

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 254	Date: DECEMBER 22, 2006
	Change Request 5398

Subject: Provision of Data for the Care Management for High Cost Beneficiaries Demonstration from Selected FIs, Carriers, and DME MAC Contractors

I. SUMMARY OF CHANGES: This change request instructs the specified contractors to develop and provide data needed by the Centers for Medicare & Medicaid Services (CMS) to implement the Care Management for High Cost Beneficiaries (CMHCB) Demo project. The CMS requires the specified contractors to provide Medicare provider contact data to the demonstration projects Care Management Organizations (CMO), as specified in Attachment 1 of this CR. This CR contains instructions for accumulating the required data and the time requirements for reporting.

New / Revised Material

Effective Date: January 22, 2007

Implementation Date: January 22, 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

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. 100-20	Transmittal: 254	Date: December 22, 2006	Change Request: 5398
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SUBJECT: Provision of Data for the Care Management for High Cost Beneficiaries Demonstration from Selected FIs, Carriers, and DME MAC Contractors

Effective Date: January 22, 2007

Implementation Date: January 22, 2007

I. GENERAL INFORMATION

A. Background: This change request instructs the specified contractors to develop and provide data needed by the Centers for Medicare & Medicaid Services (CMS) to implement the Care Management for High Cost Beneficiaries (CMHCB) Demo project. The CMS requires the specified contractors to provide Medicare provider contact data to the demonstration project’s Care Management Organizations (CMO), as specified in Attachment 1 of this CR. This CR contains instructions for accumulating the required data and the time requirements for reporting.

B. Policy: The CMHCB demonstration project has been contracted to six entities (Care Management Organizations – CMOs) which are required to provide care management services to between 2,500 and 15,000 Medicare fee-for-service beneficiaries determined to be at high risk for illness and who have high health care costs. The six CMS programs operate in the following geographic regions; Washington State, Oregon, California, Florida, Texas, Massachusetts, and New York.

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 E M A C	F I I E R	C A R R I E R	D M E R I C	R E H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F			
5398.1	The contractor shall e-mail the designated FI/Carrier contact (i.e., the party that will be receiving the finder file) to Chuck Campbell at charles.campbell@cms.hhs.gov .		X	X	X	X							
5398.2	The contractor shall receive a finder file (the file will include the beneficiary full name and Health Insurance Claim number) from the CMHCB Financial Reconciliation Contractor		X	X	X	X							
5398.3	The contractor shall provide a flat file in delimited format on compact disk		X	X	X	X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D A M R C	R M E H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
	(CD) to the CMOs (the contractor shall specify the delimiter and file layout to the CMO). The contractor shall provide a copy of the file to CMS.											
5398.4	The flat file shall be encrypted.		X	X	X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D A M R C	R M E H I	Shared-System Maintainers				OTHER
		M A C	M A C					F I S S	M C S	V M S	C W F	
5398.5	None.											

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5398.3	The contractor shall apply the following match criteria to determine a Physician & Non-Physician Practitioners match: Physician/practitioner name, ID number, office address, telephone number, and specialty for each Medicare beneficiary HIC where one or more services occurred from January 2004 through the most recent period.
5398.2 and 5398.3	To determine a provider match, the contractor shall use the following match criteria: provider name, provider ID number, address, and telephone number where one or more services occurred from January 2004 through the most recent period.
5398.3	The contract shall sort the flat file by Medicare beneficiary HIC number.
5398.3	The results of this search do not need to produce one line per HIC number. For instance, five unique provider matches should produce five distinct lines for that beneficiary.
5398.2 and 5398.3	If an HIC number produces no provider matches, exclude this beneficiary from the data file sent to the CMS. Provide data only on claims that were paid, denied, or rejected.

X-Ref Requirement Number	Recommendations or other supporting information:
5398.3	<p>The flat file shall contain:</p> <ul style="list-style-type: none"> • Physician/provider name; • Provider Identification Number; • Service address; • Phone number; • Specialty (physician only); • HIC number; • Beneficiary full name; • Beneficiary address; and <p>Number of beneficiary visits to the provider (from January 2004 to the current period).</p>
5398.2	The finder file shall be delivered to the contractor contact provided to Chuck Campbell at CMS
5398.3	<p>The contractor shall deliver the CMS copy to:</p> <p style="text-align: center;">Stewart Streimer For CMS/PBG/DCCIP Location C4-02-17 Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore Maryland 21244-1850 410-786-9318</p>
5398.1 and 5398.4	The contractor shall e-mail the password to the respective CMO contact and Chuck Campbell (charles.campbell@cms.hhs.gov) at CMS.
5398.3	See Attachment 1 for a list of CMO contacts.
5398.3	See Attachment 2 for the scheduled delivery of finder files to the FIs, Carriers, and DME MACs.
5398.1, 5398.2, and 5398.3	See Attachment 3 for a list of FIs, Carrier, and DME MACs that are impacted by this request. Also listed are the associated CMOs and geographic region (state).

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

V. CONTACTS

Pre-Implementation Contact(s):

Chuck Campbell at charles.campbell@cms.hhs.gov or (410)-786-7209

Post-Implementation Contact(s):

Chuck Campbell at charles.campbell@cms.hhs.gov or (410)-786-7209

VI. FUNDING

A. For TITLE XVIII Contractors, 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.

3 Attachments

Attachment 1 – CMO Contacts

ACCENT Project Consortium

Suneel Ratan
Health Hero Network for ACCENT PROJECT CONSORTIUM Project
2570 W. El Camino Real, Suite 111
Mountain View, CA 94040
Phone: (650) 559-1025
Email: suneel@healthhero.com

Care Level Management

Joseph W. Spooner, MD, MBA
Senior Vice President Product Development & Outcomes
Care Level Management Direct, Inc
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Email: drspooner@carelevel.com

Massachusetts General Care Management

Dr. Gregg S. Meyer, MD, MSc
Medical Director
Bulfinch 205, 55 Fruit Street
Boston, MA 02114
Phone: (617) 724-9194 or (617) 724-8098
Email: Gmeyer@partners.org

Montefiore Care Guidance

Stephen Rosenthal
President, Contract Management Org., LLC
Montefiore Care Guidance
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Phone: (914) 377-4661
Fax: (914) 476-4825
Email: srosenth@montefiore.org

RMS - Key to Better Health

Gary Cellini, Pharm. D.
RMS, DM, LLC “Key to Better Health”
1350 Old Bayshore Hwy, Suite 777

Burlingame, CA 94010
Phone: 650-696-8902
Email: gcellini@davita.com

Texas Senior Trails

Lorri Velten
Director of Managed Care
Texas Senior Trails
3223 South Loop 289
Suite 210
Lubbock, TX 79423
Phone: (806) 791-4433
Email: lorri.velten@ttuhsc.edu

CMO	Estimated Delivery Date of Finder File
Accent Project Consortium	February 1, 2007
Care Level Management	October 1, 2006
Massachusetts General Care Management	August 1, 2007
Montefiore Care Guidance	June 1, 2007
RMS Key to Better Health	November 1, 2006
Texas Senior Trails	April 1, 2007

Medicare Contractor	CMO	State	Part Cont.
Anthem Health Plans of Maine, Inc. (d.b.a. Associated Hospital Service)	Massachusetts General Care Management	Massachusetts	FI
	Massachusetts General Care Management		RHHI
Blue Cross and Blue Shield of South Carolina (d.b.a. Palmetto GBA)	Care Level Management (CLM)	Florida	RHHI
	Care Level Management (CLM)		DME MAC
	Care Level Management (CLM)	Texas	RHHI
	Care Level Management (CLM)		DME MAC
	Texas Senior Trails		RHHI
	Texas Senior Trails		DME MAC
	ACCENT Project Consortium	Nevada	DME MAC
Empire HealthChoice Assurance, Inc. (d.b.a. Empire Medicare Services)	Montefiore Care Guidance	New York-Bronx	Carrier
	Montefiore Care Guidance		FI
	RMS, DM, LLC	New York-Nassau, Suffolk, Queens	Carrier
	RMS, DM, LLC		FI
First Coast Service Options, Inc. (BlueCross BlueShield Florida)	Care Level Management (CLM)	Florida	Carrier
	Care Level Management (CLM)	Florida	FI
Group Health Incorporated	RMS, DM, LLC	New York-Queens	Carrier
Mutual of Omaha (multi-state contracts)	ALL Care Management Organizations	California	FI
		Florida	FI
		Massachusetts	FI
		Nevada	FI

Medicare Contractor	CMO	State	Part Cont.
		New York (2 projects)	FI
		Oregon	FI
		Texas (2 projects)	FI
		Washington	FI
National Heritage Insurance Company (California)	Care Level Management (CLM)	California	Carrier
National Heritage Insurance Company	Massachusetts General Care Management	Massachusetts	Carrier
	Massachusetts General Care Management	Massachusetts	DME MAC
	Montefiore Care Guidance	New York-Bronx	DME MAC
	RMS, DM, LLC	New York-Nassau, Suffolk, Queens	DME MAC
Noridian Administrative Services	ACCENT Project Consortium	Oregon	DME MAC
	ACCENT Project Consortium	Washington	DME MAC
	Care Level Management (CLM)	California	DME MAC
	ACCENT Project Consortium	Nevada	Carrier
	ACCENT Project Consortium	Oregon	Carrier
	ACCENT Project Consortium	Washington	Carrier
	ACCENT Project Consortium		FI
	ACCENT Project Consortium	Oregon	FI
TrailBlazer Health Enterprises, LLC	Care Level Management (CLM)	Texas	Carrier
	Care Level Management (CLM)		FI
	Texas Senior Trails	Texas	Carrier
	Texas Senior Trails		FI
United Government Services, LLC	ACCENT Project Consortium	Nevada	FI
	ACCENT Project Consortium		RHHI

Medicare Contractor	CMO	State	Part Cont.
	ACCENT Project Consortium	Oregon	RHHI
	ACCENT Project Consortium	Washington	RHHI
	Care Level Management (CLM)	California	FI
	Care Level Management (CLM)		RHHI
	Montefiore Care Guidance	New York-Bronx	RHHI
	RMS, DM, LLC	New York-Nassau, Suffolk, Queens	RHHI