CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 889	**Date: April 29, 2011**
	Change Request 7402

SUBJECT: Instructions for Multi Carrier System (MCS) to review submitted claims history and identify Primary Care Incentive Payment Program (PCIP) eligible services furnished by newly enrolled Medicare primary care practitioners.

I. SUMMARY OF CHANGES: This CR is being issued to instruct MCS to review submitted claims furnished by eligible newly enrolled PCIP eligible practitioners for payment year 2011 and to append appropriate system flag indicators when PCIP eligible services have been furnished by them for dates of service between January 1, 2011 and December 31, 2011.

EFFECTIVE DATE: October 1, 2011
IMPLEMENTATION DATE: October 3, 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/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 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:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-20	Transmittal: 889	Date: April 29, 2011	Change Request: 7402

SUBJECT: Instructions for Multi Carrier System (MCS) to review submitted claims history and identify Primary Care Incentive Payment Program (PCIP) eligible services furnished by newly enrolled Medicare primary care practitioners.

Effective Date: October 1, 2011

Implementation Date: October 3, 2011

I. GENERAL INFORMATION

A. **Background:** Section 5501(a) of the Affordable Care Act (ACA) revised Section 1833 of the Social Security Act (the Act) and added paragraph (x), "Incentive Payments for Primary Care Services." CMS Change Request (CR) 7060 (Primary Care Incentive Payment Program (PCIP), Section 5501(a) of the Patient Protection and Affordable Care Act (the ACA)) implemented this incentive payment program in Medicare and instructed contractors to identify eligible primary care services furnished by eligible primary care practitioners for each PCIP incentive payment year.

In the case of newly enrolled primary care practitioners, CMS issued CR 7267 (Primary Care Incentive Payment Program (PCIP) Eligibility for New Providers enrolled in Medicare), and specifically requested contractors to retrieve two data files; "PCIP Payment for New Providers Enrolled in Medicare File" and "PCIP Inquiry for New Providers Enrolled in Medicare File" from the CMS mainframe by October 3, 2011. The first file will list eligible PCIP practitioners who enrolled in Medicare for the first time during calendar year 2010 and who are eligible to receive PCIP payments for furnishing eligible primary care services in PCIP payment year 2011. The second file will identify all newly enrolled practitioners by Medicare specialty designation code and their percentage of primary care services furnished in calendar year (CY) 2010. These files will be in addition to the established practitioner files provided and that are currently being used for the quarterly payments for established practitioners. Every year, contractors will receive files for established practitioner prior to the beginning of the calendar year, as well as files for new practitioners in October to be used for the newly enrolled providers that qualify for that same calendar year. As all new and established practitioner files are to be implemented for dates of service in the particular calendar year, two files will be used to identify the NPIs of practitioners eligible for the PCIP for dates of service in each calendar year. Quarterly payments will be made based on the NPIs in the established practitioner file, while a single payment for the full year of primary care services based on those NPIs in the new practitioner file will be made after the close of the calendar year as one cumulative payment on the same schedule as the original HPSA payments. This same process will continue annually through 2015, with revised established and new practitioner files being provided each year on the same schedule.

B. Policy: Due to the fact that CR 7267 provides the PCIP new practitioner data files to Medicare claims processing contractors 10 months after the start of PCIP 2011 payment year, a look back will be required for MCS to identify all PCIP eligible services furnished in 2011 by newly enrolled practitioners.

This CR is being issued to instruct MCS to review submitted claims furnished by eligible newly enrolled PCIP eligible practitioners for payment year 2011 and to append appropriate system flag indicators when PCIP eligible services have been furnished by them for dates of service between January 1, 2011 and December 31, 2011.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7402.1	The contractor shall review submitted claims for all NPIs listed on CMS data file "PCIP Payment for New Providers Enrolled in Medicare File" for dates of service within the calendar year associated with that file.							X			
7402.2	The contractor shall accumulate the total paid amount for codes 99201 through 99215, and 99304 though 99350 for all four quarters of the payment year for the NPIs listed on the file provided in 7402.1.							X			
7402.3	The contractor shall append claims data flag indicators on all PCIP eligible service furnished by eligible PCIP newly enrolled practitioners listed on the file provided in 7402.1.							X			
7402.4	The contractor shall furnish this claims history to Medicare Part B contractors who will make the single cumulative PCIP payment after the close of the PCIP payment year.	X			X			X			
7402.5	After the cumulative payment, contractors shall continue to use the secondary file of eligible providers to append payment flags and to make quarterly payments as necessary based on eligible services furnished in the PCIP payment year, but that have been submitted on claims and processed after the cumulative payment has been made and that have dates of service associated with the appropriate PCIP payment year file.	X			X			X			
7402.6	Contractors shall continue to use the file of eligible established practitioners to append payment flags and make quarterly payments as necessary based on eligible services with dates of service associated with the appropriate calendar year file.	X			X			X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	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:
7402.1-7402.4	CR 7060 (Primary Care Incentive Payment Program (PCIP), Section 5501(a) of the Patient Protection and Affordable Care Act (the ACA)) and CR 7267 (Primary Care Incentive Payment Program (PCIP) Eligibility for New Providers enrolled in Medicare)

Section B: for all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): For payment policy questions please contact Stephanie Frilling, Stephanie.Frilling@cms.hhs.gov, (410) 786-4507.

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

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

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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.