

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1575</b>	<b>Date: November 13, 2015</b>
	<b>Change Request 9325</b>

**SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects (Analysis Only)**

**I. SUMMARY OF CHANGES:** The Centers for Medicare & Medicaid Services and its predecessor organization, the Health Care Financing Administration, have implemented Medicare fee for service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS and hybrid delivery systems, alternative payment structures and health care delivery systems to achieve value based purchasing, health promotion and disease prevention activities for Medicare beneficiaries, the examination of payment and delivery systems of FFS in acute and long term care, and expanded access and develop infrastructure in underserved areas (rural/inner city areas) or populations with special needs or chronic conditions.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, CMS has provided a spreadsheet of all inactive demonstrations: "Contractors shall identify Medicare demonstration projects/code that are not active. CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient.

**EFFECTIVE DATE: April 1, 2016**

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

**IMPLEMENTATION DATE: April 4, 2016 - MCS Analysis Only; July 5, 2016 - FISS, VMS and CWF Analysis Only**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

<b>Pub. 100-20</b>	<b>Transmittal: 1575</b>	<b>Date: November 13, 2015</b>	<b>Change Request: 9325</b>
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**EFFECTIVE DATE: April 1, 2016**

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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services and its predecessor organization, the Health Care Financing Administration, have implemented Medicare fee for service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS and hybrid delivery systems, alternative payment structures and health care delivery systems to achieve value based purchasing, health promotion and disease prevention activities for Medicare beneficiaries, the examination of payment and delivery systems of FFS in acute and long term care, and expanded access and develop infrastructure in underserved areas (rural/inner city areas) or populations with special needs or chronic conditions.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, Contractors shall identify Medicare demonstration projects/code that are not active. CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient.

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

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

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	
9325.1	Contractors shall estimate the number of hours associated with removing/archiving demonstration codes listed in the attachment posted via eChimp.					X	X	X	X	IDR, NCH
9325.2	MCS shall post their estimate/provide their analysis by 4/1/16 and FISS, VMS and CWF shall post their estimate/provide their analysis by 7/5/16. A future Change Request will be written to archive the obsolete demonstration codes.					X	X	X	X	
9325.3	If the estimate/LOE exceeds 1000 hours, Contractors					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	
	shall propose a strategy to implement the requirements over two or more quarterly releases.									

### 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.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information: N/A</b>
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**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Barb Pecoraro, 410.786.6188 or barbara.pecoraro@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**



### **Medicare Demonstration Special Processing Numbers (SPN)**

SPN	Project
1	Nursing Home Case Mix and Quality Demo
2	National Home Health Agency Prospective Payment Demo
3	Telemedicine Waiver Demo
4	United Mine Workers of America
5	Medicare Choices Demo
6	Medicare Participating Heart Bypass Center Demo
7	Participating Centers of Excellence
8	Provider Partnership Demo
9	Colorado Integrated Care and Financing Project
10	Community Nursing Organization Demo
11	Consumer Directed DME Demo
12	Competitive Bidding for Clinical Labs (non MMA demo)
13	Competitive Bidding for DME Demo
14	Competitive Pricing Demo (non MMA)
14	Competitive Pricing Demo (non-MMA)
14	Competitive Pricing – Open Enrollment Demo (non-MMA)
15	ESRD Managed Care Demo
16	Graduate Medical Education Demo – Phase I
16	Graduate Medical Education Demo – Phase II
	Utah All Payer Graduate medical Education Demonstration
17	Group Specific Volume Performance Standards
19	Medicaid Working Group Dual Eligibles
20	Minnesota Senior Health Options
21	Municipal Health Services Program
22	New England Dual Eligible Waiver Project
23	PACE
24	Seattle Outlier Pool
25	SHMO II
26	VA Medicare Subvention Demo
27	Wisconsin Partnership Demo
29	On Lok