

<b>CMS Manual System</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>Transmittal 10323</b>	<b>Date: August 28, 2020</b>
	<b>Change Request 11852</b>

**SUBJECT: 2021 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments**

**I. SUMMARY OF CHANGES:** This change request provides files for the automated payments of HPSA bonuses for dates of service January 1, 2021 through December 31, 2021. This recurring update notification applies to Chapter 4, Section 250.2 and Chapter 12, Section 90.4.2.

**EFFECTIVE DATE: January 1, 2021**

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

**IMPLEMENTATION DATE: January 4, 2021**

*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:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 10323	Date: August 28, 2020	Change Request: 11852
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**EFFECTIVE DATE: January 1, 2021**

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## I. GENERAL INFORMATION

**A. Background:** A new automated HPSA bonus payment file is created annually. This change request provides the name of the new file. This recurring update notification applies to Chapter 4, Section 250.2 and Chapter 12, Section 90.4.2.

**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 file. CMS automated HPSA ZIP code file shall be populated using the latest designations as close as possible to November 1 of each year. The HPSA ZIP code file shall be made available to contractors in early December of each year. Contractors shall implement the HPSA ZIP code file and for claims with dates of service January 1 to December 31 of the following year, shall make automatic HPSA bonus payments to physicians providing eligible services in a ZIP code contained on the file.

## II. BUSINESS REQUIREMENTS TABLE

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

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	C W F	
11852.1	For 2021, the contractors shall download the new HPSA bonus payment test file with the following file name: MU00.@AAA2390.ZIP.HPSA2021.TEST		X						VDC	
11852.1.1	CMS shall make available the test file on or about October 31, 2020.								CMS	
11852.2	For 2021, the contractors shall download the new HPSA bonus payment final file with the following file name: MU00.@AAA2390.ZIP.HPSA2021.ALL		X						VDC	
11852.2.1	CMS shall make available the final file on or about November 7, 2020.								CMS	
11852.2.1 .1	Contractors shall use this file for the automated bonus payment for claims with dates of service on or after January 1, 2021, through December 31, 2021.	X	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	C W F	
11852.3	Contractors shall continue to accept the AQ modifier for partially designated HPSA claims.	X	X							
11852.4	Contractors shall continue to review samples of paid claims submitted with the AQ modifier.		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		
11852.5	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X			

**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):** Cindy Pitts, 410-786-2222 or [Cindy.Pitts@cms.hhs.gov](mailto:Cindy.Pitts@cms.hhs.gov) , Christi Lewis, 410-786-6900 or [Christi.Lewis@cms.hhs.gov](mailto:Christi.Lewis@cms.hhs.gov) , Dennis Savedge, 410-786-0140 or [Dennis.Savedge@cms.hhs.gov](mailto: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**