

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1620	Date: February 5, 2016
	Change Request 9414

SUBJECT: Shared System Enhancement 2015: National Coverage Determination (NCD) Analysis Process

I. SUMMARY OF CHANGES: CMS is requesting all system maintainers review the current process issues in hard coding edits that implement complex national coverage determinations (NCDs) that are strictly at the national level or that may also contain A/B MAC discretion, so that affected stakeholders (CM, OTS, CCSQ, Medicare Administrative Contractors (MACs) and shared systems maintainers (SMMs)) can talk through the challenges and come up with potential solutions that increase flexibility in the payment systems.

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 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/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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SUBJECT: Shared System Enhancement 2015: National Coverage Determination (NCD) Analysis Process

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 2016

I. GENERAL INFORMATION

A. Background: As recently highlighted in several Fee-For-Service Change Requests (CRs), complex national coverage determinations (NCDs) require flexibility in our payment systems that are challenging to attain in the shared systems environment. For example, binary yes/no decisions are becoming rare, giving way to nuanced decisions that are often shared between the national and local level (decisions commonly referred to as “contractor discretion”). (See Attachment)

The Coverage and Analysis Group (CAG) is forecasting a period of reduced development of new coverage requirements, and we believe the development of an analysis CR with the commitment and input of the affected stakeholders (CM, OTS, CCSQ, Medicare Administrative Contractors (MACs) and shared systems maintainers (SMMs)) is needed to talk through the challenges we face and to come up with potential solutions.

The overarching goals of such a meeting would be to develop solutions that:

- increase flexibility
- improve auditability of NCD implementation
- improve change tracking of “spreadsheet”
- promote quicker implementation when possible
- reduce claims processing/payment/coverage variability (Please note that CAG understands that retaining contractor discretion is still needed and seeks to reduce challenges where possible)
- reduce the burden on the shared systems and the A/B MACs, which should result in a net savings in implementation hours

B. Policy: Effective July 5, 2016, CAG will work in conjunction with the stakeholders to implement the agreed upon recommendations that address the concerns outlined above.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility			
		A/B MAC	D M E	Shared- System Maintainers	Other

		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
9414.1	<p>CMS is requesting all system maintainers review the current process issues to hard code edits to implement NCDs that are strictly at the national level or that may also contain A/B MAC discretion in an effort to:</p> <ul style="list-style-type: none"> • increase flexibility • Improve auditability of NCD implementation • Improve change tracking of “spreadsheet” • Promote quicker implementation when possible • reduce claims processing/payment/coverage variability(Please note that CAG understands that retaining contractor discretion is still needed and seeks to reduce challenges where possible) • reduce the burden on the shared systems and the A/B MACs 	X	X		X	X	X	X	X	
9414.2	<p>There will be 5 (one hour) mandatory bi-weekly calls scheduled that all contractors will be requested to attend in order to discuss the development of options and recommendations, to be determined at a later date and scheduled by CMS/OTS/BAMG. A designated contact list shall be submitted to the following email address within 20 days of the publication of the Analysis CR so that conference calls can be arranged. Please send this information to the email below:</p> <p>LAARON.JOHNSON@CMS.HHS.GOV</p>	X	X		X	X	X	X	X	
9414.2.1	<p>SSMs will be required on a rotating basis to designate someone to take meeting notes and post minutes in echimp within 2 business days.</p>					X	X	X	X	
9414.3	<p>The contractors shall provide interim recommendations after the third conference call. The recommendations shall address as specifically as possible, options developed and recommendations discussed that SSMs would require to be included in a forthcoming CMS-developed implementation CR in order to implement any changes proposed during the calls.</p>				X	X	X	X	X	
9414.4	<p>The contractors shall provide a Final Report with agreed-upon actions within 30 days of final call. If agreement is not reached and any additional calls are</p>	X	X		X	X	X	X	X	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	required as a result of the final report, BAMG will schedule no more than two additional mandatory 1-hour calls. This final analysis CR will then be due to CMS the next applicable quarterly release following the completion of all above steps.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wanda Belle, 410-786-7491 or Wanda.Belle@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

National Coverage Determination (NCD) Analysis Process

Issue: CAG has recently highlighted in several Fee-For-Service Change Requests that complex coverage decisions require flexibility in our payment systems that had become increasingly challenging to attain in the shared systems environment.

The simplicity of a binary decision requiring just a yes/no outcome is becoming rare, giving way to nuanced decisions that are often shared between the national and local level (decisions commonly referred to as “contractor discretion”).

Goals: The overarching goals we are seeking to meet by utilizing this process is to develop solutions that will:

- increase flexibility
- Improve auditability of NCD implementation
- Improve change tracking of “spreadsheet”
- Promote quicker implementation when possible
- Reduce claims processing/payment/coverage variability (Please note that CAG understands that retaining contractor discretion is still needed and seeks to reduce challenges where possible)
- Reduce the burden on the shared systems and the A/B MACs, which should result in a net savings in implementation hours

Recommendation: CAG is requesting the opportunity along with the affected stakeholders (CM, OIS, CCSQ, contractors and systems maintainers) to work on an analysis CR in order to talk through the challenges we face and to come up with potential solutions and recommendations to implement. .