

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-06 Medicare Financial Management</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 195</b>	<b>Date: September 30, 2011</b>
	<b>Change Request 7285</b>

**Transmittal 183, dated February, 4, 2011, is being rescinded and replaced by Transmittal 195 to correct the submission due date for CROWD Form 9 to 15 days after the close of each incentive quarter and to instruct contractors to submit preceding quarters incentive payments in the first submission populated on October 17, 2011. All other information remains the same.**

**SUBJECT: To Create Form 9 Within the Contractor Reporting of Operational and Workload Data (CROWD) System for the Reporting of Primary Care Incentive Payments (PCIP) and HPSA Surgical Incentive Payments (HSIP).**

**I. SUMMARY OF CHANGES:** Effective July 1, 2011 CROWD report Form 9 will be established to report the PCIP and HSIP Medicare incentive payment programs. Reporting will begin after the close of the 3rd quarter of 2011 and continue each three month period until further instructions are given to contractors.

**EFFECTIVE DATE: July 1, 2011**

**IMPLEMENTATION DATE: July 5, 2011**

*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/revise 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>
R	Table of Contents
N	6/490 Form 9 reporting of Primary Care Incentive Payments (PCIP) and HPSA Surgical Incentive Payments (HSIP).
N	6/490.1 Category 1: Practitioners Receiving Incentive Payments
N	6/490.2 Category 2: Summation of Incentive Payments
N	6/490.3 Exhibits

### **III. FUNDING:**

#### **For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

#### **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:**

**Business Requirements**

**Manual Instruction**

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



Number	Requirement	Responsibility is indicated by an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
							F I S S	M C S	V M S	C W F	
	<p>1 = Total (Numeric)  2 = PCIP Practitioners  3 = PCIP CAH  4 = HSIP Practitioners  5 = HSIP CAH</p>										
7285.1.3	<p>Crowd system maintainer shall identify reporting codes for Category 2 as;</p> <p>6 = Total (Monetary)  7 = PCIP Practitioners  8 = PCIP CAH  9 = HSIP Practitioners  10 = HSIP CAH</p>									Crowd	
7285.2	<p>FISS and shall produce a report to accumulate the data requested above in BR7285.1 – BR 7285.1.3 (CROWD Form 9) that will identify payments for PCIP and HSIP each quarter.</p> <p>Note: Unlike Form S, Crowd Form 9 will require FISS reporting to accumulate PCIP and HSIP payments made to CAHs.</p> <p>Note: MCS Contractors will utilize reports enhanced with CMS CR7060 to retrieve data for Crowd Form 9</p>					X					
7285.3	<p>Medicare contractors shall begin submitting CROWD Form 9, after the close of the 3<sup>rd</sup> quarter of 2011 and thereafter, for each quarter until further instructions are provided.</p> <p>Note: Submissions are due by the 15<sup>th</sup> day after the close of the quarter. The first CROWD Form 9 submission will be due October 17, 2011 and shall include 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter PCIP and HSIP incentive payment data.</p>	X		X	X					CROWD	

### 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  I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	None										

### IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
7285.1.2 – 72851.3	See CR 7060 and CR 7115 for details implementing the PCIP
7285.1.2 – 7285.1.3	See CR 7063 and CR 7146 for details implementing the HSIP

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

### V. CONTACTS

**Pre-Implementation Contact(s):**

For payment policy questions please contact Stephanie Frilling at (410) 786-4507 or [Stephanie.Frilling@cms.hhs.gov](mailto:Stephanie.Frilling@cms.hhs.gov).

**Post-Implementation Contact(s):**

For Crowd Reporting questions please contact Ken Frank (410) 786-5659 or [Kenneth.Frank@cms.hhs.gov](mailto:Kenneth.Frank@cms.hhs.gov).

Contact your Contracting Officer’s Technical Representative (COTR) or Contractor Manager, as applicable. No action from the initiator is required for this change.

### VI. FUNDING

**Section A:** For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No Additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: *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.

**Attachment**

Attachment A: File Layout

# **Medicare Financial Management Manual**

## **Chapter 6 - Intermediary and Carrier Financial Reports**

### **Table of Contents** *(Rev.195, Issued: 09-30-11)*

*490 – Form 9 Reporting of Primary Care Incentive Program (PCIP) Payments and HPSA Surgical Incentive Program (HSIP) Payments*

*490.1 – Category 1: Practitioners Receiving Incentive Payments*

*490.2 – Category 2: Summation of Incentive Payments*

*490.3 – Exhibits*

**490 – Form 9 for Primary Care Incentive Program (PCIP) Payments and HPSA Surgical Incentive Program (HSIP) Payments**  
(Rev.195, Issued: 09-30-11, Effective: 07-01-11, Implementation: 07-05-11)

*Section 5501(a) of the ACA revised Section 1833 of the Social Security Act (the Act) by adding new paragraph (x), “Incentive Payments for Primary Care Services.” Section 5501(b) of the ACA revised Section 1833 of the Act by adding new paragraph (y) “Incentive Payments for Major Surgical Procedures Furnished in Health Professional Shortage Areas.” In both cases, the statutes authorize incentive payment programs under Medicare.*

*CROWD report Form 9 is established to report the PCIP and HSIP Medicare incentive payment program data. Contractor reporting will begin after the close of the 3<sup>rd</sup> quarter of 2011. Form 9 submissions shall be completed for each workload number and will be due by the 15th day after the close of each quarter.*

*Note: The first submission due October 17, 2011 shall include incentive payment data for the preceding incentive quarters of 2011.*

**NOTE:** *CROWD Form 9 will require FISS reporting to accumulate PCIP and HSIP payments made to CAHs.*

*Please refer to Pub. 100-04, Chapter 12, Section 230 for eligibility and implementation of the PCIP and Pub. 100-04, Chapter 12, Section 90.4.11.1 for eligibility and implementation of the HSIP.*

**490.1 – Category 1: Practitioners Receiving Incentive Payments**  
(Rev.195, Issued: 09-30-11, Effective: 07-01-11, Implementation: 07-05-11)

*Medicare contractors shall prepare and submit to CMS a quarterly report regarding the number of physicians, nonphysician practitioners, and CAHs who have received PCIP and HSIP payments in the prior quarter. Each contractor shall complete CROWD Form 9 for every state in its jurisdiction. Contractors shall code their systems to enter the total number of practitioners receiving PCIP payments in reporting code 2 and the total number of CAHs receiving PCIP payments in reporting code 3. Contractors shall code their systems to enter the total number of practitioners receiving HSIP payments in reporting code 4 and the total number of CAHs receiving HSIP payments in reporting code 5. Contractors do not submit a hard copy, faxed copy or e-mail version of this report to CMS.*

**490.2 – Category 2: Summation of Incentive Payments**  
(Rev.195, Issued: 09-30-11, Effective: 07-01-11, Implementation: 07-05-11)

*Medicare contractors shall prepare and submit to CMS a quarterly report regarding the sum of incentive payments made to physicians, nonphysician practitioners, and CAHs who have received PCIP and HSIP payments in the prior quarter. Each contractor shall complete CROWD Form 9 for every state in its jurisdiction. Contractors shall code their systems to enter the sum of payments made to practitioners receiving PCIP payments in reporting code 7 and the*



*sum of payments made to CAHs receiving PCIP payments in reporting code 8. Contractors shall code their systems to enter the sum of payments made to practitioners receiving HSIP payments in reporting code 9 and the sum of payments made to CAHs receiving HSIP payments in reporting code 10. Contractors do not submit a hard copy, faxed copy or e-mail version of this report to CMS.*

**490.3 – Exhibits**

**(Rev.195, Issued: 09-30-11, Effective: 07-01-11, Implementation: 07-05-11)**

File Layout: Contractor Reporting of Operational and Workload Data (CROWD) Form 9

<i>Category 1: Practitioners Receiving Incentive Payments</i>
<i>1 = Total (numeric)</i>
<i>2 = PCIP Practitioners</i>
<i>3 = PCIP CAH</i>
<i>4 = HSIP Practitioners</i>
<i>5 = HSIP CAH</i>
<i>Category 2: Summation of Incentive Payments</i>
<i>6 = Total (monetary)</i>
<i>7 = PCIP Practitioners</i>
<i>8 = PCIP CAH</i>
<i>9 = HSIP Practitioners</i>
<i>10 = HSIP CAH</i>