

|                                  |   |
|----------------------------------|---|
| <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 139</b>           | <b>Date: February 11, 2016</b>                            |
|                                  | <b>Change Request 9341</b>                                |

**Transmittal 132, dated December 10, 2015, is being rescinded and replaced by Transmittal 139, dated February 11, 2016 to correct the description of the OCM Participant field in Table 2 in the Oncology Care Model (OCM) Participant File Interface Control Document. All other information remains the same.**

**SUBJECT: Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation**

**I. SUMMARY OF CHANGES:** This change request (CR) is for the purpose of establishing the necessary systems' changes to implement the Monthly Enhanced Oncology Services (MEOS) Payments for the Oncology Care Model.

**EFFECTIVE DATE: April 1, 2016**

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

**IMPLEMENTATION DATE: April 4, 2016**

*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/revise 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          |   |

**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  
Interface Control Document**

# Attachment - Demonstrations

|             |                  |                         |                      |
|-------------|------------------|-------------------------|----------------------|
| Pub. 100-19 | Transmittal: 139 | Date: February 11, 2016 | Change Request: 9341 |
|-------------|------------------|-------------------------|----------------------|

**Transmittal 132, dated December 10, 2015, is being rescinded and replaced by Transmittal 139, dated February 11, 2016 to correct the description of the OCM Participant field in Table 2 in the Oncology Care Model (OCM) Participant File Interface Control Document. All other information remains the same.**

**SUBJECT: Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation**

**EFFECTIVE DATE: April 1, 2016**

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

**IMPLEMENTATION DATE: April 4, 2016**

## **I. GENERAL INFORMATION**

**A. Background:** The purpose of this Change Request (CR) is for the Centers for Medicare and Medicaid Services (CMS) to create system specifications that will successfully implement the monthly enhanced oncology services (MEOS) payment for the Oncology Care Model (OCM).

OCM is a 5-year model intended to utilize appropriately aligned financial incentives to improve care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy. OCM encourages participating practices to improve care and lower costs through a model that incorporates a MEOS payment and episode-based payments. The Innovation Center expects that these improvements will result in better care, smarter spending, and healthier people. Practitioners in OCM are expected to rely on the most current medical evidence and shared decision-making with beneficiaries to inform their recommendation about whether a beneficiary should receive chemotherapy treatment. OCM provides an incentive to participating physician practices to comprehensively and appropriately address the complex care needs of the beneficiary population receiving chemotherapy treatment, and heighten the focus on furnishing services that specifically improve the patient experience and/or health outcomes.

Practices that participate in OCM may receive MEOS payments of \$160 per beneficiary for care management and related practice transformation.

**B. Policy:** OCM is an episode-based payment model targeting chemotherapy treatment and the spectrum of care provided to beneficiaries receiving chemotherapy. Participants will be physician practices that furnish chemotherapy treatments. OCM incorporates a two-part payment approach to provide financial support for participants to transform their practices, including a monthly MEOS care management payment for participating Medicare Fee-for-Service (FFS) beneficiaries and a retrospective performance-based payment. Both payments will be in addition to the services the physician provides and bills to Medicare FFS. This CR focuses only on the MEOS (G9678). The performance-based payment and its processing will be addressed in a separate CR.

The OCM MEOS payment is a fixed amount of \$160. It will not change over the course of the model or differ based on site of service. Participating practitioners and group practices will bill the MEOS G code (G9678) for each OCM beneficiary. In cases where the OCM participant is a hospital or provider-based clinic, G9678 full payments will only be made to the professional component. There will be no institutional component. OCM providers will receive guidance on MEOS billing rules, and the IOCE shall reject any MEOS claims billed to the institutional component

Prior to the start of the model in April 2016, and quarterly thereafter, CMS will email CMS contractors to notify them that the updated list of OCM practices and practitioners is available in the CMS mainframe.

Only these practitioners will be eligible to bill G9678. CMS contractors will not receive a list of participating beneficiaries, as the participating practitioners are eligible to bill the code for any beneficiary they believe is eligible for the model and attributed to their practice.

Eligible practitioners may bill the MEOS G code once per calendar month per beneficiary. Participating practitioners will be ineligible to bill a range of other care management services (see Appendix A) and the MEOS G code for the same beneficiary during the same month. Non-OCM practitioners could continue to bill any of these care management services for an OCM beneficiary, including during months when OCM practices are billing the MEOS. Additionally, OCM practitioners providing care management services to an OCM beneficiary, but to whom the beneficiary is not attributed in the model, may also bill for any of these care management services, including the months when another OCM practice is billing the MEOS.

Coinsurance and deductible payments by beneficiaries will not apply to G9678. G9678 will be subject to Medicare penalties and payment adjustments (e.g. VBM, EHR Incentive Program, PQRS reporting, etc.). G9678 will not be subject to GPCI or budget neutrality adjustments.

CMS will review the paid claims for G9678 and monitor for overpayment. On a semi-annual basis, the Innovation Center will submit to the MACs a list of G9678 and other non-MEOS services provided in Appendix A payments that need to be recouped from participating practices. These overpayments must be reprocessed and recouped, this process will be handled in a separate change request.

NOTE: A new HCPCS code,

G9678 – Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment for enhanced care management services for OCM beneficiaries. MEOS covers care management services for Medicare beneficiaries in a 6-month OCM Episode of Care triggered by the administration of chemotherapy. Enhanced care management services include services driven by the OCM practice requirements, including: 24/7 clinician access, use of an ONC-certified Electronic Health Record, utilization of data for quality improvement, patient navigation, documentation of care plans, and use of clinical guidelines. (G9678 may only be billed for OCM beneficiaries by OCM practitioners)

Short Descriptor: Oncology Care Model service

has been created for this demonstration. It will be effective April 1, 2016. Code G9678 will be in the April 2016 Medicare Physician Fee Schedule Database (MPFSDB). G9678 will be allowed at a flat \$160 and will not be subject to co-insurance and deductible.

## II. BUSINESS REQUIREMENTS TABLE

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

| Number   | Requirement   | Responsibility |   |             |                            |                                  |             |             |             |       |
|----------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
|          |   | A/B<br>MAC     |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |             |             |             | Other |
|          |   | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
| 9341.1   | Effective for claims with dates of service on and after April 1, 2016 through March 31, 2021 contractors shall accept G9678 – MEOS Service. |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.1 | Effective April 1, 2016 contractors shall use TOS 1 for   |                | X |             |                            |                                  |             |             |             |       |

| Number     | Requirement   | Responsibility |   |             |                            |                                  |             |             |             |       |
|------------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
|            |   | A/B<br>MAC     |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |             |             |             | Other |
|            |   | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|            | G9678.  |                |   |             |                            |                                  |             |             |             |       |
| 9341.1.2   | Contractors shall allow \$160 for G9678.  |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.3   | The Multi-Carrier System Desktop Tool (MCSDT) shall display HCPCS G9678, Oncology Care Model Service, on a separate screen and in a format equivalent to the CWF HIMR screen.   |                | X |             |                            |                                  | X           |             |             |       |
| 9341.1.4   | The IOCE shall reject all detail lines with the MEOS service.   |                |   |             |                            |                                  |             |             | IOCE        |       |
| 9341.1.5   | MCS shall split any detail lines containing the MEOS service to a separate claim.   |                |   |             |                            |                                  | X           |             |             |       |
| 9341.1.6   | MCS shall only process claim lines with the MEOS service where the billing TIN and rendering NPI combination matches a combination provided on the enrolled provider file and where the date of service is on or after the Effective Date of Participation and on or before the End Date of Participation (if present).   |                |   |             |                            |                                  | X           |             |             |       |
| 9341.1.6.1 | Contractors shall use the following messages for detail lines denied in BR 9341.1.6<br><br>CARC B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.<br><br>Group Code: CO (Contractual Obligation)<br><br>MSN 60.4 - This claim is being processed under a demonstration project.<br><br>Spanish language translation: Esta reclamación está siendo procesada bajo un proyecto especial. |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.7   | Contractors shall return as unprocessable all detail lines containing the MEOS service with units of service greater than one (1).  |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.7.1 | Contractors shall use the following messages for detail lines denied in BR 9341.1.7<br><br>CARC 119 - Benefit maximum for this time period or occurrence has been reached.<br><br>RARC N362 - The number of Days or Units of Service exceeds our acceptable maximum.  |                | X |             |                            |                                  |             |             |             |       |

| Number       | Requirement  | Responsibility |   |             |                            |                                  |             |             |             | Other |
|--------------|--|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
|              |  | A/B<br>MAC     |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |             |             |             |       |
|              |  | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|              | Group Code: CO (Contractual Obligation)  |                |   |             |                            |                                  |             |             |             |       |
| 9341.1.8     | Contractors shall return as unprocessable any detail line containing the MEOS service in which the from date does not equal the through date.  |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.8.1   | Contractors shall use the following messages for detail lines denied in BR 9341.1.8:<br><br>CARC 152 - Payer deems the information submitted does not support this length of service.<br><br>RARC N640 - Exceeds number/frequency approved/allowed within time period.<br><br>Group Code: CO (Contractual Obligation)  |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.9     | CWF shall confirm that the beneficiary at the time of the MEOS service was enrolled in both Medicare Parts A and B and is <b>not</b> eligible through ESRD.  |                |   |             |                            |                                  |             |             | X           |       |
| 9341.1.9.1   | Contractors shall deny detail lines that do not meet the eligibility requirements in BR 1.9.   |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.9.1.1 | Contractors shall use the following messages for detail lines denied in BR 9341.1.9.1:<br><br>CARC 177 - Patient has not met the required eligibility requirements.<br><br>Group Code: CO (Contractual Obligation)<br><br>MSN 60.4 - This claim is being processed under a demonstration project.<br><br>Spanish language translation: Esta reclamación está siendo procesada bajo un proyecto especial. |                | X |             |                            |                                  |             |             |             |       |
| 9341.1.10    | CWF shall reject any detail line containing the MEOS service when the date of service is in the same calendar month as another claim for the MEOS service for that beneficiary.  |                |   |             |                            |                                  |             |             | X           |       |
| 9341.1.10.1  | Contractors shall use the following messages for detail lines denied in BR 9341.1.10:<br><br>CARC 119 - Benefit maximum for this time period or  |                | X |             |                            |                                  |             |             |             |       |





| Number     | Requirement   | Responsibility |   |             |                            |                                  |             |             |             |       |
|------------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
|            |   | A/B<br>MAC     |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |             |             |             | Other |
|            |   | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|            | Mainframe first of these update Participant Files on or around May 1, 2016. CMS shall make subsequent updates on a quarterly basis.   |                |   |             |                            |                                  |             |             |             |       |
| 9341.2.3.1 | CMS shall inform the contractors and CWF of the availability of the updated Participant File via email.   |                |   |             |                            |                                  |             |             | CMS         |       |
| 9341.2.3.2 | Upon receipt of notification from CMS, VDC and CWF shall download and install the updated Participant File for the next regular production release.   |                |   |             |                            |                                  |             | X           | VDC         |       |
| 9341.2.3.3 | MCS shall send error/response file via EFT acknowledging receipt of the Participant File.<br><br><b>Note: The notification error/response file shall report indicate any outstanding issues related to the file transfer (if applicable).</b><br><br>Ex: Invalid date, invalid TIN, etc.  |                |   |             |                            | X                                |             |             | VDC         |       |
| 9341.3     | CWF shall reject any claim for the services found in Appendix A for a beneficiary with a MEOS service payment in the same calendar month, under the following conditions:<br><br>1. If a Part B professional claim is received for any of the listed services and the beneficiary already received a MEOS service by the same billing and rendering provider in that calendar month<br><br>2. If a Part B professional claim is received for a beneficiary for any of the listed services with and the beneficiary already received a MEOS service in the same calendar month, by the same billing provider as found in claims history, but a different rendering provider, who is also on the Participant File |                |   |             |                            |                                  |             | X           |             |       |
| 9341.3.1   | Contractors shall deny detail lines that receive an CWF error from BR 9341.3  |                | X |             |                            |                                  |             |             |             |       |
| 9341.3.2   | For denied services contractors shall use the following messages:<br><br>CARC 132 – Prearranged demonstration project adjustment  |                | X |             |                            |                                  |             |             |             |       |



| Number   | Requirement   | Responsibility |   |                            |                                 |                                  |             |             |             |       |
|----------|---|----------------|---|----------------------------|---------------------------------|----------------------------------|-------------|-------------|-------------|-------|
|          |   | A/B<br>MAC     |   | H<br>H<br>H<br>M<br>A<br>C | D<br>M<br>E<br>M<br>A<br>C<br>S | Shared-<br>System<br>Maintainers |             |             |             | Other |
|          |   | A              | B |                            |                                 | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
|          | <p>Group Code: CO (contractual obligation)</p> <p>MSN 16.29 - Payment is included in another service you have received.</p> <p>Spanish language translation: El pago fue incluido en otro servicio que usted recibió.</p>   |                |   |                            |                                 |                                  |             |             |             |       |
| 9341.4   | <p>MCS shall deny any claim for the services found in Appendix A which meets the following condition</p> <p>If both the MEOS service and one of the listed services are billed on the same claim in different detail lines, and with dates of service the same calendar month, then MCS shall allow only the MEOS service, other service shall be denied.</p>     |                |   |                            |                                 |                                  | X           |             |             |       |
| 9341.4.1 | <p>For denied services contractors shall use the following messages:</p> <p>CARC 132 – Prearranged demonstration project adjustment</p> <p>Group Code: CO (contractual obligation)</p> <p>MSN 16.29 - Payment is included in another service you have received.</p> <p>Spanish language translation: El pago fue incluido en otro servicio que usted recibió.</p> |                | X |                            |                                 |                                  |             |             |             |       |
| 9341.5   | <p>The beneficiary will not be assessed co-insurance or deductible for the MEOS service listed in BR 1.</p>   |                | X |                            |                                 |                                  |             |             | X           |       |
| 9341.6   | <p>Contractors shall apply all Value Based Modifier (VBM), Physician Quality Reporting System (PQRS) and Electronic Health Records (EHR) adjustments to the MEOS service payment.</p>   |                | X |                            |                                 |                                  |             |             |             |       |

### III. PROVIDER EDUCATION TABLE

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

|  |      |            |   |             |             |                  |
|--|------|------------|---|-------------|-------------|------------------|
|  |      | A/B<br>MAC |   |             | D<br>M<br>E | C<br>E<br>D<br>I |
|  |      | A          | B | H<br>H<br>H | M<br>A<br>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):** Ian Kramer, 410-786-5777 or ian.kramer@cms.hhs.gov , Laura Mortimer, 410-786-1306 or laura.mortimer@cms.hhs.gov (For policy inquiries)

**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: 2**

# Oncology Care Model (OCM) Participant File Interface Control Document (ICD)

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Version 1.0

11/25/2015

## Version History

| Version | Date       | Organization/POC | Description of Changes  |
|---------|------------|------------------|---|
| 1.0     | 11/25/2015 | MCS              | Initial draft for Oncology Care Model (OCM) Participant File and Response File.   |
| 1.0     | 12/2/2015  | ARC              | Added OCM Participant ID to the incoming file detail record and the response file detail record.                          |
| 1.0     | 12/2/2015  | MCS              | Increased incoming and response file length to 70 and added narrative describing MCS actions with the OCM Participant ID. |

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# 1 Introduction

This Interface Control Document (ICD) specifies interface requirements for the Oncology Care Model (OCM) Participant file that ARC will create for processing in the MCS system and the subsequent Response file that MCS will create to provide ARC with the status results of how the file was processed.

## 2 ICD Overview

ARC sends the OCM Participant file with the following information to the MCS at Hewlett Packard Enterprise (HPE) Virtual Data Center (VDC):

1. OCM Participant File Header record
2. OCM Participant File Detail records
3. OCM Participant File Trailer record

ARC receives the OCM Participant Response file with the following information from the MCS:

1. OCM Participant Response File Header record
  2. OCM Participant Response Detail records
  3. OCM Participant Response File Trailer record
-

## 3 Detailed Interface Requirements

This section describes detailed interface requirements.

### 3.1 OCM Participant File and Response File

#### 3.1.1 File Format and Characteristics

- The files are fixed-length format.
- The OCM Participant File is a Full file replacement.
- ARC will edit/validate rendering NPIs in the participant file before sending to MCS
- MCS will flag any TIN errors in response file to ARC, but will not reject the entire file due to single NPI/TIN errors
- MCS will edit file for format and validate dates
- Effective date should remain the same for an NPI during performance period (assuming he/she does not leave the practice and then return)
- End date should be last day of model (TBA), or the day provider leaves a practice (as reported to OCM)
  - Providers may bill MEOS on the end date, but not after
- Status field is included in the format for possible future use, but at this time the only acceptable value will be spaces. A detail record will return an error response code if any value other than spaces is encountered at this point in time.

#### 3.1.2 File Layout

Each OCM Participant file and Response file has a header, record details, and trailer as described in the tables below.

##### 3.1.2.1 Field/Element Definitions

The tables below briefly describe an OCM Participant file transaction from ARC and a Response file from MCS. The description column describes the basic file elements. The response file contains exact field values provided by the OCM Participant file with the addition of a response code.

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Table 1: OCM Participant File Header Record

| Data Field         | Start Position | End Position | Length | Format        | Description  |
|--------------------|----------------|--------------|--------|---------------|--|
| Record Identifier  | 1              | 7            | 7      | ALPHA-<br>NUM | Record indicator which identifies the line entry as <b>Header</b> information for the OCM Participation file.<br><br>Value: ' <b>OCM-HDR</b> ' |
| File Creation Date | 8              | 15           | 8      | NUM           | Date the file was created.<br><br>Date Format: CCYYMMDD  |
| Filler             | 16             | 70           | 55     | ALPHA-<br>NUM | Unused area.<br><br>Fill with spaces   |

Table 2: OCM Participant File Detail Record

| Data Field         | Start Position | End Position | Length | Format        | Description   |
|--------------------|----------------|--------------|--------|---------------|---|
| Record Identifier  | 1              | 7            | 7      | ALPHA-<br>NUM | Record indicator which identifies the line entry as record <b>Detail</b> information for the OCM Participation file.<br><br>Value: ' <b>OCM-DTL</b> ' |
| OCM Participant ID | 8              | 16           | 9      | ALPHA-<br>NUM | ARC Internal OCM Participant ID Number. Expected format will be OCM-#####.  |
| TIN                | 17             | 25           | 9      | NUM           | Tax ID Number   |
| NPI                | 26             | 35           | 10     | NUM           | National Provider Identifier  |
| Effective Date     | 36             | 43           | 8      | NUM           | OCM Participation Effective Date for the TIN/NPI<br><br>Date Format: MMDDCCYY   |
| End Date           | 44             | 51           | 8      | NUM           | OCM Participation End Date for the TIN/NPI<br><br>Date Format: MMDDCCYY   |
| Status             | 52             | 52           | 1      | ALPHA-<br>NUM | Record Status (for future use)<br><br>Values are:<br>Space  |
| Filler             | 53             | 70           | 18     | ALPHA-<br>NUM | Unused area.<br><br>Fill with spaces  |

**Table 3: OCM Participant File Trailer Record**

| Data Field          | Start Position | End Position | Length | Format        | Description   |
|---------------------|----------------|--------------|--------|---------------|---|
| Record Identifier   | 1              | 7            | 7      | ALPHA-<br>NUM | Record indicator which identifies the line entry as <b>Trailer</b> information for the OCM Participation file.<br><br>Value: ' <b>OCM-TRL</b> ' |
| Detail Record Count | 8              | 17           | 10     | NUM           | Number of Detail Records sent on the OCM Participant file.  |
| Filler              | 18             | 70           | 53     | ALPHA-<br>NUM | Unused area.<br><br>Fill with spaces  |

**Table 4: OCM Participant Response File Header**

| Data Field                 | Start Position | End Position | Length | Format        | Description  |
|----------------------------|----------------|--------------|--------|---------------|--|
| Record Identifier          | 1              | 7            | 7      | ALPHA-<br>NUM | Exactly as received on OCM Participation File  |
| Header Level Response Code | 8              | 9            | 2      | NUM           | Response code indicating if the OCM Participation Header record was processed successfully or not. |
| File Creation Date         | 10             | 17           | 8      | NUM           | Exactly as received on OCM Participation File  |
| Filler                     | 18             | 70           | 53     | ALPHA-<br>NUM | Unused area.<br><br>Fill with spaces   |

**Table 5: OCM Participant Response File Detail**

| Data Field        | Start Position | End Position | Length | Format        | Description                                   |
|-------------------|----------------|--------------|--------|---------------|---|
| Record Identifier | 1              | 7            | 7      | ALPHA-<br>NUM | Exactly as received on OCM Participation File |

|                            |    |    |    |               |  |
|----------------------------|----|----|----|---------------|--|
| Detail Level Response Code | 8  | 9  | 2  | NUM           | Response code indicating if the OCM Participation detail record was processed successfully or not. |
| OCM Participant ID         | 10 | 18 | 9  | ALPHA-<br>NUM | Exactly as received on OCM Participation File  |
| TIN                        | 19 | 27 | 9  | NUM           | Exactly as received on OCM Participation File  |
| NPI                        | 28 | 37 | 10 | NUM           | Exactly as received on OCM Participation File  |
| Effective Date             | 38 | 45 | 8  | NUM           | Exactly as received on OCM Participation File  |
| End Date                   | 46 | 53 | 8  | NUM           | Exactly as received on OCM Participation File  |
| Status                     | 54 | 54 | 1  | ALPHA-<br>NUM | Exactly as received on OCM Participation File  |
| Filler                     | 55 | 70 | 16 | ALPHA-<br>NUM | Unused area.<br>Fill with spaces   |

Table 6: OCM Participant Response File Trailer

| Data Field                  | Start Position | End Position | Length | Format        | Description   |
|-----------------------------|----------------|--------------|--------|---------------|---|
| Record Identifier           | 1              | 7            | 7      | ALPHA-<br>NUM | Exactly as received on OCM Participation File   |
| Trailer Level Response Code | 8              | 9            | 2      | NUM           | Response code indicating if the OCM Participation file was processed successfully or not. |
| Detail Record Count         | 10             | 19           | 10     | NUM           | Exactly as received on OCM Participation File   |
| Filler                      | 20             | 70           | 51     | ALPHA-<br>NUM | Unused area.<br>Fill with spaces  |

### 3.1.3 File Processing

#### 3.1.3.1 Header Record

The MCS will review the header record of the OCM Participant file. Any detected error will cause the file to be rejected. A missing header record will also cause the file to be deleted.

#### 3.1.3.2 Detail Record

Each detail record will be independently reviewed. If no errors are detected, MCS will assign a response code indicating it was successfully processed. The first error detected will stop the review of a detail record and the applicable error code noted in the response file. The remainder of the record will not be validated.

The MCS will check the TIN to determine if it is found in the RRB national provider file. If the TIN is not found, MCS will return an error code indicating a match was not found but will not reject the detail record if no other errors are detected.

The MCS will not validate the data sent in the OCM Participant ID field nor will it load the data into the MCS. Data sent on the OCM Participant file will be returned via the MCS response file as it was received.

#### 3.1.3.3 Trailer Record

The MCS will review the trailer record of the OCM Participant file. Any detected error will cause the file to be rejected. A missing trailer record will also cause the file to be deleted.

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## Appendix A: Response Codes and Explanations

The following table lists the Response/Error codes to be provided by MCS upon validation of OCM Participant files sent from ARC.

Note: Header or Trailer errors will cause the entire file to be rejected during MCS processing.

Detail record errors will only cause those individual records to be rejected, allowing other successfully processed detail records to be accepted.

| Code | Description                | Explanation   |
|------|----------------------------|---|
| 00   | Success                    | The record was processed successfully.  |
| 01   | Header Record Missing      | The Header record is missing or is not the first record in the file.  |
| 02   | Invalid Record ID          | The Record ID is not one of the following: OCM-HDR, OCM-DTL, or OCM-TRL.  |
| 03   | TIN Error                  | The TIN is not Numeric  |
| 04   | TIN Not Found              | Record is accepted but TIN was not found on the MCS RRB national provider file.   |
| 05   | NPI Error                  | The NPI is not Numeric  |
| 06   | Effective Date Error       | The Effective Date is not a valid date  |
| 07   | End Date Error             | The End Date is not a valid date  |
| 08   | Record Status Error        | The Record Status is a value other than spaces  |
| 09   | Trailer Record Count Error | The error occurs when the Trailer record count does not equal the number of Detail records.<br>(or)<br>The trailer record is located before the end of the file.<br>(or)<br>There is a header and trailer, but no detail records. |
| 10   | Trailer Record Missing     | The Trailer record is missing   |

## Appendix A:

List of services which conflict with the PBPM service:

|       |                               |
|-------|-------------------------------|
| 99490 | Chron care mgmt srvc 20 min   |
| 99495 | Trans care mgmt 14 day disch  |
| 99496 | Trans care mgmt 7 day disch   |
| 99374 | Home health care supervision  |
| 99375 | Home health care supervision  |
| 99377 | Hospice care supervision      |
| 99378 | Hospice care supervision      |
| 90951 | Esrdserv 4 visits p mo <2yr   |
| 90952 | Esrdserv 2-3 vsts p mo <2yr   |
| 90953 | Esrdserv 1 visit p mo <2yrs   |
| 90954 | Esrdserv 4 vsts p mo 2-11     |
| 90955 | Esrdsrv 2-3 vsts p mo 2-11    |
| 90956 | Esrdsrv 1 visit p mo 2-11     |
| 90957 | Esrdsrv 4 vsts p mo 12-19     |
| 90958 | Esrdsrv 2-3 vsts p mo 12-19   |
| 90959 | Esrdserv 1 vst p mo 12-19     |
| 90960 | Esrdsrv 4 visits p mo 20+     |
| 90961 | Esrdsrv 2-3 vsts p mo 20+     |
| 90962 | Esrdserv 1 visit p mo 20+     |
| 90963 | Esrds home pt serv p mo <2yrs |
| 90964 | Esrds home pt serv p mo 2-11  |
| 90965 | Esrds home pt serv p mo 12-19 |
| 90966 | Esrds home pt serv p mo 20+   |

|       |                              |
|-------|------------------------------|
| 90967 | Esrđ home pt serv p day <2   |
| 90968 | Esrđ home pt srv p day 2-11  |
| 90969 | Esrđ home pt srv p day 12-19 |
| 90970 | Esrđ home pt serv p day 20+  |