

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-19 Demonstrations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 108</b>	<b>Date: September 26, 2014</b>
	<b>Change Request 8849</b>

**SUBJECT: Affordable Care Act Bundled Payments for Care Improvement Initiative - Recurring File Updates Models 2 and 4 January 2015 Updates**

**I. SUMMARY OF CHANGES:** This Change Request serves to update the participating hospital files, episodes, and prospective bundled payment amounts associated with the Bundled Payments for Care Improvement initiative, Model 2 and Model 4. The number for this recurring update is R11562Q.

**EFFECTIVE DATE: January 1, 2015**

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

**IMPLEMENTATION DATE: January 5, 2015**

*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	

**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 obliged 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:**

**Demonstration**

# Attachment - Demonstration

<b>Pub. 100-19</b>	<b>Transmittal:108</b>	<b>Date: September 26, 2014</b>	<b>Change Request: 8849</b>
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## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) implements necessary file updates associated with Bundled Payments for Care Improvement Models 2 and 4. These file updates are needed in January 2015.

**B. Policy:** The loading and use of the files described here were implemented in former change requests, as referenced in the business requirements.

## 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	
8849.1	CMS shall send the initial Model 2 and Model 4 BPCI files on or after November 2, 2014 containing:  1. Participating hospitals  2. Approved MS-DRGs  3. Unrelated MS-DRGs (Model 4 only)  These files shall constitute full replacements of any files that have been formerly provided.								CMS	
8849.2	Contractors shall receive the full replacement Model 2 and Model 4 files listed in BR 1.					X	X		VDC	
8849.3	Contractors shall upload the Model 2 and Model 4 files provided via BR 1 as full replacements of the existing Model 2 and Model 4 files, and shall use them according to the dates indicated in the files where applicable.					X	X		VDC	
8849.4	Contractors shall share the full replacement Model 2 and Model 4 files listed in BR 1 with Medicare Administrative Contractors for use as reference	X				X			VDC	

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	
	documents.									
8849.5	Medicare Administrative Contractors shall receive the files shared by FISS and use them as reference documents.	X								

### 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		
	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):** Adam Conway, 410-786-2455 or adam.conway@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: 0**