

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-19 Demonstrations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 230</b>	<b>Date: October 21, 2019</b>
	<b>Change Request 11350</b>

**Transmittal 229, dated August 16, 2019, is being rescinded and replaced by Transmittal 230, dated, October 21, 2019 to revise Business Requirement (BR) 11350.9 and to add the A/B MACs Part A and FISS as responsible parties. This correction also removes BR 11350.10. All other information remains the same.**

**SUBJECT: Next Generation and Vermont ACO Model - AIPBP Reduction File and BE Modifications**

**I. SUMMARY OF CHANGES:** A correction to CRs 10339 and 10588 is necessary to revise one of the requirements to ensure the beneficiary's HICN is no longer transmitted to the ACOs after this year (2019).

We are also revising a requirement for the SNF 3-days Rule Waiver and Post-Discharge Home Visits Benefit Enhancements.

**EFFECTIVE DATE: January 1, 2020**

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

**IMPLEMENTATION DATE: January 6, 2020**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**



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	
	<p>the test files by September 18, 2019.</p> <p>The ACO-OS contact is: Yani Mellacheruvu: Yani.Mellacheruvu@cms.hhs.gov</p> <p>The STC contact is: STCAdmin@dcca.com</p>									
11350.4	<p>The ACO-OS shall provide the provider alignment and beneficiary alignment test and final files to STC on or before the week of October 16, 2019.</p> <p>The ACO-OS contact is: Yani Mellacheruvu: Yani.Mellacheruvu@cms.hhs.gov</p> <p>The STC contact is: STCAdmin@dcca.com</p>								CMS, STC	
11350.5	<p>The Single Testing Contractor (STC) shall provide to ACO-OS the provider and beneficiary data to create updated test files by November 5, 2019.</p> <p>The ACO-OS contact is: Yani Mellacheruvu: Yani.Mellacheruvu@cms.hhs.gov</p> <p>The STC contact is: STCAdmin@dcca.com</p>								CMS, STC, VDC	
11350.6	<p>The ACO-OS shall provide to the Single Testing Contractor (STC) the provider and beneficiary data to create updated test files by November 16, 2019.</p> <p>The ACO-OS contact is: Yani Mellacheruvu: Yani.Mellacheruvu@cms.hhs.gov</p> <p>The STC contact is: STCAdmin@dcca.com</p>								CMS, STC, VDC	
11350.7	<p>CWF shall make demo code 74 take priority for SNF waiver claim edit/IUR and bypass if demo codes 86 and 74 are present on claim for a SNF stay.</p>								X	
11350.8	<p>The Shared System Maintainers (SSMs) shall consider a provider eligible to submit a claim for Benefit Enhancements indicator 4 if the from date on the date of service on the claim is on or after the effective start date and on or before 90 days after the effective end date of the provider's association with the Model. In other words, NGACO demo code 74 and enhancement indicator 4 should be applied to the claim if the from date on the date of service on the claim is on or after</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	C W F	
	<p>the effective start date and on or before 90 days after the effective end date of the provider's association with the Model.</p> <p>Note: For example, if a SNF provider's effective end date for the NGACO Model is 3/30/2019, the SNF's waiver claims should still process and pay for 90 days after 3/30/2019. This rule is similar to 9151.50.3, which is related to a beneficiary's effective date for SNF waiver. This rule applies to a provider's eligibility to submit waiver claims.</p> <p>Note: This BR is retroactive to the start of the Model</p> <p>Note: The indicators for the Model are as follows (and listed in CR 9151):</p> <ol style="list-style-type: none"> <li>1. Base Record (no enhancements) = Value 0</li> <li>2. Population Based Payments (PBP) = Value 1</li> <li>3. Telehealth = Value 2</li> <li>4. Post Discharge Home Visits = Value 3</li> <li>5. 3 Day SNF Waiver = Value 4</li> <li>6. All-Inclusive Based Payments = Value 5</li> <li>7. CEC Telehealth = Value 6</li> <li>8. Care Management Home Visits = Value 7</li> </ol>									
11350.8.1	Contractors shall adjust claims brought to their attention by providers for 3-day SNF waiver claims. Mass adjustments shall not be made.	X								
11350.9	<p>Contractors shall <b><i>not</i></b> process and flag NG ACO Post Discharge Home Visits claims with benefit enhancement indicator “3” when this benefit enhancement is elected by the provider for the DOS on the claim, when the beneficiary is aligned for the submitted claim, <i>for dates on or after 01/01/2019</i>, and has one of the following HCPCS codes:</p> <ul style="list-style-type: none"> <li>• 99324-99337</li> <li>• 99339-99340</li> <li>• 99341-99350</li> </ul> <p>NOTE: This changes BR 10907. 1.12. It was discovered this BR inadvertently caused an issue with</p>	X	X			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	C W F	
	processing existing Medicare claims.									
11350.10	This business requirement has been deleted.								CMS	

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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):** Sarah Wheat, 410-786-3889 or Sarah.Wheat@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**