CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-19 Demonstrations	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12952	**Date: November 8, 2024**
	Change Request 13660

SUBJECT: Update in Performance Based Adjustments (PBA) Processing for Kidney Care Choices (KCC) Model - Implementation

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the current processing of performance based adjustments (PBA) from the Kidney Care Choices (KCC) Model as noted in CR 12404. Additionally, to address the incorrect processing of the previously processed claims.

EFFECTIVE DATE: April 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 7, 2025

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	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:

Demonstrations

Attachment - Demonstrations

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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the current claims processing for performance based adjustments (PBA) from the Kidney Care Choices (KCC) Model. Currently, CR 12404 includes a business requirement (BR) which states that claims that are eligible for the PBA cannot be reprocessed based on the updates included in the Provider or Beneficiary file. However, claims were not processed correctly since July 1st, 2023 when PBA started implementation as the provider file included incorrect dates. CR 12802 is an automatic reprocessing CR for KCC Model, which also did not specify an Informational Unsolicited Response (IUR) for the PBA, therefore, this CR is updating the BR to ensure that PBA claims are processed properly.

B. Policy: Section 1115A of the Social Security Act (added by section 3021 of the Affordable Care Act) (42 U.S.C. 1315a) authorizes the CMS Innovation Center to test innovative payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program (CHIP) spending while maintaining or improving the quality of beneficiaries' care. Under the law, preference is to be given to selecting models that also improve coordination, efficiency and quality of health care services furnished to beneficiaries. Section 1899 of the Social Security Act establishes the Medicare Shared Savings Program, and authorizes CMS to share Medicare savings with participating accountable care organizations under certain circumstances.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13660.1	The Contractor shall create a one-time ad-hoc utility to identify Part B claims for Beneficiaries that are aligned to the Kidney Care First (KCF) Model with PBA indicator 'Y' from July 1, 2023, thru August 30, 2024. The Part B claims identified during this time-period should have processed with Demo 97, benefit enhancement 'G' and one of the following procedure codes. 90957 90958 90959 90960 90961 90962 90965 90966								X	
13660.2	The Contractor shall generate a report from the one-time utility that will consist of the following fields: BENE ICN FROM DATE THROUGH DATE CONTRACTOR NUMBER								X	
13660.3	The contractor shall share the created report with the model team (Jonathan Rudy and Manasa Peddy) for review and creation of TDL to address reprocessing.								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Special Note: **The report will be uploaded into CMS box account due to PII information. CMMI will provide the box link for the report to be uploaded.**									
13660.4	Effective with provider alignment files processed on or after the implementation of the CR, the Contractor shall reprocess professional claims previously processed under the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demonstration code 97) Model when a **provider record** is **retroactively adjusted**, i.e., no longer attributed to the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demonstration code 97) Model Provider Alignment File, when: • The DOS on the claim line is **not on or within** the provider's effective Start Date and End Date as indicated on the Provider's Alignment File OR • The Provider's Effective End Date is equal to the Provider's Effective Start Date in the Provider Alignment File, (i.e., terminated). • A provider is removed from the alignment file (provider's end date is equal to the provider's effective start date). • An existing provider record has an update to the Effective Period or Part B Percentage.						X			
13660.5	Effective with provider alignment files processed on or after the implementation of the CR, the Contractor shall reprocess professional claims prev iously processed under the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demonstration code 97) Model when a provider record is retroactively added to the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demonstration code 97) Model Provider Alignment File, when:						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• The DOS on the claim line is on or within the provider's effective Start Date and End Date as indicated on the Provider's Alignment File • The Contractor shall reprocess professional cla ims previously processed under the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demonstration code 97) Model when a provider record is updated to the Effective Period or Part B Percentage (or PBA Percentage). • A provider is retroactively added to the alignment file.									
13660.6	The automatic adjustments shall be included on the CWF Unsolicited Response Claims Report (HBBRC009) and Unsolicited Response Excluded Report (H99RBURE) in the same section as the Kidney Care Choices (KCC) Kidney Care First (KCF) (Demonstration code 97) Model Provider's Quarterly Capitation Payment (QCP) (Benefit Type F).						X			
13660.7	Contractors shall use existing IURs, MCS reason code "O" and MCS discovery code "C".		X							

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information:N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0