

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 162	Date: November 4, 2016
	Change Request 9812

SUBJECT: Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment Rate for Certain Non-Physician Practitioners

I. SUMMARY OF CHANGES: This change request (CR) removes the payment adjustment for certain non-physician practitioners (NPPs) for the Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment (G9678), thereby allowing these NPPs to receive the same payment rate as physicians for these services.

EFFECTIVE DATE: April 1, 2017

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

IMPLEMENTATION DATE: April 3, 2017

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:

Demonstrations

Attachment - Demonstrations

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for the Centers for Medicare & Medicaid Services (CMS) to implement system edits to remove the payment adjustment for certain non-physician practitioners (NPPs) for the Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment (G9678), thereby allowing certain NPPs to receive the same payment rate as physicians for these services.

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 for performance. CMS 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.

OCM Participant practices may receive MEOS Payments of \$160 (base rate) per OCM Beneficiary for the provision of OCM Enhanced Services, as defined in the OCM Participation Agreement. Any practitioner on the OCM Participant's OCM Practitioner List (including certain NPPs) may be listed as the rendering NPI on the practice's MEOS claims.

B. Policy: The base rate for the OCM MEOS Payment is \$160. Current Medicare Fee-for-Service (FFS) policy reduces Medicare claims allowances for Physician Assistants (PAs), Nurse Practitioners (NPs), and Clinical Nurse Specialists (CNSs). Participants in OCM are exempted from this policy for these provider types for all G9678 claims, thereby allowing these NPPs to receive the same payment rate as physicians for these services. This payment change aligns Medicare payment systems with the MEOS payment policy in the OCM Participation Agreement.

All other payment policies and processes related to G9678 payment will remain the same (e.g., no beneficiary cost-sharing, not subject to GPCI adjustments, adjusted for sequestration, etc.).

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility
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		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	
9812.1	Claims for G9678 with dates of service on or after July 1, 2016, MCS shall bypass the following NPP reduction: S1222000 – PA/NP/CN reduction		X				X			
9812.2	If brought to their attention, contractors shall reprocess any claims reduced by the NPP reduction listed in BR 1 with dates of service on or after July 1, 2016.		X							
9812.3	CR 9625.1 provided CWF with the following instruction: <i>CWF shall modify error code '5316' editing logic, implemented under BR 9341.1.10, to reject any detail line containing the G9678 - Oncology Care Model Service with a date of service on or after July 1, 2016, when the date of service is in the same calendar month as another claim with G9678 for that beneficiary with the same billing provider.</i> NOTE: CWF shall allow detail lines with G9678 to process if the beneficiary has a claim for G9678 in the same calendar month with a different billing provider. In the event that subsequent MEOS HPCS G9678 claims are received during the same calendar month as a posted MEOS claim, but are billed by a different Billing NPI, CWF shall post the subsequent MEOS HPCS G9678 to the MEOS aux file.							X		
9812.3.1	CWF shall develop a utility to identify affected claims that have already been processed with dates of service on or after July 1, 2016.							X		

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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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 (Claims Processing Questions) , Laura Mortimer, 410-786-1306 or laura.mortimer@cms.hhs.gov (Policy and demonstration participant questions)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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

ATTACHMENTS: 0