

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 186	Date: November 22, 2017
	Change Request 10343

Transmittal 185, dated November 3, 2017, is being rescinded and replaced by Transmittal 186, dated, November 22, 2017 to change a date in paragraph two of the background section from December 31, 2010 to December 31, 2020. All other information remains the same.

SUBJECT: IVIG Demonstration: Payment Update for 2018

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to specify the payment rate for 2018 and allow for continued payments from October 1, 2017 - December 31, 2017 at the current 2017 payment rate. In addition, all edits that previously were set up to prevent payment for services rendered on/after October 1, 2017 shall be eliminated.

EFFECTIVE DATE: October 1, 2017 - Original demonstration end date was September 30, 2017. Current payment rates can continue through December 31, 2017. CR specifies new payment rate effective January 1, 2018. In addition, all claim editing in place prior to October 1, 2017 should continue on/after October 1, 2017.

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

IMPLEMENTATION DATE: January 2, 2018 - Implementation of 2018 payment rate; April 2, 2018 - Elimination of system edits tied to original demonstration end date and re-processing of claims

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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I. GENERAL INFORMATION

A. Background: The "Medicare Intravenous Immune Globulin (IVIG) Access and Strengthening Medicare and Repaying Taxpayers Act of 2012" authorizes a three year demonstration under Part B of Title XVIII of the Social Security Act to evaluate the benefits of providing payment for items and services needed for the in-home administration of IVIG for the treatment of Primary Immunodeficiency Disease (PIDD). Change Requests 8599 and 8724 specified the requirements for implementing this demonstration. Business Requirement (BR) 8599.15 specified the payment rate for the administration of IVIG under the demonstration for 2014 and BR 8599.15.1 provided for annual updates to this rate. CR 9254 established the payment rate under the demonstration for 2016 and established a recurring update notification for future years. CR 9746 established the payment rate for 2017.

In accordance with the original legislation, the demonstration was scheduled to end on September 30, 2017 and CR 9746 specified that claims for services after that date should not be paid. However, on September 28, 2017, Congress passed the Disaster Tax Relief and Airport and Airway Extension Act of 2017. Title III, section 302 of this legislation extended the IVIG demonstration through December 31, 2020. This CR authorizes the continued payment of claims for the remainder of 2017 at the current payment rate and specifies a new payment rate for services rendered in 2018. In addition, this CR specifies that any system edits related to the original demonstration termination date of September 30, 2017 should be changed to the new demonstration termination date of December 31, 2020, allowing for processing of demonstration claims for services on/after October 1, 2017 through December 31, 2020 in the same manner as before. Similarly, all processes related to uploading application files and other editing relating to demonstration eligibility as well as reporting shall remain the same as prior to the demonstration extension.

B. Policy: The payment rate for Q2052: "Services, Supplies and Accessories Used in the Home under the Medicare IVIG Demonstration" for October 1, 2017 - December 31, 2017 shall be \$354.60. This same rate was paid for services rendered January 1, 2017 - September 31, 2017. The payment rate for services rendered January 1, 2018 - December 31, 2018 shall be \$358.50.

All other policies and procedures related to processing IVIG demonstration claims shall remain the same as they were prior to the demonstration extension.

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	
10343.1	The payment rate for Q2052: Services, Supplies, and Accessories Used in the Home under the Medicare IVIG Demonstration for 2017 shall be \$354.60. This payment rate shall be applicable for dates of service from January 1, 2017 through December 31, 2017.				X					Providers
10343.2	The payment rate for Q2052: Services, Supplies, and Accessories Used in the Home under the Medicare IVIG Demonstration for 2018 shall be \$358.50.				X					Providers
10343.3	All system edits, which were previously established to prevent payment of claims for services rendered on/after October 1, 2017, shall be changed to specify a December 31, 2020 demonstration end date.				X				X	
10343.3.1	Claims processed for dates of service on/after October 1, 2017, which were not subjected to all of the appropriate eligibility edits, shall be reprocessed and claims paid/payments recouped as necessary.				X					
10343.4	Reporting of claims and editing of claims payment against established statutory limits shall continue on/after October 1, 2017 in the same manner as established in previously issued business requirements.(Noridian only as implementation support contractor)				X					Other CMS Contractor

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		
10343.5	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be				X	

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.					

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:
	see below
8599,8724,9254,9746	All other requirements as specified in CR 8599 and CR 8724 shall remain as issued. CR 9254 established the payment rate for 2016 as well as the requirement for a recurring update notification for future demonstration years. CR 9746 established the payment rate for 2017 as well as stating that no claims should be processed for services after September 30, 2017, the original end date for this demonstration. This CR authorizes payment for services on/after October 1, 2017 and establishes a new payment rate for 2018.

Section B: All other recommendations and supporting information: NA

V. CONTACTS

Pre-Implementation Contact(s): Jody Blatt, 410-786-6921 or jody.blatt@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

