CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2330	**Date: August 2, 2019**
	Change Request 11290

SUBJECT: Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Requirement to Include Demonstration Code 77 on SNF Waiver Claims

I. SUMMARY OF CHANGES: Using statutory waiver authority, CMS has a waiver of the SNF 3-day rule requirement in order to provide additional flexibilities under the Shared Savings Program that encourages ACO participation in performance-based risk arrangements. This waiver is only available to ACOs participating in a Track that takes on risk for both savings and losses.

Through this Change Request (CR), CMS will require SNF affiliates to include demonstration code 77 in the treatment authorization field on claims when the SNF affiliate intends for the claim to be subject to the SNF three-day rule waiver.

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.*

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: 2330	Date: August 2, 2019	Change Request: 11290

SUBJECT: Medicare Shared Savings Program (SSP) Skilled Nursing Facility (SNF) Affiliates' Requirement to Include Demonstration Code 77 on SNF Waiver Claims

EFFECTIVE DATE: January 1, 2020
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 6, 2020

I. GENERAL INFORMATION

A. Background: The SNF benefit is for beneficiaries who require a short-term intensive stay in a SNF, requiring skilled nursing and/or rehabilitation care. Pursuant to section 1861(i) of the Social Security Act, beneficiaries must have a prior inpatient hospital stay of no fewer than three consecutive days in order to be eligible for Medicare coverage of inpatient SNF care. This has become known as the SNF 3-day rule.

CMS understands that, in certain circumstances, it could be medically appropriate for some patients to receive skilled nursing care and or rehabilitation services provided at SNFs without prior hospitalization or with an inpatient hospital length of stay of less than 3 days. Currently, in the context of the Medicare Advantage program, a Medicare Advantage (MA) organization can elect to cover a SNF stay without requiring a 3-day prior hospitalization – and nearly all do.

While the financial incentive to control total cost of care in a shared savings model is not as great as in a capitated model, all Medicare Shared Savings Program Accountable Care Organizations (ACOs) qualified to use a waiver are at significant financial risk for exceeding their expenditure benchmarks and are clearly focused on reducing total cost of care.

The Medicare Shared Savings Program payment incentives and care delivery rules are designed to enable its ACO participants and the Medicare Trust Fund to improve the quality of care while reducing the rate of growth in expenditures. Given these conditions and the strong monitoring and evaluation components of the Shared Savings Program, CMS implemented a tailored waiver of the SNF 3-day rule to enable certain qualified Shared Savings Program ACOs to select the most appropriate care delivery site for a subset of SNF-eligible beneficiaries while reducing expenditures through care improvement.

Section 3022 of the Affordable Care Act amended Title XVIII of the Social Security Act (the Act) by adding new section 1899 to establish the Medicare Shared Savings Program. Under section 1899(f), the Secretary is permitted to waive "such requirements of….title XVIII of this Act as may be necessary to carry out the provisions of this section." Within this statutory context, CMS proposed and finalized through rulemaking (80 FR 32692) a waiver of the prior 3-day inpatient hospitalization requirement in order to provide Medicare SNF coverage when certain beneficiaries, assigned to Shared Savings Program ACOs that participate in two-sided risk tracks, are admitted to designated SNF affiliates either directly or after fewer than 3 inpatient hospital days. A waiver is available for Shared Savings Program ACOs in tracks that demonstrate the capacity and infrastructure to identify and manage patients who would be either directly admitted to a SNF or admitted to a SNF after an inpatient hospital stay of fewer than three days, for services otherwise covered under the Medicare SNF benefit. Beneficiaries with certain characteristics who are assigned to a Shared Savings Program ACO may be admitted to qualifying SNF affiliates, based upon the referral of a treating physician who is an ACO Provider/Supplier. All other requirements for the Medicare SNF benefit remain unchanged.

B. Policy: Under section 1899(f) of the Act, CMS is authorized to waive the SNF 3-day inpatient hospitalization requirement in order to provide additional flexibilities to ACOs under the Shared Savings Program. These flexibilities are provided in order to encourage ACO participation in performance-based

risk arrangements. A waiver is only available to eligible ACOs participating in the Shared Savings Program under a two-sided model (in which they may share in savings and are also accountable for repaying any shared losses). Beneficiaries, SNFs, and ACOs must meet the eligibility requirements specified in §425.612 in order for Medicare to provide payment for services provided pursuant to a SNF 3- Day Rule Waiver.

Through this CR, CMS will require SNF affiliates (including hospitals and CAHs operating under swing bed agreements and partnering with ACOs as SNF affiliates) to include demonstration code 77 in the treatment authorization code field on claims when the SNF affiliate intends for CMS to waive the 3-day qualifying stay requirement. Including demonstration code 77 in the treatment authorization code field provides an attestation on behalf of the SNF affiliate that the eligibility requirements specified in §425.612 have been met and ensure payment only when those requirements are met. Such eligibility requirements include, but are not limited to, the patient having been evaluated and approved for admission to the SNF within 3 days prior to the SNF admission by an ACO provider/supplier that is a physician, consistent with the ACO's beneficiary evaluation and admission plan. Further information regarding the eligibility requirements can be found in the "SNF Nursing Facility 3-Day Rule Waiver" guidance document available under the "Program Guidance & Specifications" section of the Medicare Shared Savings Program webpage at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html.

Beginning with admissions on or after 01/01/2020, SNF affiliates shall submit demo code 77 on claims in the treatment authorization field. Submitting demo code 77 in the treatment authorization field will be considered as the SNF affiliate's attestation that the eligibility requirements for using a SNF 3-Day Rule Waiver have been met.

II. BUSINESS REQUIREMENTS TABLE
"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
11290.1	The contractor shall discontinue the automated process of assigning demo code 77 on claims with admission dates on or after 01/01/20. **NOTE**: SNF and swing bed providers bill monthly. Therefore, the contractor shall continue to apply the demo code on claims with dates of service in 2020 as long as the admission date is prior to 01/01/20.					X				
11290.1.1	Beginning on 01/01/2020, the contractor shall read demo code 77 in the treatment authorization field.					X				
11290.2	The contractor shall ensure that demo code 77 will only be allowed in the treatment authorization field on claims submitted hard copy, EMC and DDE with admission dates on or after 01/01/20.					X				
11290.3	The contractor shall assign a new reason code if demo code 77 is not present in the treatment authorization field, but the claim meets the criteria currently in place. This reason code shall apply only for claims and provider submitted adjustments.					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	HHH		F I S S	M C S	V M S	C W F	
11290.3.1	The contractor shall return the claim to the provider (return to provider (RTP)) if the new reason code created under BR 11290.3 is assigned.	X								
11290.3.2	The contractor shall allow the provider to use condition code B1 (Beneficiary is ineligible for full demonstration Program) if the claim is returned to the provider as described in business requirement 11290.4.1 and the provider does not want the claim to be subject to the SNF 3-Day Rule waiver.					X				
11290.4	The contractor shall assign a new reason code if demo code 77 is present in the treatment authorization field, but the claim does not meet the criteria currently in place. This reason code shall apply only for claims and provider submitted adjustments.					X				
11290.4.1	The contractor shall reject the claim if the new reason code created under BR 11290.4 is assigned.	X								
11290.4.2	For beneficiaries deemed ineligible for services under Demo 77, the contractors shall use the following: • Claim Adjustment Reason Code (CARC) 272: Coverage/program guidelines were not met. • Remittance Advice Remark Code (RARC) N564: Patient did not meet the inclusion criteria for the demonstration project or pilot program. • Group Code: CO	X								
11290.5	The point of contact for ACO-OS testing is Yani Mellacheruvu (Yani.Mellacheruvu@cms.hhs.gov, 410-786-1841).									STC
11290.5.1	STC shall send the provider and beneficiary data to the ACO-OS by October 3, 2019.									STC
11290.5.1.1	ACO-OS shall send the test files back to the STC by November 5, 2019.									STC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E MAC	C E D I
		A	B	H H H		
11290.6	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	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): Whitney Korangkool, 410-786-0551 or Whitney.Korangkool@cms.hhs.gov, Rhonda Sheppard, 404-562-7210 or rhonda.sheppard@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: 1

Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Shared Savings Program and Fee-For-Service (FFS) Shared System Maintainer (SSM) Interface Control Document (ICD)

DRAFT Version 5.0

04/11/2019

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1 Introduction

This Interface Control Document (ICD) describes the relationship between the Accountable Care Organizations – Operational System (ACO-OS) and the Fee-for-Service Shared System Maintainers (FFS SSMs), and specifies the interface the requirements participating systems must meet. It describes the concept of operations for the interface, defines the message structure and protocols governing the interchange of data, and identifies the communication paths along which the project team expects data to flow.

For each interface, the ICD provides the following information:

- A description of the data exchange format and protocol for exchange
- A general description of the interface
- Assumptions, where appropriate
- Estimated size and frequency of data exchange

The ACO-OS integrates beneficiary, healthcare provider, and care organization data to provide this information to ACOs participating in the Medicare Shared Savings Program. The ACO-OS also provides a Receipt and Control Service (RACS) that moves files to and from ACO entities and partner systems supporting Centers for Medicare & Medicaid (CMS). The ACO-OS helps CMS and other organizations manage, track, and report ACO data so that there is a shared understanding of the totality of care provided to beneficiaries.

In this document, the phrase "FFS SSMs" refers to the following Shared Systems:

- Common Working File (CWF)
- Fiscal Intermediary Shared System (FISS)
- Multi-Carrier System (MCS)

The CWF is comprised of nine localized databases called Hosts. Hosts maintain total beneficiary claim history and entitlement information for the beneficiaries in their jurisdiction. Each jurisdiction is a network of intermediaries and carriers (Satellites) located in a defined geographic area (sector). Each Satellite within the sector is linked to its Host via telecommunications. The Satellites transmit daily files with claims ready for payment to the Host. The Host returns approvals, rejects, or adjustments and informational trailers daily.

FISS is a single standard Medicare Part A claims processing system used to process Medicare claims related to medical care provided by hospital and hospital based providers. FISS exchanges data with Health Care Integrated General Ledger Accounting System (HIGLAS) for accounting and processing Part A claims and some Part B claims. The primary purpose of this System of Record (SOR) is to properly pay medical insurance benefits to or on behalf of entitled beneficiaries.

MCS is a single-standard Medicare Part B claims processing system used by a majority of Medicare Part B contractors to process Medicare claims related to non-hospital based physician care. MCS exchanges data with HIGLAS for accounting and processing of Part B claims.

1.1 Project Overview

CMS proposed and finalized, through rulemaking (80 FR 32692), a waiver of the prior 3-day inpatient hospitalization requirement. The waiver is available to Shared Savings Program ACOs who demonstrate the capacity and infrastructure to identify and manage patients who would be

either directly admitted to a Medicare Skilled Nursing Facility (SNF) or admitted to a SNF after an inpatient hospital stay of fewer than three days, for services otherwise covered under the Medicare SNF benefit. (Historical note: The waiver originally became available to Track 3 ACOs starting from January 2017 and Track 1+ Model ACOs starting from January 2018.)

The ACO-OS provides Shared Savings Program ACO beneficiary information and Shared Savings Program ACO provider information to the FFS SSMs to support claims processing activities with respect to the SNF waiver. The beneficiary information specifically defines beneficiary relationships with the ACO providers and the provider information specifically defines the provider relationships with the Shared Savings Program ACOs who have been awarded the SNF 3-Day Rule Waiver. The ACO-OS delivers the beneficiary assignment information in the Shared Savings Program ACO Beneficiary SNF Waiver File and provider information in the Shared Savings Program ACO Provider SNF Waiver File to the FFS SSMs.

2 ICD Overview

This Interface Control Document (ICD) describes and tracks the necessary information required to effectively define the ACO-OS interface. The purpose of this ICD is to give the development teams guidance on the architecture of the systems to be developed, and to clearly communicate all possible inputs and outputs from the ACO-OS for all potential actions. The intended audience is the project manager, project team, development team, and stakeholders interested in interfacing with the ACO-OS.

3 Assumptions/Constraints/Risks

This section describes assumptions, constraints, and risks associated with the interface.

3.1 Assumptions

The following assumptions apply to the project:

- ACO-OS applications are maintained following the CMS on-cycle and off-cycle release plan and Remedy release plan administered by the CMS Change Management Board (CMB).
- The ACO-OS adheres to the CMS standards described in the CMS Technical Reference Architecture (TRA).
- CMS is responsible for administration of all hardware, system software, database, and connectivity in mainframe and mid-tier Informatica.
- Hardware and software architecture is functioning as required.
- FFS SSMs' interfaces comply with specifications documented in this ICD.
- The Electronic File Transfer (EFT) software maintained by CMS Virtual Data Center (VDC) Infrastructure Enterprise Services (VIES) is in proper working condition.
- The Informatica Server Installations on the zLinux Server is configured properly and operational.
- Informatica Hardware connectivity provided by CMS for production is in a good working condition.
- Informatica Production-level connectivity is sufficient to meet anticipated volumes.

3.2 Constraints

The following constraints apply to the project:

- The interfacing systems adhere to the established ACO-OS operational schedule, including scheduled outages.
- The ACO-OS follows the CM plan for migrating software. The Informatica migration process needs 24 hours of written notice using the existing standard migration form.
- The interfacing systems adhere to the security requirements governing data exchange with CMS systems.

3.3 Risks

The following risks may impact achievement of project performance goals:

- The ACO-OS depends on enterprise databases shared among many applications. The ACO-OS must adapt to the shared databases, allowing less flexibility in terms of enhancements and design or architectural decisions.
- Unplanned changes to the shared database can negatively impact the ACO-OS. The ACO-OS requires coordination and strategic planning for maintenance.
- The ACO-OS operates within the CMS Baltimore Data Center (BDC). Therefore, in addition to the risks associated with this application, there are risks common to the CMS BDC's physical, technical, environmental, and human infrastructure system as a whole and to the General Support System (GSS) associated with the overall application. Those risks are outside the scope of this document.
- Informatica and Mainframe System Availability: If the system is down, the business processes cannot run and external partners will not receive necessary data on time.
- Shared Tables Locked by the System Owners While Their Update Processes Are Executing: If a non-owning system attempts to access a table with a committed read, database contention is possible.

4   General Interface Requirements

4.1 Interface Overview

The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver File and the Shared Savings Program ACO Provider SNF Waiver File to FFS SSM through the CMS secured EFT Sweeps process. The FFS SSM returns the Shared Savings Program ACO Beneficiary SNF Waiver Response file and the Shared Savings Program ACO Provider SNF Waiver Response file also handled by the CMS EFT process, which receives and renames files by appending a date and time to the end of the filename.

4.2 Functional Allocation

The external interfaces are the Inbound and Outbound file processes which interface through the secured EFT process and the Automated Production Control & Scheduling System (APCSS) job scheduler which controls the production jobs. The ACO-OS Operations triggers the process through APCSS. Both the Shared Savings Program ACO Beneficiary SNF Waiver File and the Shared Savings Program ACO Provider SNF Waiver File are generated and sent to

ACO-OS RACS, where they are picked up in the EFT Sweeps process and sent to FFS SSM. The FFS SSM returns the Shared Savings Program ACO Beneficiary SNF Waiver Response File and the Shared Savings Program ACO Provider SNF Waiver Response File to the ACO-OS, where they are picked up in the EFT Sweeps process and sent to ACO-OS RACS.

4.3 Data Transfer

The communication architecture is illustrated in Figure 1.

- The ACO-OS internal communication flows from the ACO-OS Data Store (a mainframe DB2 database) to the ACO-OS Application/Informatica (on the mainframe).
- The ACO-OS internal communication flows from Informatica (on the mainframe) sending the file to RACS, with RACS thereafter sending the file through the secured EFT process.
- The file is sent to FFS SSM (located in the CMS VDC) through the secured EFT process.
- The response file is sent from FFS SSM through the secured EFT process to RACS.

Figure 1: ACO-OS to FFS SSM System Flow
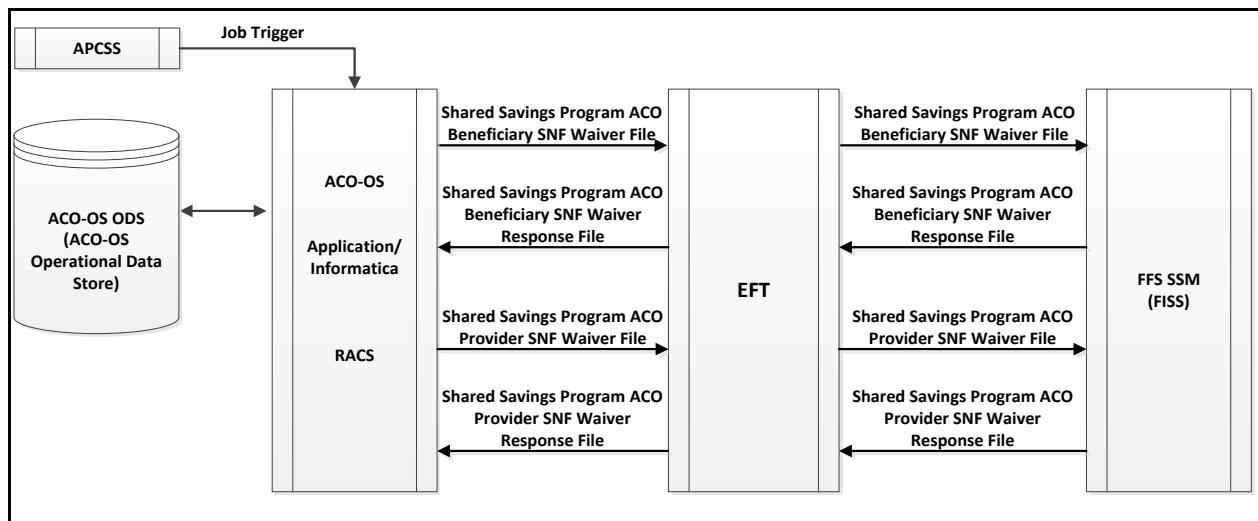
4.4 Transactions

- The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver File to the FFS SSM.
- The FFS SSM sends the Shared Savings Program ACO Beneficiary Response File back to the ACO-OS for each of the files received from the ACO-OS.
- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver File to the FFS SSM.
- The FFS SSM sends the Shared Savings Program ACO Provider SNF Waiver Response File back to the ACO-OS for each of the files received from the ACO-OS.

4.5 Security and Integrity

All the components in the ACO-OS (such as DB2 Servers and Informatica Servers) reside within the CMS environment. Access and authentication to this environment is managed through CMS user credential authentication.

- File transfers from external partners to the ACO-OS and ACO-OS to CMS Partners/ACOs occur through a secured EFT Sweeps process. Refer to *CMS EFT SWEEPS* documentation for further information on secured EFT, as this file transfer does not fall within the ACO-OS boundary. Contact CMS regarding the *CMS EFT Transfer Gentran User's Guide*.

- The Resource Access Control Facility (RACF) protects access to Informatica Power Center Suite, DB2 and zLinux is explained in detail within the AC and AU family of controls in the System Security Plan.

- The Enterprise User Administration (EUA) system manages CMS User Identifiers (IDs) (RACF) which provide access to CMS information systems. The job codes for the RACF are controlled by EUA. The job codes for the given RACF ID (examples: access to Informatica Power Center Suite, access to DB2 database access to Informatica zLinux Server) are approved by EUA.

- The Informatica Client/Servers are configured to run the applications for the ACO account.

5   Detailed Interface Requirements

This section specifies the requirements for interfaces between ACO-OS and FFS SSM.

5.1 Requirements for Shared Savings Program ACO Beneficiary SNF Waiver File

- The ACO-OS sends assignment information to FFS SSM for beneficiaries assigned to ACOs who have been awarded the SNF 3-Day Rule Waiver. (Historical note: Track 3 started 01/01/2017 and Track 1+ Model started from 01/01/2018.)

- The ACO-OS generates the Shared Savings Program ACO Beneficiary SNF Waiver File.

- The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver File on a date negotiated by the parties for each performance year on an annual basis; however, updates may be sent as often as weekly.

- The full cumulative refresh of the Shared Savings Program Beneficiary SNF Waiver File includes all beneficiaries assigned to a Shared Savings Program ACO through all performance years.

- The ACO-OS sends an "empty" Shared Savings Program ACO Beneficiary SNF Waiver File that includes only a header and trailer, and no beneficiary detail information, when there are no changes to beneficiary detail information compared to the Shared Savings Program ACO Beneficiary SNF Waiver File that was delivered to FFS SSM in the prior data exchange.

- The FFS SSM accepts and process the Shared Savings Program ACO Beneficiary SNF Waiver File.

- The FFS SSM produces the Shared Savings Program ACO Beneficiary SNF Waiver Response File that includes the fields outlined in the file layout Section 6.1.4.1 in this document.

- The Shared Savings Program ACO Beneficiary SNF Waiver File is a fixed-length, ASCII text file that is passed through a secure EFT process.

5.1.1 Assumptions

- See Section 4.1.

- The beneficiary information delivered to FFS SSM represents a snapshot of the beneficiary data available at the time the file is created, and is not synchronized with any other ACO-OS data processing.

5.1.2 General Processing Steps

- The ACO-OS sends a full refresh of the Shared Savings Program ACO Beneficiary SNF Waiver File to FFS SSM on the date negotiated with FFS SSM.

- The FFS SSM validates the Shared Savings Program ACO Beneficiary SNF Waiver File format when the file is received.

- If the Shared Savings Program ACO Beneficiary SNF Waiver File does not conform to the file specification defined in Section 6.1.4.3 of this document, the FFS SSM returns a Shared Savings Program ACO Beneficiary SNF Waiver Response File that includes the file format errors outlined in Appendix A.

- If the file format conforms to the specifications outlined in Section 6.1.4.3, FFS SSM continues to process the beneficiary data.

- The FFS SSM validates the record detail beneficiary information if the file passes the file format validation.

- The FFS SSM sends the results of the detail record validation to ACO-OS in the Shared Savings Program ACO Beneficiary SNF Waiver Response File, which includes the beneficiary record plus a response code.

- If errors are returned in the Shared Savings Program ACO Beneficiary SNF Waiver Response File, the ACO-OS sends an Amended Shared Savings Program ACO Beneficiary SNF Waiver File.

5.1.3 Interface Processing Time Requirements

- The ACO-OS sends an email notification to the FSS SSM requesting a date to deliver the Shared Savings Program ACO Beneficiary SNF Waiver File.

- The FFS SSM responds with an email notice containing a date the file can be delivered. The delivery date must be at least ten business days after FFS SSM sends the notice to the ACO-OS.

- The FFS SSM and the ACO-OS negotiate a date to send the Shared Savings Program ACO Beneficiary SNF Waiver File, after receiving the Shared Savings Program ACO Assignment file or the Shared Savings Program ACO Assignment Update/Delete (U/D) file from the PAC. This data exchange is expected to occur each performance year on an annual basis. However, updates may be sent as often as weekly. The delivery dates

are negotiated for each data exchange. Figure 2 below illustrates the Shared Savings Program ACO Beneficiary SNF Waiver File process.

Figure 2: Beneficiary SNF Waiver File Process
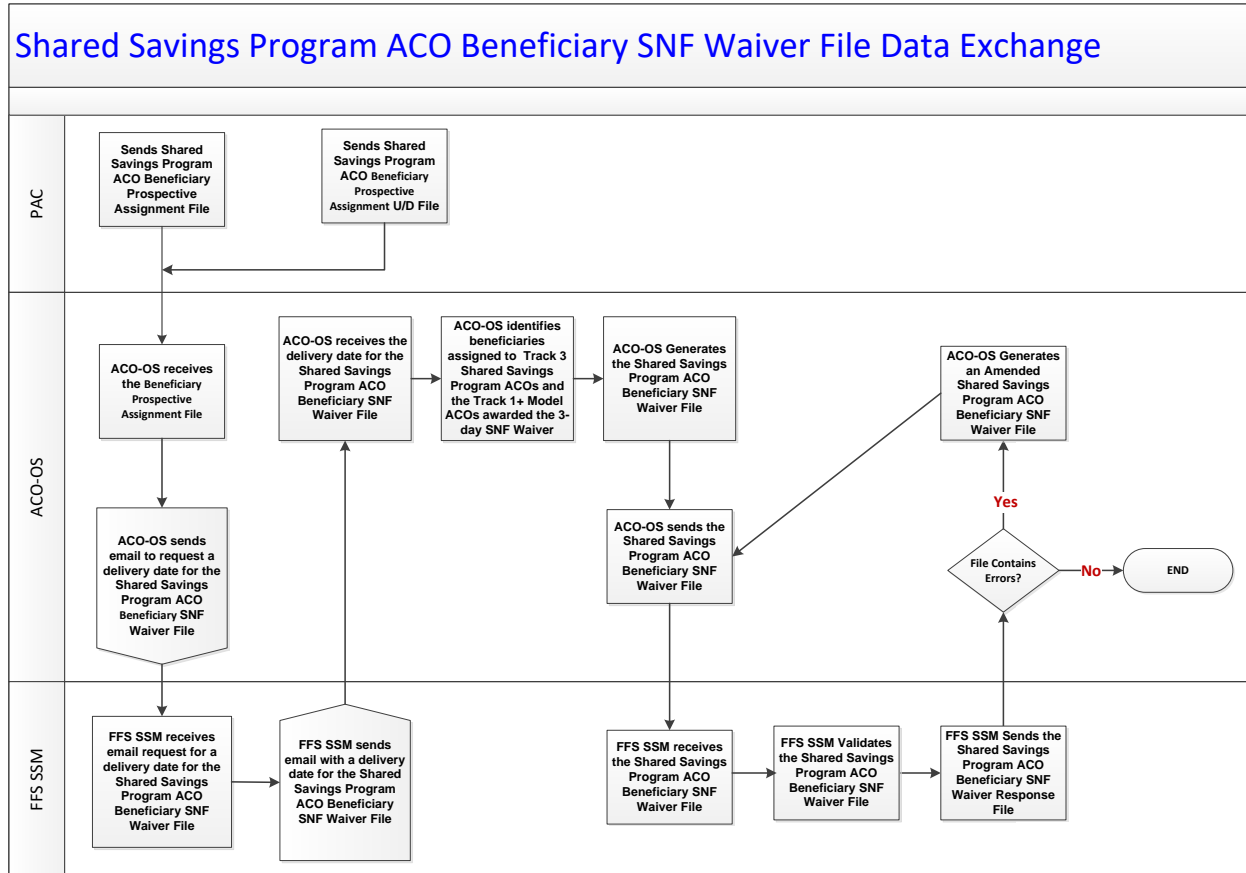
- The ACO-OS has the capability of producing an ad hoc Shared Savings Program ACO Beneficiary SNF Waiver File outside of regular processing upon request. The request must come through Center for Medicare (CM) via remedy ticket at least ten business days prior to the Shared Savings Program ACO Beneficiary SNF Waiver File delivery date.

- If there are any system issues transferring data from the ACO-OS, the EFT error handling mechanism provides notice with details to whichever side, sending or receiving, is impacted and logs the errors for follow up investigations, if needed.

- If there are operational issues (including the downstream system being out of service) the file will remain stored on the ACO-OS RACS until picked up by EFT and sent to the system at a later time. EFT attempts several retries at sending the file to the FFS SSM. In this scenario, ACO-OS does not receive a system failure notice.

- ACO-OS Operations has quality measures to make sure the Shared Savings Program ACO Beneficiary SNF Waiver File is sent to the FFS SSM. If ACO-OS Operations anticipates a delay in advance, the FFS SSM is notified of the new date via email. In any other scenario where the FFS SSM has not received the file, the FFS SSM will submit an email requesting the status of the file transmission.

5.1.4 Message Format (or Record Layout) and Required Protocols

The Shared Savings Program ACO Beneficiary SNF Waiver File

- ACO-OS to FFS SSM
- Fixed-length ASCII text
- Maximum Length 55 bytes

5.1.4.1 File Layout

The Shared Savings Program ACO Beneficiary SNF Waiver File and the Shared Savings Program ACO Beneficiary SNF Waiver Response File are comprised of a header record, detail records and a trailer record.

5.1.4.2 Data Assembly Characteristics

For data field names and format of file delivery, see Section 6.1.4.3.

5.1.4.3 Field/Element Definition

The following Tables describe the file transactions between ACO-OS and FFS SSM. The description column describes basic file elements and processing notes.

Table 1: ACO-OS to FFS SSM Shared Savings Program ACO Beneficiary SNF Waiver File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is header information for the Beneficiary SNF Waiver File.	1	7	CHAR	HDR_BEN
File Creation Date	Required Field - Date the file is created.	8	8	CHAR	CCYYMMDD
Filler	Extra space for future expansion.	16	40	CHAR	Blanks

Table 2: ACO-OS to FSS SSM Shared Savings Program ACO Beneficiary SNF Waiver File Record Detail

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is record detail information for the Beneficiary SNF Waiver File.	1	7	CHAR	DTL_BEN
SSP ACO Identifier	Required Field - Unique identifier for Shared Savings Program ACO.	8	10	CHAR	A<nnnn>
Delete Flag	Delete Flag - Indicates if a beneficiary was removed from assignment. Required if a Delete Indicator is received from the Program Analysis Contractor (PAC) in the Beneficiary Assignment U/D File	18	1	CHAR	D - (Delete) Blanks

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary HICN/ MBI Beneficiary RRB#	Required Field - Beneficiary Health Insurance Claim Number (HICN)/Beneficiary External Railroad Retirement Board Number (RRB#). If the beneficiary has both a HICN and a RRB#, the most current RRB# will be sent in the file. The external format in the CME table will be used for the RRB#. **Classified as Personally Identifiable Information (PII).** **Classified as Protected Health Information (PHI).**	19	12	CHAR	
Beneficiary Effective Start Date	Required Field - Effective start date of the beneficiary's association with the Shared Savings Program ACO (aka Beneficiary Assignment Effective Date).	31	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Required Field - Effective end date of the beneficiary's association with a Shared Savings Program ACO (aka Beneficiary Assignment Termination Date).	39	8	CHAR	CCYYMMDD 99991231

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Host ID	Optional	47	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific Blanks
Beneficiary Sex Code	Optional	48	1	CHAR	M – Male F – Female U – Unknown Blanks
Beneficiary Medical Data Sharing Preference Indicator	Field not populated by the Shared Savings Program. Fill with Blanks.	49	1	CHAR	Blanks
Filler	Extra space for future expansion.	50	6	CHAR	Blanks

- Currently ACO-OS sends either the HICN or the RRB# as the beneficiary identifier to FFS. MBIs are not sent in the file for the beneficiary record.

Table 3: ACO-OS to FSS SSM Shared Savings Program ACO Beneficiary SNF Waiver File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is trailer information for the Beneficiary SNF Waiver File.	1	7	CHAR	TRL_BEN
File Creation Date	Required Field - Date when the file was created.	8	8	CHAR	CCYYMMDD
Detail Record Count	Required Field - Number of rows or detail records in the file. **Leading zeros must be added to the left of the record count number.**	16	10	NUM	
Filler	Extra space for future expansion.	26	30	CHAR	Blanks

Table 4: FFS SSM to ACO-OS Shared Savings Program ACO Beneficiary SNF Waiver Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	As received from ACO-OS - Record indicator which identifies the line entry is header information for the Beneficiary SNF Waiver File.	1	7	CHAR	
Response Code	Required Field - Response code indicating if the file was processed successfully or not.	8	2	NUM	Blanks - Success 12 - Header record missing/invalid

Data Field	Description	Start Position	Length	Format	Valid Values
File Creation Date	As received from ACO-OS - Date the file is created.18	10	8	CHAR	
Filler	Extra space for future expansion.	18	38	CHAR	

Table 5: FFS SSM to ACO-OS Shared Savings Program ACO Beneficiary SNF Waiver Response File Record Detail

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	As received from ACO-OS- Record indicator which identifies the line entry is record detail information for the Beneficiary SNF Waiver File.	1	7	CHAR	
Response Code	Required Field - Response code indicating if the detail record was processed successfully or not.	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
SSP ACO Identifier	As received from ACO-OS - Unique identifier for Shared Savings Program ACO.	10	10	CHAR	
Delete Flag	As received from ACO-OS Delete Flag - Indicates if a beneficiary was removed from alignment. As received from ACO-OS-If a Delete Indicator is received from the PAC in the Beneficiary Assignment U/D File.	20	1	CHAR	

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary HICN/ MBI Beneficiary RRB#	As received from ACO-OS-Beneficiary Health Insurance Claim Number (HICN)/ Railroad Retirement Board Number (RRB#). If the beneficiary has both a HICN and a RRB#, the most current RRB# will be sent in the file. **Classified as Personally Identifiable Information (PII).** **Classified as Protected Health Information (PHI).**	21	12	CHAR	
Beneficiary Effective Start Date	As received from ACO-OS-Effective start date of the beneficiary's association with the Shared Savings Program ACO.	33	8	CHAR	
Beneficiary Effective End Date	As received from ACO-OS-Effective end date of the beneficiary's association with a Shared Savings Program ACO.	41	8	CHAR	
Beneficiary Host ID	As received from ACO-OS-Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	49	1	CHAR	
Beneficiary Sex Code	As received from ACO-OS-Beneficiary Sex Code	50	1	CHAR	

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Medical Data Sharing Preference Indicator	As received from ACO-OS Field not populated by the Shared Savings Program. Filled with Blanks.	51	1	CHAR	
Filler	As received from ACO-OS Extra space for future expansion.	52	4	CHAR	

- Currently ACO-OS sends either the HICN or the RRB# as the beneficiary identifier to FFS. MBIs are not sent in the file for the beneficiary record.

Table 6: FFS SSM to ACO-OS Shared Savings Program ACO Beneficiary SNF Waiver Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	As received from ACO-OS-Record indicator which identifies the line entry is trailer information for the Beneficiary SNF Waiver File.	1	7	CHAR	
Response Code	Required Field - Response code indicating if the record was processing successfully or not.	8	2	NUM	Blanks - Success 30 - Trailer Record ID Error 31 - Trailer Record Date Error 32 - Trailer Record Count Error 99 - Trailer Record Missing
File Creation Date	As received from ACO-OS- Date when the file was created.	10	8	CHAR	

Data Field	Description	Start Position	Length	Format	Valid Values
Detail Record Count	Number of rows or detail records sent in the response file. **Leading zeros must be added to the left of the record count number.**	18	10	NUM	
Filler	As received from ACO-OS Extra space for future expansion.	28	28	CHAR	

5.1.4.4   Filenames

The file naming convention for the Shared Savings Program ACO Beneficiary SNF Waiver File sent by the ACO-OS to the FFS SSM is P#EFT.ON.HPVDC.BSNF.Dyymmdd.Thhmmsst. For example, an outbound file for December 15, 2015, at 10:30 AM would be P#EFT.ON.HPVDC.BSNF.D151215.T1030000.

The file naming convention for the Shared Savings Program ACO Beneficiary SNF Waiver Response File sent by FFS SSM in the VDC to the ACO-OS is P#EFT.ON.ACOT.BSNFRSP.HPVDC.Dyymmdd.Thhmmsst. For example, an inbound response file from the FFS SSM corresponding to the Shared Savings Program ACO Beneficiary SNF Waiver Response File sent P#EFT.ON.ACOT.BSNFRSP.HPVDC.D151215.T1030000

5.1.5 Communication Methods

EFT Communication Methods are documented in the *CMS Technical Reference Architecture (TRA)* and *CMS Technical Reference Architecture Enterprise File Transfer Supplement*.

5.1.5.1   Interface Initiation

The ACO-OS Operations staff generates the Shared Savings Program ACO Beneficiary SNF Waiver File through the Informatica processes and sends the outbound files to FFS SSMs through RACS and the EFT Sweeps process.

5.1.5.2   Flow Control

- The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver File to FFS SSM.

- The FFS SSM performs validation on the file format and the detail records and returns a response file to the ACO-OS.

The ACO-OS sends an amended Shared Savings Program ACO Beneficiary SNF Waiver File to FFS SSM, if errors are encountered.

5.1.6 Security Requirements

The Beneficiary extract includes PHI data. Access to the DB2 database is granted on an as-needed basis and secured by RACF. Some of the files created by the Informatica process are also stored on the Informatica Server. Access to the Informatica Server is managed by EUA. The outbound files (which are created by the Informatica process) are sent to the ACOs through the secured EFT Sweeps process.

5.2 Requirements for Shared Savings Program ACO Provider SNF Waiver File

- The ACO-OS sends the SNF 3-Day Rule Waiver information to FFS SSM for providers aligned with ACOs who have been awarded the SNF 3-Day Rule Waiver. (Historical note: Track 3 started from 01/01/2017 and Track 1+ Model started from 01/01/2018.)

- The ACO-OS generates the Shared Savings Program ACO Provider SNF Waiver File.

- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver File for each performance year on an annual basis. However, updates may be sent as often as weekly.

- The FFS SSM accepts and processes the Shared Savings Program ACO Provider SNF Waiver File.

- The FFS SSM produces the Shared Savings Program ACO Provider SNF Waiver Response File that includes the fields outlined in the file layout Section 6.2.4.3 in this document.

- The Shared Savings Program ACO Provider SNF Waiver File is a fixed-length, ASCII text file that is passed through a secure EFT process which occurs for each performance year on an annual basis; however, updates may be sent as often as weekly.

5.2.1 Assumptions

- See Section 4.1.

- The provider information delivered to FFS SSM is created from data received from the PAC and is assumed correct and comprehensive with respect to the selection of providers who have received the SNF 3-Day Rule Waiver.

## 5.2.2 General Processing Steps

- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver File to FFS SSM on the date negotiated with FFS SSM.

- The FFS SSM validates the Shared Savings Program ACO Provider SNF Waiver File format when the file is received.

- If the Shared Savings Program ACO Provider SNF Waiver File does not conform to the file specification defined in Section 6.2.4.3 of this document, the FFS SSM returns a Shared Savings Program ACO Provider SNF Waiver Response File which includes the file format errors outlined in Appendix A.

- If the file format conforms to the specifications outlined in Section 6.2.4.3, FFS SSM continues to process the provider data.

- The FFS SSM validates the record detail provider information if the file passes the file format validation.

- The FFS SSM sends the results of the detail record validation to ACO-OS in the Shared Savings Program ACO Provider SNF Waiver Response File, which includes the provider record plus a response code.

- If errors are returned in the Shared Savings Program ACO Provider SNF Waiver Response File, the ACO-OS sends an Amended Shared Savings Program ACO Provider SNF Waiver File.

5.2.3 Interface Processing Time Requirements

- The ACO-OS sends an email notification to the FSS SSM requesting a date to deliver the Shared Savings Program ACO Provider SNF Waiver File.

- The FFS SSM responds with an email notice containing a date for when the file can be delivered. The delivery date must be at least ten business days after FFS SSM sends the notice to the ACO-OS.

Figure 3: Provider SNF Waiver File Process
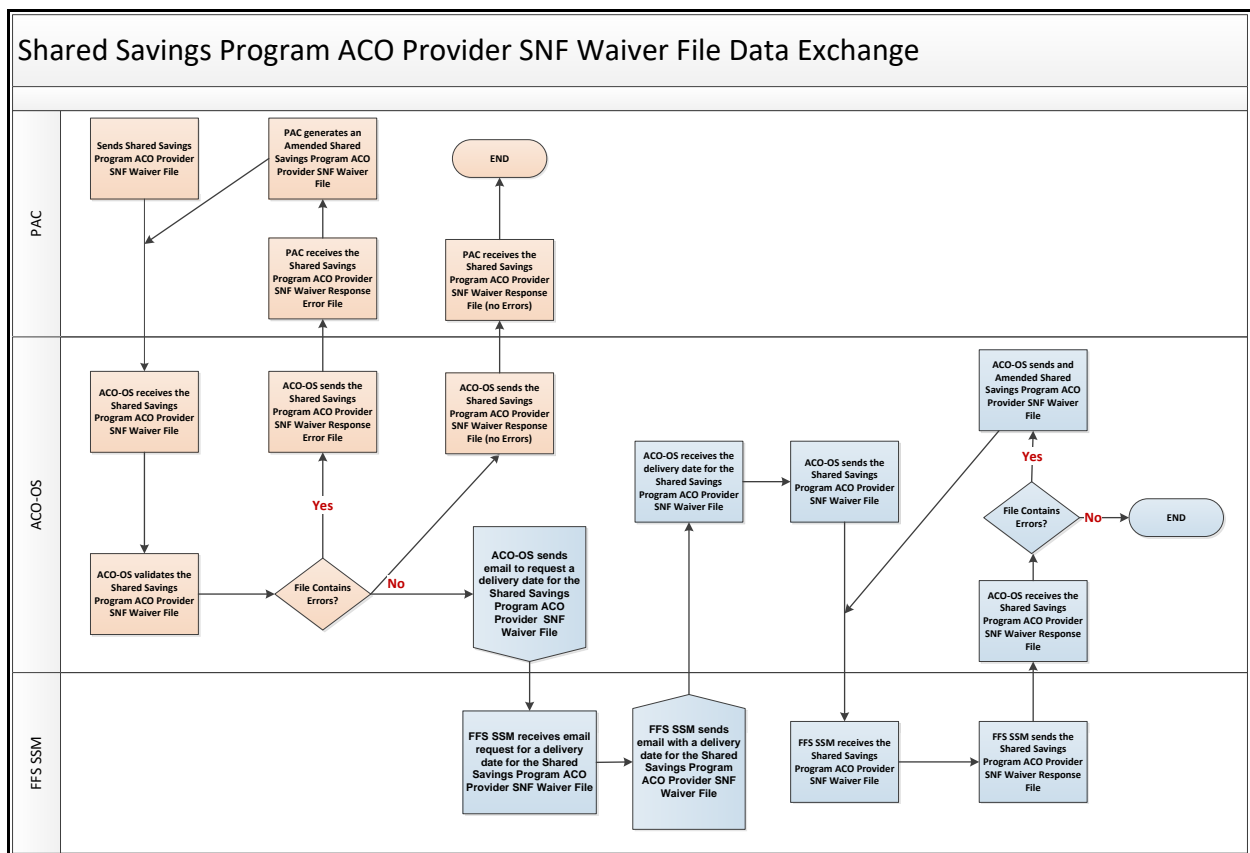
- If any system issues occur during the transferring of data from the ACO-OS, the EFT error handling mechanism provides notice with details to whichever side (sending or receiving) is impacted and log the error(s) for follow up investigation if needed.

- If there are Operational issues, including the downstream system being out of service, the file remains stored on the ACO-OS RACS until picked up by EFT and sent to the

system at a later time. EFT attempts several retries at sending the file to FFS SSM. In this scenario, ACO-OS does not receive a system failure notice.

- The ACO-OS Operations has quality measures to make sure the Shared Savings Program ACO Provider SNF Waiver File is sent to the FFS SSM. If ACO-OS Operations anticipates a delay in advance, the FFS SSM is notified of the new date via email. In any other scenario where the FFS SSM has not received the file, the FFS SSM submits an email requesting the status of the file transmission.

5.2.4 Message Format (or Record Layout) and Required Protocols

The Shared Savings Program ACO Provider SNF Waiver File and Response Files are fixed-length ASCII text files.

5.2.4.1   File Layout

The Shared Savings Program ACO Provider SNF Waiver File and the Shared Savings Program ACO Provider SNF Waiver Response File are comprised of a header record, detail records and a trailer record.

- ACO-OS to FFS SSM
- Fixed-length ASCII text
- Maximum Length 100 bytes

5.2.4.2   Data Assembly Characteristics

The provider information sent to FFS SSM is based on Provider SNF Waiver information received from the PAC.

5.2.4.3 Field/Element Definition

Table 7: ACO-OS to FFS SSM Shared Savings Program Provider SNF Waiver File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is header information for the SSM Shared Savings Program Provider SNF Waiver File.	1	7	CHAR	HDR_SNF
File Creation Date	Required Field - Date the Shared Savings Program Provider SNF Waiver File is created.	8	8	CHAR	CCYYMMDD
Filler	Extra space for future expansion.	16	85	CHAR	Blanks

Table 8: ACO-OS to FFS SSM Shared Savings Program Provider SNF Waiver File Record Detail

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is record detail information for the Shared Savings Program Provider SNF Waiver File.	1	7	CHAR	DTL_SNF
SSP ACO Identifier	Required Field - Unique identifier for Shared Savings Program ACO.	8	10	CHAR	A<nnnn>
Provider Type	Not Used by Shared Savings Program. Filled with Blanks.	18	1	CHAR	Blanks

Data Field	Description	Start Position	Length	Format	Valid Values
Participating Taxpayer Identification Number (TIN)	Required Field - The Tax Identification Number (TIN) of the ACO Participant. **Classified as Personally Identifiable Information (PII).**	19	9	NUM	
ACO Participant NPI	Not Used by Shared Savings Program. Filled with Blanks	28	10	NUM	Blanks
Participating CMS Certification Number (CCN)	Required Field - The CMS Certification Number for the ACO Participant.	38	6	CHAR	
Record Type	Not Used by Shared Savings Program. Filled with Blanks.	44	1	CHAR	Blanks
SNF Waiver Effective Start Date	Required Field - Effective start date of the Provider's association with a Shared Savings Program ACO awarded the SNF Waiver for the performance year (PY).	45	8	CHAR	CCYYMMDD
SNF Waiver Effective End Date	Required Field - Effective end date of the Provider's association with a Shared Savings Program ACO awarded the SNF Waiver for the PY.	53	8	CHAR	CCYYMMDD
Part A Percentage Reduction	Not Used by Shared Savings Program. Filled with Blanks.	61	3	CHAR	Blanks
Part B Percentage Reduction	Not Used by Shared Savings Program. Filled with Blanks.	64	3	CHAR	Blanks
Filler	Extra space for future expansion.	67	34	CHAR	Blanks

Table 9: ACO-OS to FFS SSM Shared Savings Program Provider SNF Waiver File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is trailer information for the Shared Savings Program Provider SNF Waiver File.	1	7	CHAR	TRL_SNF
File Creation Date	Required Field - Date when the Shared Savings Program Provider SNF Waiver File was created.	8	8	CHAR	CCYYMMDD
Detail Record Count	Required Field - Number of detail rows or records sent in the file. **Leading zeros must be added to the left of the record count number.**	16	10	NUM	
Filler	Extra space for future expansion.	26	75	CHAR	Blanks

Table 10: FFS SSM to ACO-OS Shared Savings Program Provider SNF Waiver Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	As received from ACO-OS - Record indicator which identifies the line entry is header information for the Shared Savings Program Provider SNF Waiver Response File.	1	7	CHAR	
Response Code	Response code indicating if the file was processed successfully or not. If the error "The Header Record is Missing" occurs, CWF will create a Temporary Header Record to return to ACO-OS in the response file, and the entire file will be rejected.	8	2	NUM	Blanks - Success 98 - Header Record Missing
File Creation Date	As received from ACO-OS - Date the Shared Savings Program Provider SNF Waiver Response file is created.	10	8	CHAR	
Filler	As received from ACO-OS - Extra space for future expansion.	18	83	CHAR	

Table 11: FFS SSM to ACO-OS Shared Savings Program Provider SNF Waiver Response File Record Detail

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	As received from ACO-OS-Record indicator which identifies the line entry is record detail information for the Shared Savings Program Provider SNF Waiver Response File	1	7	CHAR	
Response Code	Required Field - Response code indicating if the detail record was processed successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
SSP ACO Identifier	As received from ACO-OS - Unique identifier for Shared Savings Program ACO	10	10	CHAR	
Provider Type	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	20	1	CHAR	
Participating Taxpayer Identification Number (TIN)	As received from ACO-OS - The Tax Identification Number (TIN) for the ACO Provider. **Classified as Personally Identifiable Information (PII).**	21	9	NUM	
ACO Participant NPI	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	30	10	NUM	
Participating CMS Certification Number (CCN)	As received from ACO-OS - The CMS Certification Number for the ACO Participant.	40	6	CHAR	

Data Field	Description	Start Position	Length	Format	Valid Values
Record Type	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	46	1	CHAR	
SNF Waiver Effective Start Date	As received from ACO-OS - Effective start date of the provider's association with a Shared Savings Program ACO awarded the SNF Waiver for the PY.	47	8	CHAR	
SNF Waiver Effective End Date	As received from ACO-OS - Effective end date of the provider's association with a Shared Savings Program ACO awarded the SNF Waiver for the PY.	55	8	CHAR	
Part A Percentage Reduction	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	63	3	CHAR	
Part B Percentage Reduction	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	66	3	CHAR	
Filler	As received from ACO-OS - Extra space for future expansion.	69	32	CHAR	

Table 12: FFS SSM to ACO-OS Shared Savings Program Provider SNF Waiver Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	As received from ACO-OS - Record indicator which identifies the line entry is trailer information for the Shared Savings Program Provider SNF Waiver Response File	1	7	CHAR	
Response Code	Required Field - Response code indicating if the Trailer record was processed successfully or not	8	2	NUM	Blanks - Success 11 - Record count does not match trailer 13 - Trailer record missing/invalid
File Creation Date	As received from ACO-OS - Date the Shared Savings Program Provider SNF Waiver Response File is created	10	8	CHAR	
Detail Record Count	Number of detail rows or records in the file. **Leading zeros must be added to the left of the record count number.**	18	10	NUM	
Filler	As received from ACO-OS - Extra space for future expansion.	28	73	CHAR	

5.2.4.4 Filenames

The file naming convention for the Shared Savings Program ACO Provider SNF Waiver File sent by the ACO-OS to the FFS SSM is P#EFT.ON.HPVDC.PSNF.Dyymmdd.Thhmmsst. For example, an outbound file for December 15, 2015, at 10:30 AM would be P#EFT.ON.HPVDC.PSNF.D151215.T1030000.

The file naming convention for the Shared Saving Program ACO Provider SNF Waiver Response File sent by FFS SSM in the VDC to the ACO-OS is P#EFT.ON.ACOT.PSNFRSP.HPVDC.Dyymmdd.Thhmmsst. For example, an inbound response file from the FFS SSM corresponding to the Shared Savings Program ACO Provider SNF Waiver File sent December 15, 2015, at 10:30 AM would be P#EFT.ON.ACOT.PSNFRSP.HPVDC.D151215.T1030000.

5.2.5 Communication Methods

EFT Communication Methods are documented in the *CMS Technical Reference Architecture (TRA)* and *CMS Technical Reference Architecture Enterprise File Transfer Supplement*.

5.2.5.1   Interface Initiation

The ACO-OS Operations staff generates the Shared Savings Program ACO Provider SNF Waiver File through the Informatica processes and sends the outbound files to FFS SSM through RACS and the EFT Sweeps process.

5.2.5.2   Flow Control

- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver File to FFS SSM.

- The FFS SSM performs validation on the file format and the detail records and returns a response file to the ACO-OS.

The ACO-OS sends an amended Shared Savings Program ACO Provider SNF Waiver File to FFS SSM, if errors are encountered.

5.2.5.3   Interface Initiation

The ACO-OS receives the Shared Savings Program ACO Provider SNF Waiver File from the PAC.

5.2.5.4   Flow Control

- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver File to FFS SSM.

- The FFS SSM performs validation on the file format and the detail records and returns a response file to the ACO-OS.

- The ACO-OS sends the Amended Shared Savings Program ACO Provider SNF Waiver File to FFS SSM, if errors are encountered.

5.2.6 Security Requirements

Access to the DB2 database is granted on an as-needed basis and secured by RACF. Some of the files created by the Informatica process is also stored on the Informatica Server. Access to the Informatica server is managed by EUA. The outbound files are exchanged through the secured EFT Sweeps process.

6 Qualification Methods

N/A

Appendix A: Response Codes and Explanations

The following table lists the Response/Error codes to be provided by the FFS SSMs when an error is encountered upon validation of files sent from the ACO-OS.

Code	Description	Explanation
00	Success	The record was processed successfully
10	Record Identifier Error	The Header Record Identifier is missing or invalid
11	File Creation Date Error	The File Creation Date is missing or invalid
20	Detail Record ID Error	The data in the file does not conform to the file layout specified for the file transfer. The data format of the field or the data in the field does not conform to the list of valid values specified
21	SSP ACO ID Error	The Shared Savings Program ACO ID is missing or invalid
22	TIN Error	The Provider Taxpayer Identification Number (TIN) is missing or invalid
24	CCN Error	The provider CMS Certification Number (CCN) is missing or invalid on the Part A file
25	Effective Start Date Error	The Effective Start Date is missing or invalid
26	Effective End Date Error	The Effective End Date is missing or invalid
29	Beneficiary HICN Error	The Beneficiary HICN is missing or invalid
30	Trailer Record ID Error	The Trailer Record ID is missing or invalid
31	Trailer Record Date Error	The Trailer Record Date is missing or invalid
32	Trailer Record Count Error	The Trailer Record Count in the Trailer does not equal the number of records sent to ACO-OS
98	Header Record Missing	The Header Record is missing or invalid
99	Trailer Record Missing	The Trailer Record is missing or invalid

Code	Description	Explanation
Blanks	The field is filled with spaces	'Blanks' response has multiple meanings in the ICD. - Blanks can be a valid value when a field in the ICD is used for multiple processes, and a particular process does not use the field. In this scenario, the description field will explain "Not Used by Shared Savings Program. Filled with Blanks." - Blanks can be a valid value when a field is labeled "Optional" in the description field. In this scenario, data are populated to the field if data are available, else the field can be filled with blanks. - Blanks can be a valid value indicating a validation was successful. In this scenario, "Blanks-Success" will be used in the Valid Values field. - Blanks are also entered as a valid value in "Filler" fields that are place holders for future expansion.

Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
ACO-OS	Accountable Care Organization-Operational System
APCSS	Automated Production Control & Scheduling System
BI	Business Intelligence
CCN	CMS Certification Number
CM	Center for Medicare
CMB	Change Management Board
CMS	Centers for Medicare & Medicaid Services
CWF	Common Working File
EFT	Electronic File Transfer
ETL	Extract, Transform, and Load
EUA	Enterprise User Administration
FFS SSMs	Fee-for-Service Shared System Maintainers
FISS	Fiscal Intermediary Shared System
FRD	Functional Requirements Document
GSS	General Support System
HICN	Health Insurance Claim Number
HIGLAS	Health Care Integrated General Ledger Accounting System
ICD	Interface Control Document
ICD&A	Integrated Care Data and Applications
ID	Identification/Identifier
MCS	Multi-Carrier System
PAC	Program Analysis Contractor

Acronym	Literal Translation
PHI	Protected Health Information
PII	Personally Identifiable Information
RACF	Resource Access Control Facility
RACS	Receipt and Control System
RRB	Railroad Retirement Board
SDD	System Design Document
SNF	Skilled Nursing Facility
SOP	Standard Operating Procedure
SOR	System of Record
TIN	Taxpayer Identification Number
TRA	Technical Reference Architecture
U/D	Update/Delete
VDC	Virtual Data Center
VIES	VDC Infrastructure Enterprise Services

Glossary

Term	Definition
Accountable Care Organizations (ACOs)	Organizations of health care providers who agree to become accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional Fee-for-service (FFS) program and are assigned to the ACO. A participating ACO qualifies for shared savings by meeting specific cost and quality targets/thresholds.
Assignment	The operational process by which CMS determines whether a beneficiary has chosen to receive a sufficient level of the requisite primary care services from a physician who is an ACO provider/supplier so that the ACO may be appropriately designated as exercising basic responsibility for that beneficiary's care.

Term	Definition
Automated Production Control & Scheduling System (APCSS)	A CMS production environment, automated job scheduling system; APCSS handles the data processing within the OMBDW.
Electronic File Transfer (EFT)	Facilitates the secure exchange of data between CMS and its partners as well as between partners (as a pass-through) consistent with current CMS ARS requirements.
Enterprise User Administration (EUA)	Manages CMS' User IDs which provide access to CMS information systems. The EUA system is a single system that provides access services. CMS employees and many contractors have an icon on their desktop for this component.
Health Insurance Claim Number (HICN)	Assigned by CMS to the beneficiary when s/he signs up for Medicare, and MCOs use this number for accretions and deletions. In addition to the patient identifier, MCOs also must provide the member month contribution for each beneficiary and indicate how each beneficiary contributed to the calculation of the following summary measures.
Program Analysis Contractor (PAC)	CMS requires ACO participants in the Medicare Shared Savings Program to report on 33 quality measures during each of the ACO's performance years. For the claims-based measures, ACOs do not need to collect or submit data. The CMS ACO PAC coordinates with CMS to obtain the necessary Medicare claims files, and then calculates the rates for these measures for each ACO.
Performance Year (PY)	Each performance year or base-year is associated with two alignment-years. The first alignment-year for a performance or base year is the 12-month period ending 18 months prior to the start of the performance or base-year. The second-alignment year is the 12-month period ending 6 months prior to the start of the performance or base-year. In this document, an Alignment Year is identified by the calendar year in which the alignment-year ends. For example, Alignment Year 2014 (AY2014) is the 12-month period ending in June 2014.
Resource Access Control Facility (RACF)	An IBM software product that is usually pronounced "Rack-Eff." It is a security system that provides access control and auditing functionality for the z/OS and z/VM operating systems. RACF was introduced in 1976. Its main features are: • Identification and verification of a user via user id and password check (authentication) • Identification, classification and protection of system resources • Maintenance of access rights to the protected resources (authorization)

Term	Definition
	• Control the means of access to protected resources • Logging of accesses to a protected system and protected resources (auditing)
Track 1+ Model	Based on the Shared Savings Program Track 1. • 50 percent sharing rate based on quality performance, once minimum savings rate (MSR) is met or exceeded. • Performance payment limit equal to 10 percent of ACO's updated historical benchmark. The Track 1+ Model incorporated elements of Track 3 including: • Prospective beneficiary assignment. • Choice of MSR/minimum loss rate (MLR). • Option to request a SNF 3-Day Rule Waiver. The Track 1+ Model offered lower performance-based risk than Tracks 2 and 3. • Fixed 30 percent loss sharing rate, once MLR is met or exceeded. • Revenue-based loss sharing limit: calculated as 8 percent of ACO participant Medicare Part A & B FFS revenue in 2018. • Benchmark-based loss sharing limit: calculated as 4 percent of the ACO's updated historical benchmark.
Track 3	One of the performance-based risk models for ACOs to participate in the Shared Savings Program that offered a higher sharing rate than Tracks 1 and 2. Beneficiaries were prospectively assigned to the ACO rather than preliminarily assigned to ACOs with a retrospective reconciliation. ACOs agreed to be held accountable for improving the quality of care for patients they serve while reducing the rate of growth in health care spending. If the ACOs were successful in improving quality and reducing spending, they received a share of the savings achieved.

Referenced Documents

The following table lists the documents referenced in creating this ICD.

Document Name	Document Number/Version	Issuance Date
ACO-OS, Pioneer Business Intelligence (BI) Report Generation Process Standard Operating Procedure (SOP)	NGC.ICDA.0301.04.0.0317	03/07/2017
Integrated Care Data & Applications (ICD&A) ACO-OS RACS System Design Document (SDD)	NGC.ICDA.1603.09.0.0317	03/14/2017
ICD&A ACO-OS, Extract, Transform, and Load (ETL) Informatica SDD	NGC.ICDA.1605.10.0.0317	03/22/2017
Change Request: 9568 - Shared Savings Program ACO Qualifying Stay Edits	N/A	07/21/2016
ICD&A ACO-OS Functional Requirements Document (FRD)	Version 16.0	02/20/2017
Creating the SSP SNF ACO Production File for Transfer	N/A	04/05/2016
CR ACO_0313 Create ICD and Mock SSP Beneficiary and Provider Files for Fee-for-Service (FFS) Shared System Maintainers (SSM) Interface - Option 2	N/A	03/21/2016 6/17/2016 (Revised)
CR ACO_0314 Generate SSP Beneficiary and Provider Files for Fee-for-Service (FFS) Shared System Maintainers (SSM) Interface	N/A	03/21/2016

Approvals

The undersigned acknowledge they have reviewed the Interface Control Document (ICD) Template and agree with the information presented within this document. Changes to this Interface Control Document (ICD) Template will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature:

Date:

Print Name: Amy Cohen

Title: ACO-OS Program Manager

Role: Submitting Organization's Approving Authority

Signature:

Date:

Print Name: Tamar Zelcer

Title: OIT/ISDDG/DND – CMS ICD&A Government Task Lead (GTL)

Role: CMS' Approving Authority

Signature:

Date:

Print Name: John Pilotte

Title: CMM/CM/P3 – ACO Medicare Shared Savings Program

Role: CMS Business Owner

Revision History

Version	Date	Organization/POC	Description of Changes
0.1	06/28/2016	NGC/Michele Galloway	September 2016 Release: ACO_0313 – Initial draft.
1.0	08/23/2016	NGC/Kristina Kriss	Baselined as Final for the September 2016 Release.
1.1	09/22/2016	NGC/Michele Galloway	December 2016 Release: ACO_0314 – Removed Required Field designation from Host ID and Sex Code fields because they do not appear in the CMS CR and CWF will not reject the detail record for the data in these fields.
2.0	11/22/2016	NGC/Daric Bossman	For System Requirements: • Updated Tables 1 – 12 to include the "Start Position" column. • Updated Tables 2, 5, 8, 11 to denote fields that contain PII/PHI.
2.1	01/17/2017	NGC/ Michele Galloway	March 2017 Release: ACO_0314 • Table 3: Added the requirement for leading zeroes in the Detail Record Count field. • Table 4: Entered the Valid Values for the Response Code field • Table 6: Entered the Valid Values for the Response Code field. • Added the requirement for leading zeroes in the Detail Record Count field. • Table 9: Added the requirement for leading zeroes in the Detail Record Count field. • Table 12: Entered the Valid Values for the Response Code field. • Added the requirement for leading zeroes in the Detail Record Count field.

Version	Date	Organization/POC	Description of Changes
3.0	03/03/2017	NGC/ Michele Galloway	• In Reference Documents Section, fixed date associated with "Change Request: 9568 - Shared Savings Program ACO Qualifying Stay Edits" • Section 6 - Updated references report schedule requirements. • Add Blanks response to Appendix A. • Baselined as Final for March 2017.
3.1	05/02/2017	NGC/ Michele Galloway	Updated to include Track 1+.
3.2	5/05/2017	NGC/ Michele Galloway	Updated to reflect feedback from CM.
4.0	08/24/2017	NGC/Kristina Kriss	Baselined as Final for September 2017 Release.
4.1	03/13/2019	Halfaker/Kat Hannon	Updates to replace "Track 3 and Track 1+ Plus Model" ACOs with "Prospective" ACOs.
4.2	04/11/2019	Halfaker/Kat Hannon	DRAFT Updates to allow Retrospective and Prospective ACOs. Updates provided by CMS/CM and CMS/OIT