific geographical areas, all contractors should review this notification and be informed of the Care Management for High Cost Beneficiaries Demonstration and associated Care Management Organizations (CMOs), as described herein.

A. Background: This notification applies exclusively to the following contractors for the specified CMHCB Demonstration programs in the specified geographical areas:

Medicare Contractor	Demonstration Program Name	Geographical Area
Anthem Health Plans of Maine, Inc. (d.b.a. Associated Hospital Service)	Massachusetts General Care Management	MA
Blue Cross and Blue Shield of South Carolina (d.b.a. Palmetto GBA)	Care Level Management	FL
	Texas Senior Trails	TX
Connecticut General Life Insurance (a CIGNA) Company	Health Buddy Program	NV, OR, WA
	Care Level Management	CA
Empire Health Choice Assurance, Inc. (d.b.a. Empire Medicare Services)	Montefiore Care Guidance	NY
	RMS KEY to Better Health	NY
First Coast Service Options, Inc. (BlueCross BlueShield Florida)	Care Level Management	FL
Group Health Incorporated	RMS KEY to Better Health	NY
HealthNow New York, Inc.	Massachusetts General Care Management	MA
	Montefiore Care Guidance	NY
	RMS KEY to Better Health	NY

National Heritage Insurance Company	Care Level Management	CA
	Massachusetts General Care Management	MA
Noridian Mutual Insurance Company	Health Buddy Program	NV, OR, WA
Regence BlueCross BlueShield of Oregon	Health Buddy Program	OR
Trailblazer Health Enterprises, LLC	Care Level Management	TX
	Texas Senior Trails	TX
United Government Services, LLC	Health Buddy Program	NV, OR, WA
	Care Level Management	CA
	Montefiore Care Guidance	NY
	RMS KEY to Better Health	NY

The intent of this notification is to:

- Introduce each of the CMHCB programs, which are official CMS demonstration projects.

- Notify you that beneficiaries who enroll in these demonstration programs remain Medicare Fee-for-Service (FFS) beneficiaries and that beneficiary enrollment in a program has no effect on FFS claims processing. Beneficiaries who choose to participate in this program are NOT enrolling in an HMO, Medicare Advantage plan or other non-FFS plan.

- Instruct you to use the call scripts issued through either the Pre Defined Query (PDQ) on the Next Generation Desktop or the CSR Job Aide, to respond to inquiries from provider and beneficiary callers. The call scripts are identified by CMO program name and include a brief description of each program and CMO contact information. Scripts can be located on the Next Generation Desktop and Job Aide by searching on the CMO program name or such key words as "care management demonstration."

1. Introductory information: The Centers for Medicare & Medicaid Services (CMS) has entered into demonstration agreements with six organizations, known as "Care Management Organizations (CMOs)," who will deliver provider-based intensive care management services to certain Medicare FFS beneficiaries with one or more chronic conditions. The three-year demonstration will test the ability of each CMO program to improve quality of care and reduce costs. The CMO programs will support collaboration among demonstration participants' primary and specialist providers and enhance communication of relevant clinical information. The programs are intended to help increase adherence to evidence-based care, reduce unnecessary hospital stays and emergency room visits, and help participants avoid costly and debilitating complications. Each CMO has named their own demonstration program, offers specific intensive care management services, and is designated to specific geographical areas.

Beneficiaries eligible for participation in the demonstration will be identified by CMS and will have to meet eligibility criteria outlined by each CMO program. Beneficiary participation in the demonstration will be voluntary and will not change the amount, duration, or scope of their Medicare FFS benefits. Medicare FFS benefits will continue to be covered, administered, and paid under the traditional FFS program. There are no changes to Medicare FFS billing instructions or claims processing. Program services will be provided to beneficiaries at no additional charge beyond their normal FFS premiums, coinsurance, and deductibles. CMOs will not be able to restrict beneficiary access to care or restrict beneficiary provider choice.

2. CMO Program Features and Geographic Areas

The following table describes the name, target population, special features, launch date, and designated geographical areas of each program. Additional information regarding the demonstration may be found at http://www.cms.hhs.gov/researchers/demos/cmhcb.asp.

*NOTE: At this time, only the Care Level Management and RMS KEY to Better Health programs have definitive launch dates. Definitive launch dates for the remaining programs will be communicated to the contractor community as early as possible, via a Joint Signature Memorandum that references this Change Request (CR 4100).

Name of Program	Population Focus and Program Features	Geographic Area
Health Buddy Program	• Serves beneficiaries with congestive heart failure, diabetes, and or chronic obstructive pulmonary disease • Uses a technology platform. Patients receive a Health Buddy appliance that coaches them about their health, collects vital signs and symptoms, and transmits results back to multi-specialty medical groups • Physicians and nurses will use information provided via the Health Buddy to spot problems early and ensure patients stay healthy • Launch date: Early CY 2006*	Oregon: Deschutes, Jefferson, Crook, Lake, Malheur, and Harney Washington: Chelan, Grant, Okanogan, and Douglas Nevada: Clark, Nye

Name of Program	Population Focus and Program Features	Geographic Area
Care Level Management	• Serves beneficiaries who are seniors suffering from advanced, progressive chronic disease(s) and co-morbidities with 2 or more condition-related hospital admissions in the past year • Care management via a distributed network of Personal Visiting Physicians (PVPs) who see patients in their homes and nursing facilities and who are available 24 hours a day, 7 days a week • PVPs are supported by Personal Care Advocate Nurses who are based in nearby regional offices and who provide care coordination and maintain regular phone contact with beneficiaries • Launch date: October 1, 2005	California: Alameda, San Francisco, Marin, San Mateo, Contra Costa, Sacramento, Santa Clara, Sonoma, Solano, San Joaquin, Fresno, Stanislaus, Monterey, Tulare, Madera, Merced, Santa Cruz, San Benito, Los Angeles, Ventura, Santa Barbara, San Luis Obispo, Riverside, San Bernardino, Kern, Kings, Orange, San Diego Texas: Bexar, Atascosa, Bandera, Comal, Guadalupe, Kendall, Medina, Wilson Florida: Brevard, Indian River, Osceola, Seminole, Orange
Mass General Care Management	• Serves beneficiaries who seek care from Massachusetts General healthcare system • Comprehensive care management by a dedicated team of doctors and nurses • Specialized programs for patients with chronic conditions • Home visits and home telemonitoring as needed • Electronic medical record system assures coordination, continuity, and adherence to physician-approved care management plan • Launch date: Early CY 2006*	Massachusetts: Norfolk, Suffolk, Middlesex, Essex, and Plymouth
Montefiore Care Guidance	• Serves beneficiaries with multiple chronic conditions, residing in naturally-occurring retirement communities regardless of where they currently receive care, and FFS beneficiaries cared for within the Montefiore healthcare network • Offers enhanced home-based services to participants using telemonitoring equipment and home visit programs • Also offers medication management, falls prevention, palliative care, and disease management programs • Launch date: Early CY 2006*	New York: Bronx

Name of Program	Population Focus and Program Features	Geographic Area
RMS KEY to Better Health	• Serves beneficiaries with chronic kidney disease • Provides intensive disease management directed by nephrologists in supplementary clinics to identify potential problems and avoid complications, coordinate early intervention plans and prevent acute hospitalization • Launch date: November 1, 2005	New York: Nassau, Suffolk, Queens
Texas Senior Trails	• Serves beneficiaries who receive care from the Texas Tech Physician Associates primary care and specialist physicians and who are at greatest risk for readmission and adverse events in largely underserved, rural areas • Team coordinates a home and office based program • Launch date: Early CY 2006*	Texas: Armstrong, Bailey, Borden, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Cottle, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Floyd, Gaines, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, Kent, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Scurry, Sherman, Stonewall, Swisher, Terry, Wheeler, and Yoakum

3. Contract/H-/Plan ID Numbers for HIMR Inquiry

CMS will pay each CMO a monthly fee for the additional services it provides to each Medicare FFS beneficiary who chooses to enroll in a CMHCB program. This fee will be processed and paid through the Medicare Managed Care System (MMCS). Therefore, each CMO is assigned a Contract/H-/Plan ID Number for processing and payment of the fee. However, assignment of the Contract/H-/Plan ID Number does NOT indicate that a beneficiary who has enrolled in one of the CMHCB programs has enrolled in an HMO, Medicare Advantage plan, or other non-FFS plan. Medicare beneficiaries who enroll in a CMHCB program remain Medicare FFS beneficiaries. Participation in a CMHCB program does not change the amount, duration, or scope of the beneficiary's Medicare FFS benefits. Medicare FFS benefits will continue to be covered, administered, and paid under the traditional FFS program. There are no changes to Medicare FFS billing instructions or claims processing. Program services will be provided to beneficiaries at no additional charge beyond their normal FFS premiums, coinsurance, and deductibles. CMOs will not be able to restrict beneficiary access to care or restrict beneficiary provider choice.

The following list identifies the Contract/H-/Plan ID numbers for each of the CMOs. These numbers will NOT appear on any HIMR inquiries until implementation of the enhanced MMCS system (Medicare Advantage Prescription Drug system/MARx), slated for October 24, 2005.

After MARx implementation, the numbers will appear on the HIMR record, in the Disease Management Auxiliary File.

H5443 Care Level Management Direct Inc
H3348 Montefiore Medical Center
H5444 RMS DM, LLC
H4532 Texas Tech Physicians
H2232 Massaschusetts General Physicians
H5445 Health Buddy Program

B. Policy: There is no change in policy.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement number	**Requirements**	**Responsibility ("X" indicates the columns that apply)**								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4100.1	The contractors specified in section I.A. of this notification shall educate their customer services-related personnel on the information provided in this notification and shall educate providers as outlined in section III of this notification.	X	X	X	X					
4100.2	The contractors specified in section I.A. of this notification shall instruct their customer services-related personnel to direct any questions about a Care Management Organization or its program to the appropriate CMO, as indicated in section I.A.2	X	X	X	X					
4100.3	The contractors specified in section I.A. of this notification shall use the call script issued in the Pre-Defined Query function on the Next General Desktop or in the CSR Job Aide to respond to beneficiary and provider phone inquiries. Contractors may retrieve the scripts from the Next Generation Desktop or Job Aide by searching by CMO program name or such key words as "care management demonstration."	X	X	X	X					

III. PROVIDER EDUCATION

Requirement number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4100.4	A provider education article related to this notification will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. The contractors specified in section I.A. of this notification shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

4100.5	Although providers need not be informed about the details of all the different CMO programs, the contractors specified in section I.A. of this notification shall instruct all providers (including, but not limited to, hospitals, SNFs, home health agencies, DMERCs, and physicians) in the geographical areas specified in section I.A. of this notification that beneficiaries enrolled in the CMO demonstration programs remain Medicare FFS beneficiaries and that there is no change in Medicare FFS benefits, billing instructions, or claims processing.	X	X	X	X					
4100.6	The contractors specified in section I.A. of this notification shall instruct all providers in the geographical areas specified in section I.A. of this notification that: participation in the demonstration program will not alter beneficiaries' Medicare coverage, choice of providers, or access to care; the demonstration is not a new insurance plan; and beneficiaries who choose to enroll in this demonstration are not enrolling in an HMO, Medicare Advantage plan, or other non-FFS plan.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting/Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2005 **Implementation Date: October 3, 2005** **Pre-Implementation Contact(s): Melissa Dehn, melissa.dehn@cms.hhs.gov** **Post Implementation Contact(s): Amy Knight, amy.knight@cms.hhs.gov, 410-786-2307**	**No additional funding will be provided by CMS; contractor activities are to be carried out within their current operating budgets.**

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