

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1851	Date: May 17, 2017
	Change Request 10017

Transmittal 1813, dated March 31, 2017, is being rescinded and replaced by Transmittal 1851, May 17, 2017. Year to change the implementation date. All other information remains the same.

SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects Within the Common Working File (CWF)

I. SUMMARY OF CHANGES: Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient. This change request is subsequent to CR9325, CR9802 and CR9890.

EFFECTIVE DATE: July 1, 2017; January 1, 2018

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

IMPLEMENTATION DATE: July 3, 2017 - Design with the July, 2017 Release; January 2, 2018 - Coding and Implementation with the January, 2018 Release

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:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services and its predecessor organization, the Health Care Financing Administration, have implemented Medicare fee for service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, contractors shall identify Medicare demonstration projects/code that are not active. CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient.

B. Policy: This Change Request is subsequent to CR9325 (July, 2016), CR9802 (April, 2017) and CR9890 (July, 2017) Releases.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC		D M E	Shared- System Maintainers				Other			
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F	
10017.1	The contractor shall archive/remove demo codes 38, 44, 45, 46, 48 and 49 as listed on the attachment posted in eChimp.										X	IDR, NCH
10017.2	If the estimate/LOE exceeds 1000 hours, the contractor shall propose a strategy to implement the requirements over two or more quarterly releases.										X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Barb Pecoraro, 410.786.6188 or barbara.pecoraro@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

Medicare Demonstration Special Processing Numbers (SPN)

SPN	Project
38	Encounter Data (not a demo)
44	Homebound demo (MMA)
45	Chiropractic (MMA)
46	Vision Rehab (2004 appropriation project)
48	Home Health Adult Day Care (s. 703 of MMA)
49	Frequent Hemodialysis Network Clinical Trial