

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 87	Date: February 4, 2013
	Change Request 8167

SUBJECT: Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration- Processing of Shared Savings Payments for Practices in Pennsylvania

I. SUMMARY OF CHANGES: The purpose of this CR is to allow for processing of shared savings incentive payments to practices participating in the Multi-payer Advanced primary Care Practice (MAPCP) Demonstration (Demo "58") in Pennsylvania. These payments are in addition to the monthly care management payments that are processed under the demonstration. Only practices participating in the demonstration in PA are eligible for potential shared savings payments. These payments are at the practice level and are not tied to particular beneficiaries.

Approximately 60 practices are participating in the MAPCP Demonstration in Pennsylvania and are potentially eligible to receive incentive payments. This does not impact any other providers.(Forced choice on CR box, no applicable choice available)

EFFECTIVE DATE: July 1, 2013

IMPLEMENTATION DATE: July 1, 2013

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-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

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

Attachment - One-Time Notification

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EFFECTIVE DATE: July 1, 2013

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I. GENERAL INFORMATION

A. Background: The Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration is a three year demonstration to promote the principles of the advanced primary care (APC) practice, which is often referred to as the patient-centered medical home. The demonstration began in July 2011 and is being conducted in eight states. Implementation was on a rolling basis with some states starting in October 2011 and others in January 2012. The demonstration will last 3 years in each state. The projects in each of the eight states vary both in design and payment requirements. However, under each of them CMS will pay monthly care management fees for beneficiaries receiving primary care from APC practices. Previous change requests (CR 7283, CR 7693, and CR 7559) outlined the requirements for processing these payments.

In Pennsylvania, the state MAPCP demonstration includes a shared savings component for the payment. If CMS determines that costs under the demonstration, including all medical home fees, are less than they would have been in the absence of the demonstration, a percentage of the savings will be shared with eligible participating practices. CMS will determine the level of savings to be shared on a regional level. There are two demonstration regions in Pennsylvania, a northeast (NE) and southeast region. The state will determine how total regional savings will be apportioned among eligible practices based on each practice's performance on quality and efficiency measures. CMS will then process the practice specific payment. These payments are paid at the practice level and are not tied to specific beneficiaries or rendering providers. The purpose of this CR is to outline the procedures to be followed in order to process these shared savings payments to practices in Pennsylvania. No other states participating in the demonstration have shared savings arrangements and they are, therefore, not affected by this change request.

The MAPCP demonstration began in Pennsylvania on January 1, 2012 and will run through December 31, 2014. Because of the claims lag and the time required to analyze expenses and determine whether savings have been achieved and how they shall be apportioned, it is expected that shared savings payment amounts will not be determined and ready to be processed until the fall of the year following the performance year (e.g. fall 2013 for Performance Year 1 (CY 2012), fall 2014 for Performance Year 2 (CY 2013), and fall 2015 for Performance Year 3 (CY 2014).) Normally there will be only one payment per year although the system should allow for potential additional payments if adjustments are needed or if savings exceed the per payment limit.

B. Policy: Contractors shall make changes, as needed, to provide for the accurate processing of shared savings payments for eligible practices in Pennsylvania that are participating in the MAPCP Demonstration.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility
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		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8167.1	The CMS/CMMI demonstration implementation support contractor shall provide a specific demonstration payment file (see attachment) containing relevant Medicare identification numbers for each practice to be paid.											CMS /CM MI Imple ment ation supp ort contr actor
8167.1.1	The “Incentive Reporting Year” field on the demonstration payment file provided by the CMS/CMMI implementation support contractor indicates the year and type of payment.											CMS / CM MI Imple ment ation Supp ort Contr actor
8167.1.2	If there are multiple payments in a given year, the second digit of the “Incentive Reporting Year” field on the payment file shall be different for each type of payment.											CMS / CM MI Imple ment ation Supp ort Contr actor
8167.2	An error message shall be sent if the file received from the CMS/CMMI implementation support contractor does not contain the required identification information.								X			
8167.3	The contractor shall send a report to CMS/CMMI staff project officers notifying them of all error messages returned.		X						X			
8167.4	The contractors shall match the information on the file provided by the implementation support contractor to the Medicare payment files to determine which practices are to be paid.								X			

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	The same practice identification and billing information that is provided on monthly demonstration "58" claims will be provided on the demonstration incentive file.											
8167.5	No beneficiary or rendering provider specific information shall be required to process these practice level incentive payments.								X			
8167.6	Each demonstration practice, as identified by its demonstration practice ID number on the demo payment file, shall have its payment processed and paid separately from any other practice.								X			
8167.7	A new REF segment on the HIGLAS 810 HPSA interface file will be created to contain a sequence identifier for MAPCP PA shared savings incentive demonstration payments. The segment, identified with the 'xx' qualifier (TBD), is situational and alphanumeric values (4 digits) will be accepted. The segment will be in the existing 'provider' loop that is being renamed to 'payment' to accurately describe the data. This segment is used only for MAPCP demonstration and will be allowed to repeat only one time. Note: The qualifier 'xx' is just a placeholder for the REF segment until one has been determined.								X		HIG LAS	
8167.8	MCS shall create an 835 edit for HIGLAS to reject any MAPCP payment set that does not contain the sequence identifier as a suffix for the MAPCP demonstration qualifier.								X		HIG LAS	
8167.9	HIGLAS shall use an 824 error code to reject MAPCP transaction on the 810 interface file that does not contain the sequence key identifier information on the payment set.										HIG LAS	
8167.10	The SSM shall create a duplicate error when a record on the MAPCP PA Shared Savings Incentive file matches a record on a prior file. A duplicate record is when the following fields match: Incentive Type Year								X			

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	Incentive Reporting Year Carrier/MAC Practice Demo #											
8167.11	The SSM shall not error a payment transaction entered manually by the contractor.								X			
8167.12	The following explanatory message shall be used on the provider paper remittance to explain the incentive payment: "MAPCP Demonstration Shared Savings Payment"								X			
8167.13	The CMS Implementation Support Contractor shall provide a test file upon request by MCS prior to the start date for testing the release. This will normally be approximately three months prior to the release date.								X		CMS implementation support contractor	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other
		P a r t A	P a r t B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	<p>The business requirements in this CR related to HIGLAS are based on those specified in CR 7360, "Clarifications to Payment Processing for the Electronic Health Records Demonstration." The payments for the EHR Demonstration outlined in CR7360 are similar to these payments in that they are made to the practice and are not tied to a particular beneficiary. However, based on experience implementing the MAPCP Demonstration and processing the monthly medical home claim payments, it has been suggested that the Tax ID number, billing NPI and billing PTAN be used for matching rather than the Group NPI, group PIN, individual NPI and individual PIN as specified in CR7360. The contractors are asked to review this new CR and comment regarding what would be the most advisable information to use to process payments.</p>

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jody Blatt, 410-786-6921 or jody.blatt@cms.hhs.gov (Robert Flemming, CMS/CMMI Robert.Flemming@cms.hhs.gov 410-786-4830)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

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Section B: For Medicare Administrative Contractors (MACs):

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Attachment

**MAPCP DEMONSTRATION SHARED SAVINGS LUMP SUM BONUS FILE
EXCEL SPREADSHEET RECORD LAYOUT**

FIELD NAME	COMMENT
Incentive Type Year Indicator	
--Incentive Type	Value "MH" denotes MAPCP Demonstration ("medical home") Shared Savings Incentive Payments
--Incentive Reporting Year	Value denotes demonstration year to which incentive is applicable and, if applicable, incentive payment within year (e.g. 11= demo year 1, payment 1; 12 = demo year 1, payment #2; 31= demo year 35, payment #1, etc.)
Carrier/MAC Number	
Practice Demo ID #	<p>A unique identifier for each practice to be paid. This number is assigned by CMS for demonstration tracking purposes only</p> <p>Format: MAPCPPXX#####</p> <p>For purposes of this demonstration:</p> <ul style="list-style-type: none"> • the "MAPCP" will be the same for all practices; • the next letter will be a "P" representing Pennsylvania; • the next two letters will represent the demonstration region the practice is located in: "NE" for northeast and "SE" for southeast; and • the 5 #s represent numbers (0001 – 9999).
Practice Name	Up to 100 characters
Tax identification Number	9 characters
Billing NPI	10 characters
Billing PTAN	10 characters
Payment Amount	Up to \$99,999.99