

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 146	Date: April 29, 2016
	Change Request 9341

Transmittal 139, dated February 11, 2016, is being rescinded and replaced by Transmittal 146 dated April 29, 2016 to specify that \$160 is the base rate for the MEOS payments in the second paragraphs of the Background and Policy sections; to further specify in the first paragraph of the Policy section that this CR will only address G9678 payments and that program recoupments and performance-based payments will be addressed in a separate CR; to update the start of the performance period from April to July 2016 in the third paragraph of the Policy section; to specify in the fourth paragraph of the Policy section that OCM participating practices may bill other care management services for beneficiaries not attributed to the model; to add sequestration to the list of example penalties and payment adjustments G9678 will be subject to in paragraph 5 of the Policy section; to update the description of G9678 in the Policy section; to extend the dates of service to which G9678 will be excepted to June 30, 2021 in BR9341.1; and to update the date that the first participate file update will be available in BR 9341.2.3 to on or around May 15, 2016. All other information remains the same.

SUBJECT: Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation

I. SUMMARY OF CHANGES: This change request (CR) is for the purpose of establishing the necessary systems' changes to implement the Monthly Enhanced Oncology Services (MEOS) Payments for the Oncology Care Model.

EFFECTIVE DATE: April 1, 2016

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

IMPLEMENTATION DATE: April 4, 2016

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:

Demonstrations

Interface Control Document

Attachment - Demonstrations

Pub. 100-19	Transmittal: 146	Date: April 29, 2016	Change Request: 9341
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SUBJECT: Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) Payment Implementation

EFFECTIVE DATE: April 1, 2016

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

IMPLEMENTATION DATE: April 4, 2016

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for the Centers for Medicare and Medicaid Services (CMS) to create system specifications that will successfully implement the monthly enhanced oncology services (MEOS) payment for the Oncology Care Model (OCM).

OCM is a 5-year model intended to utilize appropriately aligned financial incentives to improve care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy. OCM encourages participating practices to improve care and lower costs through a model that incorporates a MEOS payment and episode-based payments. The Innovation Center expects that these improvements will result in better care, smarter spending, and healthier people. Practitioners in OCM are expected to rely on the most current medical evidence and shared decision-making with beneficiaries to inform their recommendation about whether a beneficiary should receive chemotherapy treatment. OCM provides an incentive to participating physician practices to comprehensively and appropriately address the complex care needs of the beneficiary population receiving chemotherapy treatment, and heighten the focus on furnishing services that specifically improve the patient experience and/or health outcomes.

Practices that participate in OCM may receive MEOS payments of \$160 (base rate) per beneficiary for care management and related practice transformation.

B. Policy: OCM is an episode-based payment model targeting chemotherapy treatment and the spectrum of care provided to beneficiaries receiving chemotherapy. Participants will be physician practices that furnish chemotherapy treatments. OCM incorporates a two-part payment approach to provide financial support for participants to transform their practices, including a monthly MEOS care management payment for participating Medicare Fee-for-Service (FFS) beneficiaries and a retrospective performance-based payment. Both payments will be in addition to the services the physician provides and bills to Medicare FFS. This CR focuses only on the MEOS (G9678) payment. Details regarding MEOS recoupment will be addressed in a separate CR, as will the OCM performance-based payment and its processing.

The OCM MEOS payment is a base rate of \$160. It will not change over the course of the model or differ based on site of service. Participating practitioners and group practices will bill the MEOS G code (G9678) for each OCM beneficiary. In cases where the OCM participant is a hospital or provider-based clinic, G9678 full payments will only be made to the professional component. There will be no institutional component. OCM providers will receive guidance on MEOS billing rules, and the IOCE shall reject any MEOS claims billed to the institutional component

Prior to the start of the model performance period in July 2016, and quarterly thereafter, CMS will email CMS contractors to notify them that the updated list of OCM practices and practitioners is available in the CMS mainframe. Only these practitioners will be eligible to bill G9678. CMS contractors will not receive a list of participating beneficiaries, as the participating practitioners are eligible to bill the code for any beneficiary they believe is eligible for the model and attributed to their practice.

Eligible practitioners may bill the MEOS G code once per calendar month per beneficiary. Participating practitioners will be ineligible to bill a range of other care management services (see Appendix A) and the MEOS G code for the same beneficiary during the same month. Non-OCM practitioners could continue to bill any of these care management services for an OCM beneficiary, including during months when OCM practices are billing the MEOS. Additionally, OCM practitioners providing care management services to an OCM beneficiary, but to whom the beneficiary is not attributed in the model, may also bill for any of these care management services for that beneficiary, including the months when another OCM practice is billing the MEOS.

Coinsurance and deductible payments by beneficiaries will not apply to G9678. G9678 will be subject to Medicare penalties and payment adjustments (e.g. sequestration, VBM, EHR Incentive Program, PQRS reporting, etc.). G9678 will not be subject to GPCI or budget neutrality adjustments.

CMS will review the paid claims for G9678 and monitor for overpayment. On a semi-annual basis, the Innovation Center will submit to the MACs a list of G9678 and other non-MEOS services provided in Appendix A payments that need to be recouped from participating practices. These overpayments must be reprocessed and recouped, this process will be handled in a separate change request.

NOTE: A new HCPCS code,

G9678 – Oncology Care Model (OCM) Monthly Enhanced Oncology Services (MEOS) payment for OCM Enhanced Services. G9678 payments may only be made to OCM Practitioners for OCM Beneficiaries for the furnishment of Enhanced Services as defined in the OCM Participation Agreement.

Short Descriptor: Oncology Care Model service

has been created for this demonstration. It will be effective April 1, 2016. Code G9678 will be in the April 2016 Medicare Physician Fee Schedule Database (MPFSDB). G9678 will be allowed at a base rate of \$160

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	service greater than one (1).									
9341.1.7. 1	Contractors shall use the following messages for detail lines denied in BR 9341.1.7 CARC 119 - Benefit maximum for this time period or occurrence has been reached. RARC N362 - The number of Days or Units of Service exceeds our acceptable maximum. Group Code: CO (Contractual Obligation)		X							
9341.1.8	Contractors shall return as unprocessable any detail line containing the MEOS service in which the from date does not equal the through date.		X							
9341.1.8. 1	Contractors shall use the following messages for detail lines denied in BR 9341.1.8: CARC 152 - Payer deems the information submitted does not support this length of service. RARC N640 - Exceeds number/frequency approved/allowed within time period. Group Code: CO (Contractual Obligation)		X							
9341.1.9	CWF shall confirm that the beneficiary at the time of the MEOS service was enrolled in both Medicare Parts A and B and is not eligible through ESRD.								X	
9341.1.9. 1	Contractors shall deny detail lines that do not meet the eligibility requirements in BR 1.9.		X							
9341.1.9. 1.1	Contractors shall use the following messages for detail lines denied in BR 9341.1.9.1: CARC 177 - Patient has not met the required eligibility requirements. Group Code: CO (Contractual Obligation) MSN 60.4 - This claim is being processed under a demonstration project.		X							

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		M A C	F I S S	M C S	V M S		C W F
	<p>The Participant File will contain the following fields:</p> <ul style="list-style-type: none"> • Payment Model ID – Alphanumeric, 3 positions Model ID will equal 'OCM-DTL' • Tax ID Number (TIN) – Numeric, 9 positions. • OCM Participant ID, Alphanumeric, 9 positions • NPI – Alphanumeric, 10 positions. • Effective Date of Participation – Numeric, 8 positions, in MMDDCCYY format. • End Date of Participation – Numeric, 8 positions, in MMDDCCYY format. • Status – Alphanumeric, 1 position. 										
9341.2.1	CMS shall inform contractors and CWF of the availability of the test Participant File via email on or around December 3, 2015.										CMS
9341.2.1.1	Upon receipt of notification from CMS, VDC and CWF shall download and test the test Participant File.									X	VDC
9341.2.1.2	<p>MCS shall send error/response file via EFT acknowledging receipt of the test Participant File.</p> <p>Note: The notification error/response file shall report indicate any outstanding issues related to the file transfer (if applicable).</p> <p>Ex: Invalid date, invalid TIN, etc.</p>						X				VDC
9341.2.2	CMS shall inform contractors of the availability of the first production Participant File via email on or around January 29, 2016.										CMS
9341.2.2.1	Upon receipt of notification from CMS, VDC and CWF shall download and install the production Participant File for the April 2016 release.									X	VDC
9341.2.2.2	MCS shall send error/response file via EFT acknowledging receipt of the first production						X				VDC

Number	Requirement	Responsibility									
		A/B MAC		H H H	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		
9341.6	Contractors shall apply all Value Based Modifier (VBM), Physician Quality Reporting System (PQRS) and Electronic Health Records (EHR) adjustments to the MEOS service payment.		X								

III. PROVIDER EDUCATION TABLE

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

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): Ian Kramer, 410-786-5777 or ian.kramer@cms.hhs.gov , Laura Mortimer, 410-786-1306 or laura.mortimer@cms.hhs.gov (For policy inquiries)

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: 2

Oncology Care Model (OCM) Participant File Interface Control Document (ICD)

Version 1.0

11/25/2015

Version History

Version	Date	Organization/POC	Description of Changes
1.0	11/25/2015	MCS	Initial draft for Oncology Care Model (OCM) Participant File and Response File.
1.0	12/2/2015	ARC	Added OCM Participant ID to the incoming file detail record and the response file detail record.
1.0	12/2/2015	MCS	Increased incoming and response file length to 70 and added narrative describing MCS actions with the OCM Participant ID.

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1 Introduction

This Interface Control Document (ICD) specifies interface requirements for the Oncology Care Model (OCM) Participant file that ARC will create for processing in the MCS system and the subsequent Response file that MCS will create to provide ARC with the status results of how the file was processed.

2 ICD Overview

ARC sends the OCM Participant file with the following information to the MCS at Hewlett Packard Enterprise (HPE) Virtual Data Center (VDC):

1. OCM Participant File Header record
2. OCM Participant File Detail records
3. OCM Participant File Trailer record

ARC receives the OCM Participant Response file with the following information from the MCS:

1. OCM Participant Response File Header record
 2. OCM Participant Response Detail records
 3. OCM Participant Response File Trailer record
-

3 Detailed Interface Requirements

This section describes detailed interface requirements.

3.1 OCM Participant File and Response File

3.1.1 File Format and Characteristics

- The files are fixed-length format.
- The OCM Participant File is a Full file replacement.
- ARC will edit/validate rendering NPIs in the participant file before sending to MCS
- MCS will flag any TIN errors in response file to ARC, but will not reject the entire file due to single NPI/TIN errors
- MCS will edit file for format and validate dates
- Effective date should remain the same for an NPI during performance period (assuming he/she does not leave the practice and then return)
- End date should be last day of model (TBA), or the day provider leaves a practice (as reported to OCM)
 - Providers may bill MEOS on the end date, but not after
- Status field is included in the format for possible future use, but at this time the only acceptable value will be spaces. A detail record will return an error response code if any value other than spaces is encountered at this point in time.

3.1.2 File Layout

Each OCM Participant file and Response file has a header, record details, and trailer as described in the tables below.

3.1.2.1 Field/Element Definitions

The tables below briefly describe an OCM Participant file transaction from ARC and a Response file from MCS. The description column describes the basic file elements. The response file contains exact field values provided by the OCM Participant file with the addition of a response code.

Table 1: OCM Participant File Header Record

Data Field	Start Position	End Position	Length	Format	Description
Record Identifier	1	7	7	ALPHA- NUM	Record indicator which identifies the line entry as Header information for the OCM Participation file. Value: ' OCM-HDR '
File Creation Date	8	15	8	NUM	Date the file was created. Date Format: CCYYMMDD
Filler	16	70	55	ALPHA- NUM	Unused area. Fill with spaces

Table 2: OCM Participant File Detail Record

Data Field	Start Position	End Position	Length	Format	Description
Record Identifier	1	7	7	ALPHA- NUM	Record indicator which identifies the line entry as record Detail information for the OCM Participation file. Value: ' OCM-DTL '
OCM Participant ID	8	16	9	ALPHA- NUM	ARC Internal OCM Participant ID Number. Expected format will be OCM-#####.
TIN	17	25	9	NUM	Tax ID Number
NPI	26	35	10	NUM	National Provider Identifier
Effective Date	36	43	8	NUM	OCM Participation Effective Date for the TIN/NPI Date Format: MMDDCCYY
End Date	44	51	8	NUM	OCM Participation End Date for the TIN/NPI Date Format: MMDDCCYY
Status	52	52	1	ALPHA- NUM	Record Status (for future use) Values are: Space
Filler	53	70	18	ALPHA- NUM	Unused area. Fill with spaces

Table 3: OCM Participant File Trailer Record

Data Field	Start Position	End Position	Length	Format	Description
Record Identifier	1	7	7	ALPHA- NUM	Record indicator which identifies the line entry as Trailer information for the OCM Participation file. Value: ' OCM-TRL '
Detail Record Count	8	17	10	NUM	Number of Detail Records sent on the OCM Participant file.
Filler	18	70	53	ALPHA- NUM	Unused area. Fill with spaces

Table 4: OCM Participant Response File Header

Data Field	Start Position	End Position	Length	Format	Description
Record Identifier	1	7	7	ALPHA- NUM	Exactly as received on OCM Participation File
Header Level Response Code	8	9	2	NUM	Response code indicating if the OCM Participation Header record was processed successfully or not.
File Creation Date	10	17	8	NUM	Exactly as received on OCM Participation File
Filler	18	70	53	ALPHA- NUM	Unused area. Fill with spaces

Table 5: OCM Participant Response File Detail

Data Field	Start Position	End Position	Length	Format	Description
Record Identifier	1	7	7	ALPHA- NUM	Exactly as received on OCM Participation File

Detail Level Response Code	8	9	2	NUM	Response code indicating if the OCM Participation detail record was processed successfully or not.
OCM Participant ID	10	18	9	ALPHA- NUM	Exactly as received on OCM Participation File
TIN	19	27	9	NUM	Exactly as received on OCM Participation File
NPI	28	37	10	NUM	Exactly as received on OCM Participation File
Effective Date	38	45	8	NUM	Exactly as received on OCM Participation File
End Date	46	53	8	NUM	Exactly as received on OCM Participation File
Status	54	54	1	ALPHA- NUM	Exactly as received on OCM Participation File
Filler	55	70	16	ALPHA- NUM	Unused area. Fill with spaces

Table 6: OCM Participant Response File Trailer

Data Field	Start Position	End Position	Length	Format	Description
Record Identifier	1	7	7	ALPHA- NUM	Exactly as received on OCM Participation File
Trailer Level Response Code	8	9	2	NUM	Response code indicating if the OCM Participation file was processed successfully or not.
Detail Record Count	10	19	10	NUM	Exactly as received on OCM Participation File
Filler	20	70	51	ALPHA- NUM	Unused area. Fill with spaces

3.1.3 File Processing

3.1.3.1 Header Record

The MCS will review the header record of the OCM Participant file. Any detected error will cause the file to be rejected. A missing header record will also cause the file to be deleted.

3.1.3.2 Detail Record

Each detail record will be independently reviewed. If no errors are detected, MCS will assign a response code indicating it was successfully processed. The first error detected will stop the review of a detail record and the applicable error code noted in the response file. The remainder of the record will not be validated.

The MCS will check the TIN to determine if it is found in the RRB national provider file. If the TIN is not found, MCS will return an error code indicating a match was not found but will not reject the detail record if no other errors are detected.

The MCS will not validate the data sent in the OCM Participant ID field nor will it load the data into the MCS. Data sent on the OCM Participant file will be returned via the MCS response file as it was received.

3.1.3.3 Trailer Record

The MCS will review the trailer record of the OCM Participant file. Any detected error will cause the file to be rejected. A missing trailer record will also cause the file to be deleted.

Appendix A: Response Codes and Explanations

The following table lists the Response/Error codes to be provided by MCS upon validation of OCM Participant files sent from ARC.

Note: Header or Trailer errors will cause the entire file to be rejected during MCS processing.

Detail record errors will only cause those individual records to be rejected, allowing other successfully processed detail records to be accepted.

Code	Description	Explanation
00	Success	The record was processed successfully.
01	Header Record Missing	The Header record is missing or is not the first record in the file.
02	Invalid Record ID	The Record ID is not one of the following: OCM-HDR, OCM-DTL, or OCM-TRL.
03	TIN Error	The TIN is not Numeric
04	TIN Not Found	Record is accepted but TIN was not found on the MCS RRB national provider file.
05	NPI Error	The NPI is not Numeric
06	Effective Date Error	The Effective Date is not a valid date
07	End Date Error	The End Date is not a valid date
08	Record Status Error	The Record Status is a value other than spaces
09	Trailer Record Count Error	The error occurs when the Trailer record count does not equal the number of Detail records. (or) The trailer record is located before the end of the file. (or) There is a header and trailer, but no detail records.
10	Trailer Record Missing	The Trailer record is missing

Appendix A:

List of services which conflict with the PBPM service:

99490	Chron care mgmt srvc 20 min
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99374	Home health care supervision
99375	Home health care supervision
99377	Hospice care supervision
99378	Hospice care supervision
90951	Esrdserv 4 visits p mo <2yr
90952	Esrdserv 2-3 vsts p mo <2yr
90953	Esrdserv 1 visit p mo <2yrs
90954	Esrdserv 4 vsts p mo 2-11
90955	Esrdsrv 2-3 vsts p mo 2-11
90956	Esrdsrv 1 visit p mo 2-11
90957	Esrdsrv 4 vsts p mo 12-19
90958	Esrdsrv 2-3 vsts p mo 12-19
90959	Esrdserv 1 vst p mo 12-19
90960	Esrdsrv 4 visits p mo 20+
90961	Esrdsrv 2-3 vsts p mo 20+
90962	Esrdserv 1 visit p mo 20+
90963	Esrds home pt serv p mo <2yrs
90964	Esrds home pt serv p mo 2-11
90965	Esrds home pt serv p mo 12-19
90966	Esrds home pt serv p mo 20+

90967	Esrđ home pt serv p day <2
90968	Esrđ home pt srv p day 2-11
90969	Esrđ home pt srv p day 12-19
90970	Esrđ home pt serv p day 20+