

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 88	Date: May 17, 2013
	Change Request 8289

SUBJECT: Rescind and Replace of CR 6452: Termination of Frontier Extended Stay Clinic Demonstration

I. SUMMARY OF CHANGES: This CR rescinds and replaces CR 6452, which states the claims processing rules for the Frontier Extended Stay Clinic demonstration. The demonstration will terminate effective April 16, 2013, after completing the 3-year period of performance mandated by section 434 of the Medicare Modernization Act. The MAC and FI are no longer to process claims for extended stay services for the participating clinics.

EFFECTIVE DATE: April 16, 2013

IMPLEMENTATION DATE: June 18, 2013

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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 obliged 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

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

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: I. GENERAL INFORMATION

A. Background: Section 434 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established “The Frontier Extended Stay Clinic (FESC) Demonstration Project” to test the feasibility of providing extended stay services to remote frontier areas under Medicare payment and regulations. A FESC must be located in a community which is – (1) at least 75 miles away from the nearest acute care hospital or critical access hospital, or (2) is inaccessible by public road. FESCs are designed to address the needs of seriously or critically ill or injured patients who, due to adverse weather conditions or other reasons, cannot be transferred to acute care hospitals, or patients who do not meet CMS inpatient hospital admission criteria and who need monitoring and observation for a limited period of time.

According to Section 434, the FESC demonstration will last for three years.

The following five clinics were selected by CMS to be eligible for the demonstration:

Clinic Town Provider Number Clinic Type FI or MAC

Inter-island Medical Center Friday Harbor, WA 503893 RHC Cahaba

Cross Road Medical Center Glenallen, AK 021820 FQHC NGS (legacy)

Iliuliuk Family & Health Services Unalaska, AK 021823 FQHC NGS (legacy)

Tribal Facilities –

Alicia Roberts Medical Center Prince of Wales Island, AK 020027* Trailblazer (MAC)

Haines Health Center Haines, AK 020027* Trailblazer (MAC)

*This provider number references the parent hospital, Mt. Edgecumbe Hospital in Sitka, Alaska.

B. Policy: B. Policy:

1. CR 6452 states the instructions for the MAC and FI and the method of payment for extended stay services under this demonstration. Novitas and NGS have been processing claims for this demonstration.

2. This CR rescinds CR 6452. Specifically, effective for claims for services starting April 16, 2013, the MAC and FI shall not process claims designated for payment under the demonstration (i.e., claims that are described in Business Requirements 6452.2 through 6452.10).

3. The MAC and FI shall not process claims received from the demonstration providers after July 30, 2013. The purpose for this requirement is to allow the summary of claims available in a timely manner for the CMS evaluation of the demonstration.

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	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8289.1	This CR rescinds CR 6452. Effective for claims for services starting April 16, 2013, the MAC and FI shall not process claims designated for payment under the demonstration (i.e., claims that are described in Business Requirements 6452.2 through 6452.10).	X				X							
8289.2	The MAC and FI shall not process claims received from the demonstration providers after July 30, 2013.	X				X							
8289.3	The MAC and FI shall recoup the amounts of any demonstration payments made for services rendered starting April 16, 2013.	X				X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Other
		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): Siddhartha Mazumdar, 410-786-6673 or
siddhartha.mazumdar@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.