

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 98	Date: April 11, 2014
	Change Request 8652

SUBJECT: Affordable Care Act Bundled Payments for Care Improvement Initiative - Recurring File Updates Models 2 and 4 July 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 R31462Q.

EFFECTIVE DATE: July 1, 2014

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

IMPLEMENTATION DATE: July 7, 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

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 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:

Demonstration

Attachment - Demonstration

Pub. 100-19	Transmittal: 98	Date: April 11, 2014	Change Request: 8652
-------------	-----------------	----------------------	----------------------

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

EFFECTIVE DATE: July 1, 2014

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

IMPLEMENTATION DATE: July 7, 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 July 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 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	
8652.1	CMS shall send the initial Model 2 and Model 4 BPCI files on or after May 2, 2014 containing: 1. Participating hospitals 2. Approved MS-DRGs 3. Unrelated MS-DRGs (Model 4 only) These files shall constitute full replacements of any files that have been formerly provided.									CMS
8652.2	Contractors shall receive the full replacement Model 2 and Model 4 files listed in BR 1.					X	X			EDCs
8652.3	Contractors shall upload the Model 2 and Model 4 files provided via BR 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
8652.4	Contractors shall share the full replacement Model 2 and Model 4 files listed in BR 1 with Medicare	X				X				EDCs

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	
	Administrative Contractors for use as reference documents.									
8652.5	Medicare Administrative Contractors shall receive the files shared by FISS and use them as reference documents.	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		
	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): Adam Conway, 410-786-2455 or adam.conway@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.