CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 1983	Date: December 7, 2017				
	Change Request 10250				

Transmittal 1933, dated October 6, 2017, is being rescinded and replaced by Transmittal 1983, dated, December 7, 2017, to revise the effective and implementation dates by removing the July 2018 release, and to remove all date references in the business requirements. All other information remains the same.

SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 38, 42 and 43)

I. SUMMARY OF CHANGES: The purpose of this CR is to remove/archive obsolete Medicare demonstration project numbers from the Medicare fee-for-service (FFS) system.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

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:

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: 1983	Date: December 7, 2017	Change Request: 10250
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SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving demonstration codes 38, 42 and 43)

EFFECTIVE DATE: April 1, 2018

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IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) 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, contractors 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 CR is subsequent to CR9325 (April, 2016 release) CR10019 (October, 2017 release) and CR10171 (April, 2018 release).

B. Policy: This CR does not involve any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility												
		A/B		В Б		Shared-				Other				
		N	MAC			I System								
]		Е	E Maintainers			ers	
		A	В	Н		F	M	V	C					
				Н	M	I	C	M	W					
				Н	A	S	S	S	F					
					С	S								
10250.1	The contractor shall remove/archive demonstration					X				IDR, NCH				
	code 38 (Encounter Data).													
10250.2	The contractor shall remove/archive demonstration					X				IDR, NCH				
	code 42 (End Stage Renal Disease (ESRD DM) –													
	Basic ESRD demo bundle) and 43 (End Stage Renal													
	Disease (ESRD) DM – Expanded ESRD demo bundle													
	including venous access procedures).													
		1	l	l	l	1								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibili			ility	
			A/B		D	C
		1	MAC		M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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
38	Encounter Data (not a demo)
42	ESRD DM – Basic ESRD demo bundle
43	ESRD DM – Expanded ESRD demo bundle including venous access procedures