CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3370	Date: October 9, 2015
	<b>Change Request 9342</b>

SUBJECT: 2016 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, 2016 through December 31, 2016. This Recurring Update Notification applies to Chapter 4, Section 250.2 and Chapter 12, Section 90.4.2.

#### **EFFECTIVE DATE: January 1, 2016**

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

**IMPLEMENTATION DATE: January 4, 2016** 

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*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE			
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: 3370 Date: October 9, 2015 Change Request: 9342

SUBJECT: 2016 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments

**EFFECTIVE DATE: January 1, 2016** 

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

**IMPLEMENTATION DATE: January 4, 2016** 

#### 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						Other		
		N	MAC		M		Sys	tem		
					Е	M	aint	aine	ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
9342.1	For 2016, the contractors shall download the new		X							VDC
	HPSA bonus payment test file with the following file									
	name: MU00.@AAA2390.ZIP.HPSA2016.TEST									
9342.1.1	CMS shall make available the test file on or about									CMS
	November 2, 2015.									
9342.2	For 2016, the contractors shall download the new		X							VDC
	HPSA bonus payment final file with the following file									
	name: MU00.@AAA2390.ZIP.HPSA2016.ALL									
0242.2.1										C) IC
9342.2.1	CMS shall make available the final file on or about									CMS
	November 9, 2015.									
9342.2.1.	Contractors shall use this file for the automated bonus	X	X							
1	payment for claims with dates of service on or after	Λ	Λ							
1	January 1, 2016, through December 31, 2016.									
	January 1, 2010, unough December 31, 2010.									

Number	Requirement	Responsibility									
		A/B		D	Shared-				Other		
		N	MAC		M	•					
					E	Maintainers					
		A	В	H H H	M A C	F I S S	M C S	V M S			
9342.3	Contractors shall continue to accept the AQ modifier for partially designated HPSA claims.	X	X								
9342.4	Contractors shall continue to review samples of paid claims submitted with the AQ modifier.	X	X								

# III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B MA(		D M E	C E D
		A	В	H H H	M A C	Ι
9342.5	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ 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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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			

# IV. SUPPORTING INFORMATION

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

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information:  $\ensuremath{\mathrm{N/A}}$ 

# V. CONTACTS

**Pre-Implementation Contact(s):** Cindy Pitts, 410-786-2222 or cindy.pitts@cms.hhs.gov, Ian Kramer, 410-786-5777 or ian.kramer@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**