

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-19 Demonstrations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 97</b>	<b>Date: March 21, 2014</b>
	<b>Change Request 8671</b>

**SUBJECT: MAPCP Demonstration - Update for ICD-10**

**I. SUMMARY OF CHANGES:** On February 11, 2011, the Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7283, *Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration*. This CR was implemented with the October 2011 release. Subsequent CRs (CR 7693, CR 7559, CR 8167) amended various business requirements.

As part of this demonstration, CMS' implementation support contractor submits on a monthly basis claims for per beneficiary per month payments for beneficiaries covered under the demonstration. The initial CR for this demonstration (CR 7283) specified the ICD-9 diagnosis to be used on the claims. The purpose of this CR is to provide the ICD-10 diagnosis code that will be submitted on these claims for services rendered as of 10/1/2014.

**EFFECTIVE DATE: October 1, 2014**

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

**IMPLEMENTATION DATE: October 6, 2014**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N	MAPCP Demonstration - Update for ICD-10

**III. FUNDING:**

**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:**

Demonstration

# Attachment - Demonstration

<b>Pub. 100-19</b>	<b>Transmittal: 97</b>	<b>Date: March 21, 2014</b>	<b>Change Request: 8671</b>
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**EFFECTIVE DATE: October 1, 2014**

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## I. GENERAL INFORMATION

**A. Background:** On February 11, 2011, the Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 7283, *Implementation Support and Payment Processing for the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration*. This CR was implemented with the October 2011 release. Subsequent CRs (CR 7693, CR 7559, CR 8167) amended various business requirements.

As part of this demonstration, CMS' implementation support contractor submits on a monthly basis claims for per beneficiary per month payments for beneficiaries covered under the demonstration. The initial CR for this demonstration (CR 7283) specified the ICD-9 diagnosis to be used on the claims. The purpose of this CR is to provide the ICD-10 diagnosis code that will be submitted on these claims for services rendered as of 10/1/2014

**B. Policy:** Consistent with other physician/supplier claims, as of October 1, 2014, MAPCP demonstration claims shall be submitted with the applicable ICD-10 diagnosis codes

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C	M I C M W	S S S F		
8671.1	Business requirement 7283.3 for CR 7283 specified the ICD-9 diagnosis code that CMS' implementation support contractor (Actuarial Research Corporation or "ARC") shall use for submitting MAPCP Demonstration claims for all demonstration states except Minnesota.  Effective 10/1/2014, the following ICD-10 diagnosis code shall be used:  Z87.898 Personal history of other specified conditions  This business requirement shall replace BR 7283.3		X						CMS	

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	not applicable

**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

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**(Attachment: 1)**

**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"> <li>• the "MAPCP" will be the same for all practices;</li> <li>• the next letter will be a "P" representing Pennsylvania;</li> <li>• the next two letters will represent the demonstration region the practice is located in: "NE" for northeast and "SE" for southeast; and</li> <li>• the 5 #s represent numbers (0001 – 9999).</li> </ul>
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