CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 175	**Date: June 30, 2017**
	Change Request 10054

Transmittal 172, dated May 12, 2017, is being rescinded and replaced by Transmittal 175, dated, June 30, 2017 to revise requirement 10054.1. All other information remains the same.

SUBJECT: Suppression of G9678 (Oncology Care Model Monthly Enhanced Oncology Services) Claims OCM Beneficiary Medicare Summary Notice

I. SUMMARY OF CHANGES: This Change Request (CR) suppresses all G9678 (Oncology Care Model Monthly Enhanced Oncology Services) claims from the Medicare Summary Notice (MSN). This includes the billing code, HCPCS service description, claim lines, and all other content elements related to all G9678 codes. G9678 is a model-specific demonstration code that has no beneficiary cost-sharing.

EFFECTIVE DATE: October 1, 2017
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 2, 2017

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: Suppression of G9678 (Oncology Care Model Monthly Enhanced Oncology Services) Claims OCM Beneficiary Medicare Summary Notice

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for the MCS Shared System Maintainer (SSM) to implement system edits to suppress all G9678 claims from the Medicare Summary Notices (MSN). This includes the billing code, HCPCS service description, claim lines, and all other content elements related to all G9678 codes. G9678 is a model-specific demonstration code that has no beneficiary cost-sharing.

G9678 (Monthly Enhanced Oncology Services) was created specifically for the Oncology Care Model (OCM) and may only be billed by OCM practitioners for beneficiaries participating in the model. G9678 is a per-beneficiary-per-month payment that covers oncology care management services required of practices participating in OCM. Practices bill for G9678 services for all Medicare Fee-For-Service (FFS) beneficiaries whose care they manage through the model. Practices must provide OCM beneficiaries with a Beneficiary Notification Letter, which notifies them of their participation in OCM and the services provided through the model. At their discretion, practices may also provide beneficiaries with a letter from CMS that includes additional information regarding G9678 payments. OCM beneficiaries are made aware that Medicare reimburses practices for G9678 services, but beneficiaries are never responsible for any portion of G9678 payments.

OCM is an episode-based, total cost of care model for Medicare FFS beneficiaries undergoing chemotherapy treatment. Physician group practices that participate in the model are responsible for managing care for attributed OCM beneficiaries during six-month episode periods. Practices are held accountable for the total cost of care (Medicare Parts A, B, and D expenditures) for beneficiaries during episodes. All G9678 claims are included in episode expenditures.

B. Policy: This CR implements system edits to suppress all G9678 claims from the Medicare Summary Notices (MSN). This includes the billing code, HCPCS service description, claim lines, and all other content elements related to all G9678 codes. This policy change is intended to minimize confusion for OCM beneficiaries by suppressing model-specific claims payment information for which there is no beneficiary liability. Practices participating in OCM provide OCM beneficiaries with the OCM Beneficiary Notification Letter, which informs beneficiaries about their participation in the model and instructs them to contact CMS with any questions or concerns.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10054.1	The Shared System shall suppress all G9678 claims from the Medicare Summary Notice (MSN) starting on October 1, 2017 and indefinitely thereafter.						X			
10054.1.1	The Shared System shall suppress all G9678 claims, regardless of claim status (i.e. denied claims shall also be suppressed). No exclusions apply.						X			
10054.1.2	The Shared System shall suppress names, dates, and contact information for providers that billed G9678 claims in cases where G9678 was the only code on the MSN billed by the provider.						X			
10054.2	The Shared System shall not issue an MSN in cases where G9678 claims are the only claims on the MSN.						X			
10054.3	A/B MACs Part B shall test the MSN suppression logic.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Laura Mortimer, 410-786-2725 or laura.mortimer@cms.hhs.gov , Scott Schiller, 410-786-4514 or scott.schiller@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