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Implementation Date: October 3, 2005

Medicare Care Management for High Cost Beneficiaries (CMHCB) Demonstration

Note: This article was revised to contain web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

Provider types affected by CR4100 include physicians and providers who bill any Medicare contractor (carrier, durable medical equipment regional carrier (DMERC), fiscal intermediary (FI), or regional home health intermediary (RHHI)) for services provided to Medicare Fee-for-Service (FFS) beneficiaries (i.e., those in the traditional FFS Medicare program) who reside in any one of the geographic areas described below and who have enrolled in a CMHCB program.

The CMHCB programs in these geographic areas are operated by one of six organizations, known as Care Management Organizations (CMOs), that will deliver provider-based intensive care management services to certain FFS Medicare beneficiaries with one or more chronic conditions.

Beneficiaries eligible for participation in the demonstration will be designated by the Centers for Medicare & Medicaid Services (CMS). If you submit claims to the Medicare contractors listed in the following charts, for Medicare patients who reside in the geographic areas shown in the charts, this article is of special interest to you.

Carrier, FI, DMERC, RHHI	Geographic Areas to be Served
1. Anthem Health Plans of Maine, Inc.	Massachusetts
2. Blue Cross and Blue Shield of South Carolina, also known as Palmetto GBA	Florida, Texas
3. Connecticut General Life Insurance Company	California, Nevada, Oregon, Washington
4. Empire HealthChoice Assurance, Inc.	New York
5. First Coast Service Options, Inc.	Florida

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Carrier, FI, DMERC, RHHI	Geographic Areas to be Served
6. Group Health Incorporated	New York
7. HealthNow New York, Inc.	Massachusetts, New York
8. National Heritage Insurance Company	California, Massachusetts
9. Noridian Mutual Insurance Company	Nevada, Oregon, Washington
10. Regence BlueCross BlueShield of Oregon	Oregon
11. Trailblazer Health Enterprises, LLC	Texas
12. United Government Services, LLC	Nevada, Oregon, Washington, California, New York

Provider Action Needed



STOP – Impact to You

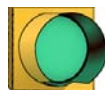
This article contains information from CR4100 that describes the CMS CMHCB Demonstration project and the associated Care Management Organizations (CMOs') programs. These programs are being implemented under the demonstration project to test whether supplemental care management services can improve quality of care and health results, and reduce unnecessary hospital stays and emergency room visits for Fee-for-Service (FFS) beneficiaries who have one or more chronic diseases.

Care management services provided by the CMOs may include facilitating collaboration among beneficiaries' primary and specialist providers, and enhanced communication of relevant clinical information to providers for the beneficiaries enrolled in a CMHCB program.



CAUTION – What You Need to Know

A beneficiary's participation in this demonstration program will not change his or her FFS Medicare benefits. The beneficiary is **not** enrolled in an HMO, Medicare Advantage Plan, or other non-FFS plan. The beneficiary remains entitled to all FFS benefits. You may be contacted by one of the CMOs in your geographic area.



GO – What You Need to Do

Make sure that your office and billing staffs are aware that these beneficiaries remain eligible for FFS services. ***There are no changes to Medicare FFS billing instructions or claims processing as a result of this CMHCB program.***

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Provider participation in care plans developed by, and other collaboration with, the CMO is voluntary and at provider discretion.

Background

This article provides information on CMS implementation of the CMHCB project to conduct a three-year study of various care management models for certain beneficiaries in the traditional Medicare FFS program. These programs will be administered by the CMOs.

The CMO programs will support collaboration among demonstration participants' primary and specialist providers and enhance communication of relevant clinical information.

The programs are intended to:

- Help increase adherence to evidence-based care;
- Reduce unnecessary hospital stays and emergency room visits; and
- Help participants avoid costly and debilitating complications.

FFS Medicare benefits will continue to be covered, administered, and paid under the traditional FFS Medicare program. Demonstration programs will be offered at no additional charge to the participating beneficiaries beyond their normal original Medicare plan premiums, co-payments, and/or deductibles.

The CMOs will not be able to restrict beneficiary access to care, or restrict beneficiary provider choice.

Since the CMO services may include collaboration with the physician on the beneficiary's plan of care, you may be contacted by the CMO regarding any of your patients who enroll in the CMHCB demonstration.

It is up to each physician to determine whether he or she wishes to collaborate with the CMO.

Note: Beneficiaries enrolled in these demonstrations remain eligible for FFS services, and physicians and providers of those services should continue to bill as they normally would. There are no changes to Medicare FFS billing instructions or claims processing as a result of this demonstration.

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CMO Program Features and Geographic Areas

The following table describes the name, target population, special features, scheduled launch date, and designated geographical areas of each program.

Name of Program	Population Focus and Program Features	Geographic Area
Health Buddy Program	<ul style="list-style-type: none"> • Serves beneficiaries with congestive heart failure, diabetes, and or chronic obstructive pulmonary disease. • Uses a technology platform. Patients receive a Health Buddy appliance that coaches them about their health, collects vital signs and symptoms, and transmits results back to multi-specialty medical groups. • Physicians and nurses will use information provided through the Health Buddy program to spot problems early and ensure patients stay healthy. • Launch date: February 1, 2006 (New Date) 	Oregon: Deschutes, Jefferson, Crook, Lake, Malheur, and Harney Washington: Chelan, Grant, Okanogan, and Douglas
Care Level Management	<ul style="list-style-type: none"> • Serves beneficiaries who are seniors suffering from advanced, progressive chronic disease(s) and co-morbidities with two or more condition-related hospital admissions in the past year. • Care management via a distributed network of Personal Visiting Physicians (PVPs) who see patients in their homes and nursing facilities and who are available 24 hours a day, 7 days a week. • PVPs are supported by Personal Care Advocate Nurses who are based in nearby regional offices and who provide care coordination and maintain regular phone contact with beneficiaries. • Utilizes a web-based electronic medical record. • Launch date: October 1, 2005 	California: Alameda, San Francisco, Marin, San Mateo, Contra Costa, Sacramento, Santa Clara, Sonoma, Solano, San Joaquin, Fresno, Stanislaus, Monterey, Tulare, Madera, Merced, Santa Cruz, San Benito, Los Angeles, Ventura, Santa Barbara, San Luis Obispo, Riverside, San Bernardino, Kern, Kings, Orange, San Diego Texas: Bexar, Atascosa, Bandera, Comal, Guadalupe, Kendall, Medina, Wilson Florida: Brevard, Indian River, Osceola, Seminole, Orange

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Name of Program	Population Focus and Program Features	Geographic Area
Mass General Care Management	<ul style="list-style-type: none"> • Serves beneficiaries who seek care from Massachusetts General healthcare system. • Comprehensive care management by a dedicated team of doctors and nurses. • Specialized programs for patients with chronic conditions. • Home visits and home telemonitoring as needed. • Electronic medical record system assures coordination, continuity, and adherence to physician-approved care management plan. • Launch date: Early CY 2006 	Massachusetts: Norfolk, Suffolk, Middlesex, Essex, and Plymouth
Montefiore Care Guidance	<ul style="list-style-type: none"> • Serves beneficiaries with multiple chronic conditions, residing in naturally-occurring retirement communities regardless of where they currently receive care, and FFS beneficiaries cared for within the Montefiore healthcare network. • Offers enhanced home-based services to participants using telemonitoring equipment and home visit programs. • Also offers medication management, falls prevention, palliative care, and disease management programs. • Launch date: Early 2006 	New York: Bronx
RMS KEY to Better Health	<ul style="list-style-type: none"> • Serves beneficiaries with chronic kidney disease. • Provides intensive disease management directed by nephrologists in supplementary clinics to identify potential problems and avoid complications, coordinate early intervention plans and prevent acute hospitalization. • Launch date: November 1, 2005 	New York: Nassau, Suffolk, Queens

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Name of Program	Population Focus and Program Features	Geographic Area
Texas Senior Trails	<ul style="list-style-type: none"> • Serves beneficiaries who receive care from the Texas Tech Physician Associates primary care and specialist physicians and who are at greatest risk for readmission and adverse events in largely underserved, rural areas • Team coordinates a home and office based program • Launch date: Early CY 2006 	Texas: Armstrong, Bailey, Borden, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Cottle, Crosby, Dallam, Dawson, Deaf Smith, Dickens, Donley, Floyd, Gaines, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, Kent, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochilree, Oldham, Parmer, Potter, Randall, Roberts, Scurry, Sherman, Stonewall, Swisher, Terry, Wheeler, and Yoakum

Additional Information

For complete details, please see the official instruction issued to your carrier/FI/DMERC/RHHI regarding this change, which can be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R28DEMO.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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