

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1837</b>	<b>Date: April 28, 2017</b>
	<b>Change Request 10019</b>

**SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System (Analysis Only)**

**I. SUMMARY OF CHANGES:** The Centers for Medicare & Medicaid Services and its predecessor organization, the Health Care Financing Administration, have implemented Medicare fee for service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, the contractor shall identify Medicare demonstration projects/code that are not active. CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient. This change request is subsequent to CR9325.

**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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1837	Date: April 28, 2017	Change Request: 10019
-------------	-------------------	----------------------	-----------------------

**SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System (Analysis Only)**

**EFFECTIVE DATE: October 1, 2017**

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

**IMPLEMENTATION DATE: October 2, 2017**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services and its predecessor organization, the Health Care Financing Administration, have implemented Medicare fee for service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, the contractor shall identify Medicare demonstration projects/code that are not active. CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient.

**B. Policy:** This CR is subsequent to CR9325 (April, 2016 release).

## 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		F I S S	M C S	V M S	C W F			
10019.1	The contractor shall estimate the number of hours associated with removing/archiving demonstration codes listed in the attachment posted via eChimp.					X					IDR, NCH
10019.2	If the estimate/LOE exceeds 1000 hours, the contractor shall propose a strategy to implement the requirements over two or more quarterly releases.					X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	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.*

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

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

**V. CONTACTS**

**Pre-Implementation Contact(s):** Barb Pecoraro, 410.786.6188 or barbara.pecoraro@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.

**ATTACHMENTS: 1**

### **Medicare Demonstration Special Processing Numbers (SPN)**

SPN	Project
32	DoD Medicare Subvention Demo
33	Medical Savings Account (BBA)
34	New York Continuing Care Networks (aka Rochester and Monroe County)
35	Evercare Managed Care for Nursing Home Residents
36	SHMO I
38	Encounter Data (not a demo)
41	Clinical Trials (never assigned)
42	ESRD DM – Basic ESRD demo bundle
43	ESRD DM – Expanded ESRD demo bundle including venous access procedures
44	Homebound demo (MMA)
45	Chiropractic (MMA)
46	Vision Rehab (2004 appropriation project)
47	Flu Medication Demo
48	Home Health Adult Day Care (s. 703 of MMA)
49	Frequent Hemodialysis Network Clinical Trial
50	Anti-Cancer Colorectal Drugs during Clinical Trials
51	Clinical Lab Competitive Bidding (MMA)
56	Section 3113 ACA – Lab demo