

<b>CMS Guidance Document</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub. 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Executive Guidance Number 0012</b>	<b>Date: August 3, 2007</b>
<b>Planned Web Site Address <a href="http://www.cms.hhs.gov/manuals/">http://www.cms.hhs.gov/manuals/</a></b>	<b>Release Planned: August 17, 2007</b>

**PROGRAM AREA:** Claims Processing

**SUBJECT:** 2008 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payment

**APPLIES TO:** Physician

**I. SUMMARY OF DOCUMENT:** This yearly update CR will provide the name of the test file and the name of the final file for the HPSA bonus payment for 2008.

New / Revised Material  
Effective Date: January 1, 2008  
Implementation Date: January 7, 2008

**II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)**

**STATUS:** R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE

**III. CLEARANCES:**

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter(410) 786-4164/CMM
Agency POC	Cynthia Glover (410) 786-2589/CMM/PBG/DPCP

**IV. TYPE (Check appropriate boxes for type of guidance)**

<input type="checkbox"/>	<b>Audit Guide</b>
<input checked="" type="checkbox"/>	<b>Change Request</b>
<input type="checkbox"/>	<b>HPMS</b>
<input type="checkbox"/>	<b>Joint Signature Memorandum/Technical Director Letter</b>
<input type="checkbox"/>	<b>Manual Transmittal/Non-Change Request</b>
<input type="checkbox"/>	<b>State Medicaid Director Letters</b>
<input type="checkbox"/>	<b>Other</b>

**V. STATUTORY OR REGULATORY AUTHORITY: N/A**

# Attachment – Recurring Update Notification

Pub. 100-04	Transmittal:	Date:	Change Request: 5698
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**SUBJECT: 2008 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments**

**Effective Date:** January 1, 2008

**Implementation Date:** January 7, 2008

## I. GENERAL INFORMATION

**A. Background:** New automated HPSA bonus payment files are created annually. This CR provides the names of the new files.

**B. Policy:** Section 413(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 mandated an annual update to the automated HPSA bonus payment files.

## 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	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5698.1	For 2008, the contractors shall download the new HPSA bonus payment test file with the following file name: MUOO.@AAA2390.ZIP.HPSA2008.TE S T	X		X	X			X	X			
5698.1.1	The test file will be available on September 4, 2007.	X		X	X			X	X			
5698.2	For 2008, the contractors shall download the new HPSA bonus payment file with the following file name: MUOO.@AA2390.ZIP.HPSA2008.ALL	X		X	X			X	X			
5698.2.1	The file will be available on October 1, 2007.	X		X	X			X	X			
5698.2.1.1	Contractors shall use this file for the automated bonus payment for claims with dates of service on or after January 1, 2008 through December 31, 2008.	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	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5698.3	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> 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 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. 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							

**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:

**B. For all other recommendations and supporting information, use this space:**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Cynthia Glover (410) 786-2589, [cynthia.glover@cms.hhs.gov](mailto:cynthia.glover@cms.hhs.gov) for Carrier Claims Processing, or Susan Guerin (410) 786-6138, [susan.guerin@cms.hhs.gov](mailto:susan.guerin@cms.hhs.gov) for FI Claims Processing.

**Post-Implementation Contact(s):** Appropriate CMS Regional Office

## **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 2008 operating budgets.

**B. For Medicare Administrative Contractors (MAC), use the following statement:**

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 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.