

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11517	Date: July 28, 2022
	Change Request 12839

SUBJECT: Remove Beneficiaries Below 18 Years Old From Model Adjustments - Correction for CR 11390

I. SUMMARY OF CHANGES: The purpose of this CR is to clarify a BR included in CR 11390. The HDPA is a positive payment adjustment made to home dialysis claims based on selected geographic areas. This is an adjustment that is made to beneficiaries 18 years of age and older.

EFFECTIVE DATE: January 1, 2023

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

IMPLEMENTATION DATE: January 3, 2023

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	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:

Demonstrations

Attachment - Demonstrations

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SUBJECT: Remove Beneficiaries Below 18 Years Old From Model Adjustments - Correction for CR 11390

EFFECTIVE DATE: January 1, 2023

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IMPLEMENTATION DATE: January 3, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to clarify a BR included in CR 11390.

The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is a mandatory model where participants are chosen based on location. One of the payment adjustments included in the model is called the Home Dialysis Payment Adjustment (HDP). This is a positive adjustment that is applied to all home dialysis claims based on zip codes that are part of the model. This adjustment is applied only to beneficiaries that are 18 years of age and older.

In Change Request (CR) 11390, there is a lack of clarity in one of the Business Requirements (BRs) which specifies the claims that should be adjusted with HDP. Hence, the purpose of this Change Request (CR) is to correct/clarify the BR so that claims are processed appropriately.

B. Policy: Section 1115A of the Social Security Act (the Act) (added by Section 3021 of the Affordable Care Act) (42 U.S.C. 1315a) authorizes the Center for Medicare & Medicaid Innovation to test innovative payment and service delivery models that have the potential to lower Medicare, Medicaid, and Children's Health Insurance Program spending while maintaining or improving the quality of beneficiaries' care.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								Other
		A/B MAC			D M E	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
12839.1	Updates BR 11390.10.16 with the following. The Contractor (CWF) shall modify the existing reject code (created in 11390 BR 11390.10.16) to remove restriction of Place of service when a beneficiary is not 18 years of age or older for the entire month of the claim based on detail From Date of service.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C D I
		A	B	H H H	M A C	
	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): Manasa Peddy, manasa.peddy@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0