

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1219	Date: APRIL 13, 2007
	Change Request 5538

Subject: Part C and D Plan Type Display on the Common Working File (CWF) - This CR rescinds and fully replaces CR 5349

I. SUMMARY OF CHANGES: CWF displays information on the Medicare Part C (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 Medicare Advantage (MA) and Part D programs. This situation has become very problematic for Medicare beneficiaries who are enrolled in MA Private Fee-for-Service (PFFS) contracts. Because PFFS contracts are labeled as HMO in CWF, some providers are not recognizing that they can offer services to those beneficiaries. To address this issue, the Health Plan Management System will modify the existing HMO address file exchange with CWF to supply the list of contract numbers and their plan type descriptions. With this new data, CWF can display the precise plan type description for the contract number.

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.*

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1219	Date: April 13, 2007	Change Request: 5538
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SUBJECT: Part C and D Plan Type Display on the Common Working File (CWF) -This CR rescinds and fully replaces CR 5349.

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

I. GENERAL INFORMATION

A. Background: 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 Medicare Advantage (MA) and Part D programs.

This situation has become very problematic for Medicare 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.

To address this issue, the Health Plan Management System (HPMS) will need to modify the existing HMO address file exchange process with CWF in order to supply the list of available contract numbers and their corresponding plan type descriptions. With this new data, CWF can display a more precise plan type description for the contract number referenced on the screen.

CWF will display one of the following five plan type descriptions as a result of this change: HMO, PPO, POS, Indemnity, or FFS Demo. CMS will also provide the following guidance to the provider community to assist in interpreting the meaning of these plan type descriptions:

Plan Type Description	Short Definition	Additional Information
HMO	Call plan for authorization.	Managed care plan with a provider network. Limited or no out-of-network coverage with the exception of emergency services.
PPO	You may treat the patient.	Has a network of providers. In return for higher cost sharing, members can go out of network for all plan services, including supplemental benefits.
POS	You may treat the patient subject to plan rules. Contact the plan for details.	A limited out-of-network option offered by HMO plans. Contact plan for details.
Indemnity	You may treat the patient.	If this is a PFFS plan, you must follow the PFFS plans terms & conditions of payment. If this is an MSA plan, the member may pay you directly.

FFS Demo	You may treat the patient.	Beneficiaries remain in Original Medicare and are entitled to all fee-for-service benefits. There are no changes to Medicare FFS billing instructions or claims processing.

B. Policy: No policy change.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I I E R	C A R R E R	D M R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5538.1	HPMS shall provide CWF with a list of Plan Type Descriptions.										X	HPMS
5538.2	HPMS shall modify the CMS/CWF monthly address file to include Plan Type Descriptions.										X	HPMS
5538.3	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	
5538.4	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	
5538.5	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	
5538.6	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 TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I I E R	C A R R E R	D M E R I C	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F			
5538.1	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ 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.	X	X	X	X	X	X					

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

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

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.

Attachment

Health Plan Management System (HPMS) Plan Type Matrix for the CWF Display

HPMS New Payment Bill Option Code (Plan Type)	HPMS Demonstration Type Code (used in conjunction with PBO code 12 only)	HPMS Definition	Label to be Displayed in CWF	Mapping to 270/271 Transaction Codes	HPMS Code Status
01	N/A	Health Care Prepayment Plan	HMO	HMO	Active
02	N/A	Cost 1	HMO	HMO	Active
03	N/A	Cost 2	HMO	HMO	Active
04	N/A	TEFRA Risk Option A	HMO	HMO	Retired – pre CY 2004
05	N/A	TEFRA Risk Option B	HMO	HMO	Retired – pre CY 2004
06	N/A	TEFRA Risk Option C	HMO	HMO	Retired – pre CY 2004
07	N/A	Old RiskA	HMO	HMO	Retired – pre CY 2004
08	N/A	Old RiskB	HMO	HMO	Retired – pre CY 2004
09	N/A	Old RiskC	HMO	HMO	Retired – pre CY 2004
10	N/A	Demonstration Risk Option A	HMO	HMO	Retired – code never used
11	N/A	Demonstration Risk Option B	HMO	HMO	Retired – pre CY 2004
12	A	Minnesota Long Term Care	HMO	HMO	Retired – pre CY 2004
12	B	ESRD Demonstration	HMO	HMO	Retired – CY 2005
12	C	Choice – 95% AAPCC	HMO	HMO	Retired – pre CY 2004
12	D	Choice – Blended Rates	HMO	HMO	Retired – pre CY 2004

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12	E	DOD Subvention	HMO	HMO	Retired – pre CY 2004
12	F	CNO Demonstration	HMO	HMO	Retired – pre CY 2004
12	G	MSA Demonstration	Indemnity	Indemnity	Active
12	H	HMO/FFS pay rate	HMO	HMO	Retired – CY 2004
12	I	HMO/MA pay rate	HMO	HMO	Retired – CY 2004
12	J	PPO/FFS pay rate	PPO	PPO	Retired – CY 2004
12	K	PFFS/MA pay rate	Indemnity	Indemnity	Retired – CY 2004
12	L	Employer-only Demo	HMO	HMO	Retired – CY 2004
12	M	PPO Demonstrations	PPO	PPO	Retired – CY 2005
12	N	MA Health Senior Care Options	HMO	HMO	Active – will retire CY 2007
12	O	Capitated Disease Management (CDM)	HMO	HMO	Retired – pre CY 2004
12	P	ESRD II Demo	HMO	HMO	Retired – CY 2005
12	Q	Minnesota Disability Health Options (MDHO)	HMO	HMO	Active – will retire CY 2007
12	R	Minnesota Senior Health Options (MSHO)	HMO	HMO	Active – will retire CY 2007

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12	S	Wisconsin Partnership Program (WPP)	HMO	HMO	Active – will retire CY 2007
12	T	Continuing Care Retirement Community (CCRC) (AKA "Erickson")	POS	POS	Active
12	U	ESRD Demonstration (Fresenius – No Part D)	Indemnity	Indemnity	Active
12	V	ESRD Demonstration (Includes Part D)	POS	POS	Active
12	1	Social HMO	HMO	HMO	Active – will retire CY 2007
12	2	85% of AAPCC	HMO	HMO	Retired – pre CY 2004
12	3	PACE	HMO	HMO	Retired – pre CY 2004
12	4	Diagnostic Cost Group	HMO	HMO	Retired – pre CY 2004
12	5	Medicare Insured Group	HMO	HMO	Retired – pre CY 2004
12	6	Evercare	HMO	HMO	Retired – CY 2004
12	7	Social HMO II	HMO	HMO	Active – will retire CY 2007
12	8	Choices – Risk Adjuster	HMO	HMO	Retired – pre CY 2004
12	9	Competitive Pricing and Coordinated Enrollment	HMO	HMO	Retired – pre CY 2004

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12	Blank	ORD Demonstration (Used with PBO = '17' only)	HMO	HMO	Retired – pre CY 2004
13	N/A	Diagnostic Cost Group	HMO	HMO	Retired – pre CY 2004
14	N/A	MIG [Never an active contract]	HMO	HMO	Retired – code never used
15	N/A	TEFRA Risk Option C	HMO	HMO	Retired – pre CY 2004
16	N/A	PPO – Preferred Provider Organization	PPO	PPO	Retired – pre CY 2004
17	N/A	PACE (Program of All-Inclusive Care for the Elderly)	HMO	HMO	Retired – pre CY 2004
18	N/A	PSO – Licensed	HMO	HMO	Active
19	N/A	PSO – Waivered	HMO	HMO	Active
20	N/A	PFFS (Private fee-for-service)	Indemnity	Indemnity	Active
21	N/A	HMO – CCP (Health Maintenance Organization, Coordinated Care Provider)	HMO	HMO	Active
22	N/A	RFB	HMO	HMO	Active
23	N/A	PPO – CCP (Preferred provider organization, coordinated care provider)	PPO	PPO	Active
24	N/A	PACE – National	HMO	HMO	Active

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25	N/A	Chronic Care	FFS Demo (will only appear on the CWF HIMR inquiry)	<i>Will not be displayed on 270/271</i>	Active
40	N/A	Medicare Prescription Drug Plan	<i>Will not be displayed on CWF</i>	Other	Active
41	N/A	Employer Direct PDP	<i>Will not be displayed on CWF</i>	Other	Active
42	N/A	Regional Medicare Advantage Plan	PPO	PPO	Active
43	N/A	Fallback	<i>Will not be displayed on CWF</i>	Other	Active
44	N/A	Employer Direct PFFS	Indemnity	Indemnity	Active
45	N/A	MSA	Indemnity	Indemnity	Active