

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 475	Date: APRIL 24, 2009
	Change Request 6408

Subject: Modification to Accommodate Acute Care Episode (ACE) Demonstration

I. SUMMARY OF CHANGES: Global payment requirements for the Acute Care Episode (ACE) Demonstration are being implemented under CR 6001, which does address most of the national crossover requirements. The purpose of this CR is to ensure that "no pay" physician claims submitted under the demonstration do not cross over.

New / Revised Material

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

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:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

Not Applicable.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Modification to Accommodate Acute Care Episode (ACE) Demonstration

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) issued change request (CR) 6001 on May 2, 2008, to implement the necessary requirements for the Acute Care Episode (ACE) Demonstration. Under the ACE Demonstration, CMS will issue a single global payment to an institution for both the hospital and physician component of the episode of care. CR 6001 addressed national crossover requirements but failed to ensure that claims that physicians affiliated with the ACE Demonstration bill to Part B contractors as “no pay” claims would not cross over. This instruction remedies this matter.

B. Policy: Upon receipt of an HUBC claims transaction that contains a “54” demonstration project code, the Common Working File (CWF) shall by-pass (suppress) such claims from being included in the national Coordination of Benefits Agreement (COBA) crossover process. Once CR 6343 is implemented in the future, CWF shall display the “BF” by-pass code tied to the suppression of such claims in association with the Part B Medicare Administrative Contractor (MAC) claim on page 2 of the Health Insurance Master Record (HIMR) claim detail screen.

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement.

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B M A C	D M M A C	F I M A C	C A R I E R	R H I S S	Shared-System Maintainers				OTH ER	
		F	M	V	C	I	M	S	S	W	F	
6408.1	Upon receipt of an HUBC claims transaction that contains a “54” demonstration project code, the Common Working File (CWF) shall by-pass (suppress) such claims from being included in the national Coordination of Benefits Agreement (COBA) crossover process.										X	
6408.1.1	Once CR 6343 is implemented in the future, CWF shall display the “BF” by-pass code tied to the suppression of such claims in association with the Part B claim on page 2 of the HIMR claim detail screen.										X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H I I E R	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	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: Recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): For questions regarding the ACE demonstration: Cynthia Mason (Cynthia.mason@cms.hhs.gov; 410-786-6680); **for questions regarding COBA crossovers:** Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)

Post-Implementation Contact(s): For questions regarding the ACE demonstration: Cynthia Mason (Cynthia.mason@cms.hhs.gov; 410-786-6680); **for questions regarding COBA crossovers:** Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)*, include the following statement:

Not Applicable.