

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2148</b>	<b>Date: October 5, 2018</b>
	<b>Change Request 10804</b>

**SUBJECT: Claim Based Incentive Programs - Non-Assigned Claim Update**

**I. SUMMARY OF CHANGES:** The Centers for Medicare & Medicaid Services (CMS) has determined that a Multi-Carrier System (MCS) edit is causing the bonus payments of claim based incentive programs, on non-assigned claims, to go to a specific provider from a group rather than to the actual group. While this issue does not occur often, a system update is needed to stop any potential recurring issues.

**EFFECTIVE DATE: April 1, 2019 - For claims processed on or after April 1, 2019**

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

**IMPLEMENTATION DATE: April 1, 2019**

*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/A	N/A

**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 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.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

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**EFFECTIVE DATE: April 1, 2019 - For claims processed on or after April 1, 2019**

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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) has discovered that a small number of providers are receiving incentive payments, even though all payments are reassigned to the group. Contractors may have issues where bonuses are going to the individual physicians (who have reassigned their benefits to the group) when the claim is a non-assigned claim and the payment for the service goes to the beneficiary. A Multi-Carrier System (MCS) edit has been identified as the cause of this issue. This edit is causing the bonus payments of claim based incentive programs, on non-assigned claims, to go to a specific provider from a group rather than to the actual group. While this issue does not occur often, a system update is needed to stop any potential recurring issues.

The only claim based incentive programs impacted by the non-assigned claim logic are the HPSA Bonuses, Physician Scarcity Areas (PSA) Bonuses (ended on June 30, 2008), HPSA Surgical Incentive Payment Program (HSIP) Bonuses (only applies to services furnished on or after January 1, 2011, and before January 1, 2016), and Primary Care Incentive Program (PCIP) Bonuses (only applies to services furnished on or after January 1, 2011, and before January 1, 2016).

**B. Policy:** The contractor shall update its system according to the business requirements set forth in this change request (CR) to correct the error associated with bonus payments on non-assigned claims.

## 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	M I S S	F M S	V M S	
10804.1	Effective for claims processed on or after April 1, 2019, the contractor shall update the non-assigned claim system logic for bonus payments to apply to the physician group rather than the individual provider from a group.						X		
10804.1.1	The contractor shall update this logic for the following claim based incentive programs: <ul style="list-style-type: none"> <li>• HPSA Bonuses</li> </ul>						X		

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	<ul style="list-style-type: none"> <li>Physician Scarcity Areas (PSA) Bonuses</li> <li>HPSA Surgical Incentive Payment Program (HSIP) Bonuses</li> <li>Primary Care Incentive Program (PCIP Bonuses)</li> </ul>								
10804.2	The contractor shall not make any adjustments for bonus payments made to the individual physician, rather than the physician group, for claims processed prior to April 1, 2019.						X		

**III. PROVIDER EDUCATION TABLE**

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

**IV. SUPPORTING INFORMATION**

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Leslie Trazzi, 410-786-7544 or Leslie.Trazzi@cms.hhs.gov , Dennis Savedge, 410-786-0140 or Dennis.Savedge@cms.hhs.gov

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

## **VI. FUNDING**

### **Section A: 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 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.

**ATTACHMENTS: 0**