

Medicare Imaging Demonstration (MID) Clarifications
Medicare Waiver Demonstration Application Form
(CMS Standard Form 10069)
July 2010

Questions & Answers

Question #1:

How do I complete the box for Applicant's Medicare Provider Number(s) on the first page of the form (Medicare Waiver Demonstration Applicant Work Sheet)?

Answer #1:

If the organization applying to become a convener is not a Medicare provider, please enter "Not Applicable".

Question #2:

How do I respond to the question about whether the Applicant is a Medicare Provider/Organization in Good Standing on the first page of the form (Medicare Waiver Demonstration Applicant Work Sheet)?

Answer #2:

If the organization applying to become a convener is a provider, indicate on the form whether the convener is a provider in good standing. However, if the convener is not a provider, indicate that on the form. Regardless of whether the convener is a provider, all applicants must indicate whether the physicians on their panels are providers in good standing with Medicare.

Question #3:

How do I respond to the discussion of Medicare-waiver-only demonstrations on the second page of the form?

Answer #3:

Not Applicable.

Question #4:

On the second page of the form, there is a section on budget neutrality. Does this apply to my application?

Answer #4:

Not Applicable.

Question #5:

On the third page of the form under the Application Requirements section, it states that in the cover letter, we should identify our proposed target population. Does this apply?

Answer #5:

The Medicare Imaging Demonstration will only involve Medicare fee-for-service beneficiaries.

Question #6:

On the third page of the form under the Application Requirements section, it states that in the cover letter, we should list the CMS provider numbers assigned to the applicant. Does this apply?

Answer #6:

If the convener is a provider, please list the CMS provider number. If the convener is not a provider, it is not necessary to list a provider number, and just indicate that the convener is not a provider.

Question #7:

On the third page of the form under the Application Requirements section, it states that in the problem statement, we should describe how changes to current Medicare coverage and payment policy would lead to reductions in Medicare expenditures or improvements in Medicare beneficiaries' access to and/or quality of care. Does this apply?

Answer #7:

Because the Medicare Imaging Demonstration does not involve changes in Medicare coverage or payment policy, this information does not need to be included in the problem statement. See the solicitation for specific instructions on the proposal requirements.

Question #8:

On the third page of the form under the Application Requirements section, it states that in the demonstration design section, we should describe the intervention including the scope of services covered and/or benefit design, and payment methodology including financial incentives and/or risk sharing arrangements. Does this apply?

Answer #8:

The Medicare Imaging Demonstration does not involve an intervention that changes Medicare coverage, benefit design, or payment methods. See the solicitation for specific instructions regarding what applicants need to describe in terms of the demonstration design section of their proposal.

Question #9:

On the third page of the form under the Application Requirements section, it states that in the demonstration design section, we should indicate how eligible beneficiaries will be identified, targeted, and enrolled in the demonstration. Does this apply?

Answer #9:

No. The Medicare Imaging Demonstration does not involve the enrollment of beneficiaries in this demonstration; consequently applicants do not need to address this in their submissions.

Question #10:

On the fourth page of the form under the Application Requirements section, does the Payment Methodology & Budget Neutrality section apply to this demonstration?

Answer #10:

No. Because the Medicare Imaging Demonstration does not involve setting payment rates or risk sharing and has a budget established by statute, this section does not need to be addressed. Applicants, however, should see the solicitation for specific instructions regarding proposed budget and incentive payments.

Question #11:

On the fourth page of the form under the Application Requirements section, it states that in the Demonstration Implementation Plan that we need to describe our recruitment strategy and contingency plans for achieving beneficiary participation thresholds. Does this requirement apply to this demonstration?

Answer #11:

The Medicare Imaging Demonstration does not involve the enrollment of beneficiaries; therefore you do not need to address a beneficiary recruitment strategy in your applications. However, you should address your strategy for recruiting physician practices in this section. See the solicitation instructions regarding description of physician recruitment.

Question #12:

The solicitation requests that applicants in describing physician practices recruited for participation in the Medicare Imaging Demonstration provide an estimate of the number of advanced imaging services performed for Medicare fee-for-service beneficiaries by the practice. Does this request apply to practices that only order advanced imaging services but do not actually perform the imaging study?

Answer #12:

The request applies to both practices that perform studies and practices that only order studies. Please provide an estimate of the number of advanced imaging services that were provided to Medicare fee-for-service beneficiaries seen by the practice.

Question #13:

Where can I send questions about the solicitation?

Answer #13:

If you have questions about the solicitation, please send an email to ImagingDemo135b@cms.hhs.gov.