CMS Manual System

Pub. 100-19 Demonstrations

Transmittal 30

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: OCTOBER 28, 2005

Change Request 3953

NOTE: Transmittal 27 dated August 12, 2005 is rescinded and replaced with Transmittal 30, dated October 28, 2005. The Visiting Nurse Service of New York/EverCare program has been cancelled. In Section I.A.3., the contact information for the CIGNA Healthcare program in Georgia has been corrected and in Section I.A.4., the Start Date for the XL Health program in Tennessee has been updated from Nov. 2005 to Jan. 2006. All other information from Transmittal 27 remains the same.

Although this notification is addressed to specific contractors, for specific geographical areas, all contractors should review this instruction and be informed of the Chronic Care Improvement, "Medicare Health Support," Program, as described.

SUBJECT: The Medicare Chronic Care Improvement , "Medicare Health Support," Program

I. SUMMARY OF CHANGES: This Change Request (CR) describes the new Medicare Chronic Care Improvement Program, also known as the Medicare Health Support program. This CR has no effect on claims processing.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : October 20, 2005

IMPLEMENTATION DATE : October 20, 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
N/A	

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

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SUBJECT: The Medicare Chronic Care Improvement, "Medicare Health Support," Program

I. GENERAL INFORMATION

A. Background: The intent of this instruction is to (1) introduce the Medicare Chronic Care Improvement, "Medicare Health Support," Program, (2) stress that beneficiaries enrolled in the program remain Medicare fee-for-service (FFS) beneficiaries, and (3) stress that beneficiary enrollment in the program has no effect on FFS claims processing. This instruction also provides a telephone script and contact information for each Medicare Health Support Program Chronic Care Improvement Organization (CCIO) which may be used by contractors to communicate to beneficiaries during telephone inquiries. This instruction applies exclusively to the following selected Carriers, Fiscal Intermediaries (FI), Regional Home Health Intermediaries (RHHI), and Durable Medical Equipment Regional Carriers (DMERC) for the specified geographical areas:

AdminaStar Federal Inc. (IL, DC, MD)
Anthem Insurance Companies, Inc. (IL)
Arkansas Blue Cross and Blue Shield (OK)
Blue Cross and Blue Shield of Alabama (DC, GA, MD, MS, PA)
Blue Cross and Blue Shield of Georgia, Inc. (GA)
Blue Cross and Blue Shield of Mississippi (MS)
Blue Cross and Blue Shield of South Carolina (FL, GA, IL, MS, OK, TN and all locations for Railroad Medicare beneficiaries)
Blue Cross and Blue Shield of Tennessee (TN)
CareFirst of Maryland, Inc. (DC, MD)
Connecticut General Life Insurance Company (TN)
Empire HealthChoice Assurance, Inc. (NY)
First Coast Service Options, Inc. (FL)
Group Health Incorporated (NY)
Group Health Service of Oklahoma, Inc. (OK)

HealthNow New York, Inc. (NY, PA)
Highmark Inc. (PA)
Mutual of Omaha Insurance Company (all locations)
TrailBlazer Health Enterprises, LLC (DC, MD)
United Government Services, LLC (NY)
Wisconsin Physicians Service (IL)

1. Introductory Information:

Section 721 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 adds a new section 1807, "Voluntary Chronic Care Improvement Under Traditional Fee-for-Service (FFS) Medicare" to the Social Security Act, which requires the Secretary to provide for the phased-in development, testing, evaluation, and implementation of chronic care improvement programs, and to expand the implementation of the chronic care improvement (CCI) programs to additional geographic areas, if the Phase I pilot programs (CCI-I) meet certain statutory requirements. This initiative represents one of multiple strategies that the Department of Health and Human Services (DHHS) is developing and testing to improve chronic care, accelerate the adoption of health information technology, reduce avoidable costs, and diminish health disparities among Medicare beneficiaries nationally.

The Chronic Care Improvement Program, now known as "Medicare Health Support," will test whether providing health support services to Medicare beneficiaries in the traditional fee-for-service program leads to improved outcomes and lower total costs to Medicare. Chronic Care Improvement organizations are contracted with the Centers for Medicare and Medicaid Services (CMS) to provide health support services to targeted Medicare fee-for-service beneficiaries with heart failure and/or diabetes.

CCI-I will be phased in during 2005, operate for 3 years and be tested through randomized controlled trials. CCI-I programs will collectively serve approximately 160,000 chronically ill beneficiaries. The Secretary may begin Phase II expansion within 2 to 3 and 1/2 years after Phase I. In Phase II, the Secretary will expand Phase I programs or program components that prove to be successful to additional regions, possibly nationally.

The CCI programs are intended to increase adherence to evidence-based care, reduce unnecessary hospital stays and emergency room visits, and help participants avoid costly and debilitating complications and co-morbidities. The programs will offer add-on services—such as self-care guidance and support—to chronically ill beneficiaries to help them manage their health, adhere to their physicians' plans of care, and assure that they seek (or obtain) medical care that they need to reduce their health risks. The programs will include collaboration with participants' providers to enhance communication of relevant clinical information. Beneficiary participation will be entirely voluntary.

Eligible beneficiaries do not have to change plans or providers or pay extra to participate. Beneficiaries will be able to stop participating at any time. CCI programs will not restrict access to care and they will be provided at no cost to beneficiaries. CCI

programs are not single-disease focused; they are designed to help participants manage all their health problems.

When Phase I of the Medicare Chronic Care Improvement, "Medicare Health Support," Program is implemented, CMS will separately pay, outside of the Medicare FFS claims payment system, to each of the contracted CCIOs, a fixed "per member per month" (PMPM) payment for each beneficiary who chooses to enroll in the respective contracting organization's program, to cover the fees for the add-on services that the beneficiaries will receive. The CCIOs will not pay any claims on behalf of enrolled beneficiaries, and enrollment in these programs does not affect how a beneficiary's Medicare claims are processed.

2. CCIO Program Features and Geographic Areas

The target population for each CCIO includes approximately 20,000 current Medicare FFS beneficiaries with diabetes and/or congestive heart failure. Following is a chart of each of the eight CCIOs, specific features of each program, and the geographic areas each of the programs will serve.

CCIO	Program Features	Geographic Area
AETNA, Inc.	• 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	• 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, bp, and pulse) based on participant need • Physician Web access to clinical information • Physician communication • 24-hour nurse line	MD and DC
CIGNA	• 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	Selected counties in Northwest GA

Health Dialog	• 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	Selected counties in Western PA
Humana	• 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 workers and pharmacists in the field interacting with providers and beneficiaries with complex needs • 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	Selected counties in Central FL
Lifemasters	• 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	OK
McKesson	• 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	MS

XL Health	• 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	Selected counties in TN

Additional information regarding the Medicare Chronic Care Improvement, 'Medicare Health Support,' program may be found on the Web at http://www.cms.hhs.gov/medicarereform/ccip/.

3. CCIO Contacts

This section provides the name of the primary contact for each of the CCIOs, and the legal name and address of each organization.

Aetna:
Kathleen Giblin
Aetna Health Management, LLC
151 Farmington Avenue, RT11
Hartford, CT 06156

American Healthways:
Michael Montijo, M.D.
American Healthways, Inc.
3841 Green Hills Village Drive
Nashville, TN 37215

CIGNA HealthCare:
Elizabeth Sanford
CIGNA
TLP 11H
1601 Chestnut Street
Philadelphia, PA 19355

Health Dialog:
Molly Doyle
Health Dialog Services Corporation
60 State Street, Suite 1100
Boston, MA 02109

Humana:
Heidi Margulis
Humana, Inc.
500 West Main Street, 6th Floor
Louisville, KY 40202

LifeMasters:
Ron Lau, c/o Mel Lewis
LifeMasters Supported Care
5000 Shoreline Court S#300 South
San Francisco, CA 94080

McKesson:
Sandeep Wadhwa
McKesson Health Solutions
335 Interlocken Parkway
Broomfield, CO 80021

XL Health:
Paul Serini
XLHealth
351 West Camden Street, Suite 100
Baltimore, Maryland 21201

4. CCIO Script

This section provides a telephone script that may be used by Medicare contractors to provide additional information to the beneficiary, including telephone numbers the beneficiary may call and Web site addresses the beneficiary may reference, for more information. This section also provides anticipated start dates for each of the programs.

***Note to customer service representative*:** Use this script to respond to the following questions or concerns:

I. What is Medicare Health Support?

II. Who will be invited to participate? Do I have to participate if I am invited?

III. My friend was invited to participate and I was not, can I participate?

IV. I am participating in Medicare Health Support. When I went to my regular provider, I was told that I am enrolled in an HMO, Medicare Advantage plan, or other non-Fee For Service health plan. Is this true?

V. I have more questions about the Medicare Health Support program. Who can I contact about the program or for more information?

I. What is Medicare Health Support?

The Medicare Health Support program is a three-year pilot program <See table below for specific area's start date>. If you are invited to participate, it will not cost you anything, and it is your choice whether or not you participate. The program is part of Congress's efforts to help people with Medicare stay healthy and reduce medical costs.

The program is intended to improve health and quality of life for people with Fee-For-Service Medicare who have congestive heart failure and/or diabetes. Also, it is designed to help Medicare determine the cost-effectiveness of health support programs for Medicare beneficiaries. Participants in the program will receive personalized support services related to their care at no additional cost. It does not change your Medicare FFS benefits.

Some of the services offered in this program may help the participant to:

- Keep track of your medical treatments;
- Get support for your doctor's plan of care; and
- Learn more about your chronic conditions and medications.

II. Who will be invited to participate? Do I have to participate if I am invited?

Centers for Medicare and Medicaid Services (CMS) pre-selects beneficiaries to participate in the Medicare Health Support program. In order to be eligible for the program, individuals must:

- Be enrolled in Medicare Parts A and B;
- Have congestive heart failure and/or diabetes; and
- Have Medicare as their primary payer.

Beneficiaries selected to participate will receive an invitation letter from Medicare and will later be contacted by a Medicare Health Support Program staff person. (Note: invitations will go out before the start date. Follow-up contact times will vary.)

If you are invited, you can choose not to participate in the program. Participation in this program is completely voluntary and will not affect the beneficiary's access to services or ability to choose doctors and other health care providers.

III. My friend was invited to participate and I was not, can I participate?

No. The Medicare Health Support program is a pilot program, which means it is a test and only a limited number of people can participate. Therefore, even though you may have similar health issues/conditions to your friend, only beneficiaries who received an invitation letter from Medicare can participate at this time. If the program works well, more people may be able to get the services offered by Medicare Health Support in the future.

IV. I am participating in Medicare Health Support program. When I went to my regular provider, I was told that I am enrolled in an HMO, Medicare Advantage plan, or other non-Fee For Service health plan. Is this true?

No, this is NOT true. Participating in this program does not mean that you, the beneficiary, are enrolling in or have enrolled in an HMO, Medicare Advantage plan, or other non-Fee For Service health plan. This is NOT a new insurance plan. This does not replace Medicare Fee-For-Service (FFS) benefits, but provides additional support services for the participating beneficiaries. You are still insured under Medicare FFS and your benefits will not and have not changed. For more information, call the number listed below.

V. I have more questions about the Medicare Health Support program. Who can I contact about the program or for more information?

Geographic Area	Start Date	Company Name	Address	Toll-free Number	Web site
Chicago, Illinois	Sept 2005	Aetna	Aetna Health Management, LLC 151 Farmington Avenue, RT11 Hartford, CT 06156	#888-713-2836	www.aetna.com
Maryland and DC	Aug 2005	American Healthways	American Healthways, Inc. 3841 Green Hills Village Drive Nashville, TN 37215	#866-807-4486	www.medicarehealthsupport.com
Northwest Georgia	Sept 2005	CIGNA	CIGNA 900 Cottage Grove, B227 Bloomfield, CT 06002	#866-563-4551	www.mhsgeorgia.com
Western Pennsylvania	Aug 2005	Health Dialog	Health Dialog Services Corporation 60 State Street, Suite 1100 Boston, MA 02109	#800-574-8475	www.myhealthsupport.com
Tampa, Florida	Nov 2005	Humana	Humana, Inc. 500 West Main Street, 6th Floor Louisville, KY 40202	#800-372-8931	www.greenribbonhealth.com
Oklahoma	Aug 2005	LifeMasters Supported SelfCare, Inc.	LifeMasters Supported Care 5000 Shoreline Court S#300 South San Francisco, CA 94080	#888-713-2837	www.lifemasters.com
Mississippi	Aug 2005	McKesson	McKesson Health Solutions 335 Interlocken Parkway Broomfield, CO 80021	#800-919-9110	www.mckesson.com

Geographic Area	Start Date	Company Name	Address	Toll-free Number	Web site
Tennessee	Jan 2006	XL Health	XL Health 351 West Camden Street, Suite 100 Baltimore, MD 21201	#877-717-2247	

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	
3953.1	The Carriers, Fiscal Intermediaries (FI), Regional Home Health Intermediaries (RHHI), and Durable Medical Equipment Regional Carriers (DMERC) specified in Section I.A. of this instruction shall educate their affected personnel on the information provided in this instruction and shall educate providers as outlined in Section III of this instruction.	X	X	X	X					
3953.2	The Carriers, Fiscal Intermediaries (FI), Regional Home Health Intermediaries (RHHI), and Durable Medical Equipment Regional Carriers (DMERC) specified in Section I.A. of this instruction shall inform their beneficiary and provider inquiry personnel to direct any questions about a CCIO/ Medicare Health Support," Program to the appropriate CCIO/ Medicare Health Support," Program, as indicated in Section I.A.3. and I.A.4. of this instruction.	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	
3953.3	A provider education article related to this instruction 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 Carriers, Fiscal Intermediaries (FI), Regional Home Health Intermediaries (RHHI), and Durable Medical Equipment Regional Carriers (DMERC) specified in Section I.A. of this instruction 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**					

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 20, 2005 **Implementation Date: October 20, 2005** **Pre-Implementation Contact(s):** Melissa Dehn melissa.dehn@cms.hhs.gov **Post-Implementation Contact(s):** Michele Franklin michele.franklin@cms.hhs.gov	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.**

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