CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 975	**Date: October 27, 2011**
	Change Request 7561

SUBJECT: Format Revisions to the Special Incentive Remittance Advice used to Report Quarterly Incentive Payments for Health Professional Shortage Areas (HPSAs), the Primary Care Incentive Payment Program (PCIP), and the HPSA Surgical Incentive Payment Program (HSIP)

I. SUMMARY OF CHANGES: The special remittance advice currently used for quarterly HPSA, PCIP, and HSIP incentive payments is being revised to include a summary page with a grand total incentive payment amount per performing NPI, per incentive payment. This will allow providers to know their total individual incentive payment amount for HPSA, PCIP, and/or HSIP (which ever applies).

EFFECTIVE DATE: April 1, 2012
IMPLEMENTATION DATE: April 2, 2012

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

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Effective Date: **April 1, 2012**

Implementation Date: April 2, 2012

I. GENERAL INFORMATION

A. Background: Section 5501(a)(3) of the Affordable Care Act provides payment of the Primary Care Incentive Payment Program (PCIP) as an additional payment amount for specified primary care services regardless of any other additional payment for services under Section 1833(m) of the Act. Section 5501(b) of the Affordable Care Act revises Section 1833(m) of the Act and authorizes an incentive payment program for major surgical services furnished by general surgeons in Health Professional Shortage Areas (HPSAs), called the HPSA Surgical Incentive Payment Program (HSIP). Therefore, an eligible primary care physician furnishing a primary care service in a HPSA may receive both a HPSA physician bonus payment and a PCIP payment. However, general surgeons in a HPSA would only be eligible to receive a HSIP payment. Because of this coordination of payments, where they apply, the Centers for Medicare and Medicaid Services (CMS) instructed contractors in Change Request (CR) #7060 (Incentive Payment Program for Primary Care Services, Section 5501(a) of the Affordable Care Act) and CR 7063 (Section 5501(b) Incentive Payment Program for Major Surgical Procedures Furnished in Health Professional Shortage Areas under the Affordable Care Act) to revise the Special Incentive Remittance to include the PCIP and HSIP programs. These CRs also instructed contractors to, when appropriate; pay the primary care incentive payment and the HPSA general surgery payment at the same time and in the same payment as the HPSA physician bonus.

The Special Incentive Remittance is an existing Medicare report, formerly known as the "Special HPSA Remittance." CMS revised this remittance for the PCIP and HSIP incentive programs, as the remittance accompanies the incentive payment and provides detailed incentive billing and payment information. The report provides a full quarter of payment activity for incentive eligible practitioners furnishing incentive eligible services.

The first PCIP and HSIP payments were made in April 2011, and at that time, we heard from many providers that the report was long, in some cases several hundred pages, and that the report did not total incentive payments by an individual practitioner's NPI.

B. Policy: After a review of public comments, CMS shall modify the "Special Incentive Remittance" and furnish a summary statement by incentive and by individual practitioner's NPI.

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

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	
7561.1	The shared system maintainer shall revise the special remittance advice currently used for quarterly HPSA, PCIP, and HSIP incentive payments to include a summary page with a total incentive amount paid per performing NPI, per incentive program.							X			
7561.1.1	At a minimum, the shared system maintainer shall include the following information on the summary page per performing NPI: • Performing NPI • Sum total HPSA amount paid for all claims on the remittance advice • Sum total number of HPSA claims on the remittance advice • Sum total PCIP amount paid for all claims on the remittance advice • Sum total number of PCIP claims on the remittance advice • Sum total HSIP amount paid for all claims on the remittance advice • Sum total number of HSIP claims on the remittance advice							X			

II. 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	

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	
7561.2	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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 site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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: For any recommendations and supporting information associated with listed requirements, use the box below: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Kathleen Kersell at kathleen.kersell@cms.hhs.gov, or call (410) 786-2033.

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*:

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.