

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1891	Date: August 4, 2017
	Change Request 10095

SUBJECT: Provider-Based Determination

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to advise the Medicare Administrative Contractors (MACs) to use the electronic Provider Based (PB) checklist to perform uniform reviews of PB applications.

EFFECTIVE DATE: November 6, 2017

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

IMPLEMENTATION DATE: November 6, 2017

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

Pub. 100-20	Transmittal: 1891	Date: August 4, 2017	Change Request: 10095
-------------	-------------------	----------------------	-----------------------

SUBJECT: Provider-Based Determination

EFFECTIVE DATE: November 6, 2017

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

IMPLEMENTATION DATE: November 6, 2017

I. GENERAL INFORMATION

A. Background: Prior to September 2014, the Centers for Medicare & Medicaid Services (CMS) had been receiving discrete, provider-based (PB) checklists from each of the Medicare Administrative Contractors (MACs), and found that each one was significantly different from the next. Some checklists were incomplete and did not cover all the required information from the PB regulations. Some checklists did not include sufficient information. As a result, a workgroup consisting of representatives from all the MACs and some CMS regional offices (ROs) developed one comprehensive electronic PB checklist to ensure MACs submit comprehensive PB reviews/packages. With the use of the electronic PB checklist, both MACs and ROs perform uniform reviews of PB applications. This Change Request (CR) instructs MACs to utilize the comprehensive electronic PB checklist when reviewing PB attestations. The completed checklists, MAC workpapers and the provider PB attestation packages shall be emailed to the appropriate CMS ROs' PB email addresses.

B. Policy: This CR does not make any policy revisions to the review of PB applications. It, rather, improves the processing of PB attestation packages by developing a uniform review checklist and requiring the electronic submission of PB packages to CMS RO PB-email addresses. In addition, the Business Requirements Table below provides various other PB requirements such as the submission of monthly PB tracking reports and the processing of PB applications within specified time frames.

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
10095.1	The MAC shall process PB determinations in accordance with: <ul style="list-style-type: none"> • 42 CFR 413.65, the PRM CMS Pub. 15-1, section 2446 • Program Memorandum A-03-030 	X									
10095.2	The MAC shall input into the System for Tracking Audit and Reimbursement (STAR) information	X									STAR

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	
	<p>pertaining to the following fields:</p> <ul style="list-style-type: none"> • Date MAC received PB application • Main provider name • Main provider number • Name of PB facility or entity • Address of the PB facility or entity • PB Status (On/Off) Campus • Services offered by the PB facility or entity or service requesting PB status • MAC request for additional information • MAC recommendation • Date of MAC workpaper package and recommendation electronically submitted to the CMS RO • CMS decision 								
10095.3	The MAC shall complete the latest PB electronic checklist.	X							
10095.4	<p>The MAC shall submit the completed electronic checklist and supporting documentation to the appropriate CMS RO PB email address.</p> <p>CMS, region-specific, PB email addresses:</p> <p>Boston--ARPDRO1@cms.hhs.gov</p> <p>New York--ARPDRO2@cms.hhs.gov</p> <p>Philadelphia-- FMBRegion3@cms.hhs.gov</p> <p><u>Atlanta</u>--ARPDRO4@cms.hhs.gov</p>	X							

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
10095.12	The MAC should notify the provider, in writing, if a PB application is found to be missing the information or documentation needed to complete the attestation. The MAC should give the provider 30 days to submit the missing information or documentation and shall reject the PB applications in which additional documentation was requested but not received by the MAC within the 30-day deadline.	X							
10095.13	The MAC shall accurately update the STAR in accordance with the STAR manual and within ten business days upon receipt of the data.	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	I
		A	B	H H H			
10095.14	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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					

IV. 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

V. CONTACTS

Pre-Implementation Contact(s): Vincent James, 212-616-2522 or vincent.james@cms.hhs.gov , Adanna Ene, 312-353-7360 or adanna.ene@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0