

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 91	Date: November 15, 2013
	Change Request 8498

SUBJECT: Affordable Care Act Bundled Payments for Care Improvement Initiative - Recurring File Updates Models 2 and 4 January 2014 Updates

I. SUMMARY OF CHANGES: This Change Request serves to update the participating hospital files, episodes, and prospective bundled payment amounts associated with the Bundled Payments for Care Improvement initiative, Model 2 and Model 4. The number for this recurring update is R11462Q.

EFFECTIVE DATE: January 1, 2014

IMPLEMENTATION DATE: January 6, 2014

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) and/or Carriers:

No additional funding will be provided by CMS; contractor's activities are to be carried out within 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:

Recurring Update Notification

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

Attachment - Recurring Update Notification

Pub. 100-19	Transmittal: 91	Date: November 15, 2013	Change Request: 8498
--------------------	------------------------	--------------------------------	-----------------------------

SUBJECT: Affordable Care Act Bundled Payments for Care Improvement Initiative - Recurring File Updates Models 2 and 4 January 2014 Updates

EFFECTIVE DATE: January 1, 2014
IMPLEMENTATION DATE: January 6, 2014

I. GENERAL INFORMATION

- A. Background:** This Change Request (CR) implements necessary file updates associated with Bundled Payments for Care Improvement Models 2 and 4. These file updates are needed in January 2014.
- B. Policy:** The loading and use of the files described here were implemented in former change requests, as referenced in the business requirements.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility												
		A/B MAC		D M E	F I	C A R I	R H I	Shared-System Maintainers				Other		
		A	B					H H H	M A C	R I E R	F I S S		M C S	V M S
8498.1	<p>CMS shall send the initial Model 2 and Model 4 BPCI files on or after November 3, 2013 containing:</p> <ol style="list-style-type: none"> 1. Participating hospitals 2. Approved MS-DRGs 3. Unrelated MS-DRGs (Model 4 only) <p>These files shall constitute full replacements of any files that have been formerly provided.</p>												CMS	
8498.2	Contractors shall receive the full replacement Model 2 and Model 4 files listed in BR 8498.1.									X	X			
8498.3	Contractors shall upload the Model 2 and Model 4 files provided via BR 8498.1 as full replacements of the existing Model 2 and Model 4 files, and shall use them according to the dates indicated in the files where applicable.									X	X			EDCs

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 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): Pamela Pelizzari, 410-786-5937 or pamela.pelizzari@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), and/or Carriers:

No additional funding will be provided by CMS; contractor's activities are to be carried out within 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.