

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1471	Date: February 18, 2015
	Change Request 9031

Transmittal 1457, dated January 30, 2015 is being rescinded and replaced by Transmittal 1471 to provide instruction to load and test the BETA test version of the IPPS PRICER and to notify CMS of any issues with the BETA test version of the IPPS PRICER. All other information remains the same.

SUBJECT: Renaming PPS-FLX6- PAYMENT Field in the Inpatient Prospective Payment System (IPPS) Pricer Output

I. SUMMARY OF CHANGES: The PPS-FLX6- PAYMENT field in the IPPS PRICER output record, created in CR8546, will be renamed to identify this field for the HAC Reduction Amount.

EFFECTIVE DATE: July 1, 2015

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

IMPLEMENTATION DATE: July 6, 2015

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

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I. GENERAL INFORMATION

A. Background: Section 3008 of the Affordable Care Act (ACA) establishes a program, beginning in FY 2015, for IPPS hospitals to improve patient safety, by imposing financial penalties on hospitals that perform poorly with regard to certain Hospital Acquired Conditions (HACs). HACs are conditions that patients did not have when they were admitted to the hospital, but which developed during the hospital stay. Under the HAC Reduction Program, hospitals that rank in the lowest-performing quartile of selected HAC measures will be subject to a reduction of what they would otherwise be paid under the IPPS.

The HAC payment reduction amount is currently displayed in the PPS-FLX6- PAYMENT field.

B. Policy: There is no change in policy. To clearly identify the HAC reduction amount, we are renaming the PPS-FLX6- PAYMENT field in the IPPS PRICER output record.

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		F I S S	M C S	V M S	C W F	
9031.1	The payment amount field named PPS-FLX6- PAYMENT shall be renamed in the IPPS PRICER output record as HAC PAYMENT AMT.									IPPS Pricer
9031.2	Medicare contractors shall rename all occurrences of PPS-FLX6- PAYMENT field as HAC PAYMENT AMT.								X	FPS, IDR, MedPar, NCH, PS&R
9031.3	Medicare contractor shall rename PPS-FLX6-					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>PAYMENT field as HAC PAYMENT AMT in the following places:</p> <ul style="list-style-type: none"> • Online claim screen MAP103K • Online Cost Disclosure Screen MAP178B • Claim record • PRICER interface • IDR record • CWF transmit record • ECPS and Mass Adjustments • Reports 630 and 630A 									
9031.4	Medicare contractor shall load the BETA test version of the IPSS PRICER within 24 hours of receipt.					X				
9031.5	Medicare contractor shall thoroughly unit and alpha test the Beta IPSS PRICER delivered prior to production.					X				
9031.6	Medicare contractor shall provide feedback to the author and the FISS CMS team within 24 hours of discovery, including but not limited to installation, data, unexpected test results, or questions (QCN) that arise.					X				

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		
9031.7	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	of the availability of the provider education article. In addition, the provider education article shall be included in the contractor’s next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.					

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:
205676D. 1	CR8546 implemented FLX 6 field

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

V. CONTACTS

Pre-Implementation Contact(s): Cami DiGiacomo, camid.digiacomocms@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0