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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1896 | Date: August 4, 2017 |
| | Change Request 10171 |

SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 03, 04 and 15)

I. SUMMARY OF CHANGES: 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.

EFFECTIVE DATE: April 1, 2018 - *Unless otherwise specified, the effective date is the date of service.

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

IMPLEMENTATION DATE: January 2, 2018 - Requirements and Design; April 2, 2018 - Coding, Testing and Implementation

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 | |

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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|--------------------|--------------------------|-----------------------------|------------------------------|
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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, the contractor shall identify Medicare demonstration projects/codes that are not active. CMS believes archiving obsolete Medicare demonstration projects/codes will reduce system complexity and make future maintenance efforts more efficient. This CR is subsequent to CR9325 (April, 2016 release) and CR10019 (October, 2017 release).

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

| 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 | C W F | |
| 10171.1 | The contractor shall remove/archive demonstration code 03 (Telemedicine waiver) and demonstration code 04 (United Mineworkers of America) and demonstration code 15 (End Stage Renal Disease (ESRD) Managed Care). | | | | | X | | | | IDR, NCH |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility |
|--------|-------------|----------------|
|--------|-------------|----------------|

| | | | | | | |
|--|------|------------|---|-------------|-------------|------------------|
| | | A/B MAC | | | D M E | C E D I |
| | | A | B | H H H | M A C | |
| | None | | | | | |

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): 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: 0