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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1175 | Date: FEBRUARY 2, 2007 |
| | Change Request 5349 |

Subject: Part C and D Plan Type Display on the Common Working File (CWF)

I. SUMMARY OF CHANGES: CWF displays information on the Medicare Part C (now known as Medicare Advantage) contract number in which a beneficiary is enrolled, including the plan type description associated with the contract. Currently, CWF largely displays the label HMO for these contracts. In many cases, the HMO label is incorrect since the list of possible plan type descriptions has grown far larger since the creation of the MA and Part D programs. This situation has become problematic for beneficiaries who are enrolled in MA Private Fee-for-Service (PFFS) contracts. Because the PFFS contracts are labeled as HMO in CWF, some providers are not recognizing that they can offer services to those beneficiaries. HPMS will need to modify the existing HMO address file exchange process with CWF to supply the list of available contract numbers and their corresponding plan type codes and plan type descriptions. With this new data, CWF can display the precise plan type descriptions.

New/Revised Material

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

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:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | | |
|--------|--|---|-----------------------|---------------------------|----------------------------|----------------------------|-----------------------|---------------------------|-------------|-------------|---|-------|-----|
| | | A / B M A C | D M M A C | F I M A C | C A R R E R | D M R R I C | R E H I C | Shared-System Maintainers | | | | OTHER | |
| | | | | | | | F I S S | M C S | V M S | C W F | | | |
| 5349.4 | CWF shall display the Plan Type Description on HIMR. <ul style="list-style-type: none"> The GHOD Auxiliary File and DSMG Auxiliary File shall display the Plan Type Description. | X | X | X | X | X | X | X | X | X | X | | |
| 5349.5 | CWF shall display the Plan Type Description on all provider inquiries. <ul style="list-style-type: none"> HUQA, HIQA, HIQH, ELGA, ELGB, ELGH | X | X | X | X | X | X | X | X | X | X | | |
| 5349.6 | CWF shall continue to display the Contract ID, effective date, termination date, and bill option code on all inquiries. <ul style="list-style-type: none"> Plan information shall be displayed on HIMR GHOD and DSMG Auxiliary Files. Plan information shall be displayed on provider inquiries HUQA, HIQA, HIQH, ELGA, ELGB, and ELGH. | | | | | | | | | | | X | |
| 5349.7 | CWF shall provide NGD with a table of Plan Type Code to Plan Type Description. | | | | | | | | | | | X | NGD |
| 5349.8 | CWF shall pass the Plan Type Code on the NGD data extract file. | | | | | | | | | | | X | NGD |
| 5349.9 | Contractors shall educate their provider contact center Customer Service Representatives to properly utilize this data when responding to provider inquiries. | X | X | X | X | X | X | | | | | | |

III. PROVIDER EDUCATION

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | | | |
|--------|---|---|-----------------------|---------------------------|----------------------------|----------------------------|-----------------------|---------------------------|-------------|-------------|--|-------|--|
| | | A / B M A C | D M M A C | F I M A C | C A R R E R | D M R R I C | R E H I C | Shared-System Maintainers | | | | OTHER | |
| | | | | | | | F I S S | M C S | V M S | C W F | | | |
| 5349.1 | A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ | X | X | X | X | X | X | | | | | | |

| Number | Requirement | Responsibility (place an "X" in each applicable column) | | | | | | | | | |
|--------|--|---|-----------------------|--------|-----------------------|------------------|------------------|---------------------------|-------------|-------------|--|
| | | A / B M A C | D M M A C | F I | C A R E R | D M R C | R E R I | Shared-System Maintainers | | | |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors 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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | | | | | | | | | | |

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | |

B. For all other recommendations and supporting information, use the space below: N/A

V. CONTACTS

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Post-Implementation Contact(s): Lori Robinson, 410-786-1826, lori.robinson@cms.hhs.gov

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.