

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 157	Date: October 6, 2016
	Change Request 9702

Transmittal 152, dated August, 12, 2016, is being rescinded and replaced by Transmittal 157 dated October 6, 2016 to remove DEMO code 54 from requirement 1. All other information remains the same.

SUBJECT: Shared System Enhancement 2015: Archive/Remove Inactive Medicare Demonstration Projects

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 and hybrid delivery systems, alternative payment structures and health care delivery systems to achieve value based purchasing, health promotion and disease prevention activities for Medicare beneficiaries, the examination of payment and delivery systems of FFS in acute and long term care, and expanded access and develop infrastructure in underserved areas (rural/inner city areas) or populations with special needs or chronic conditions.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration projects/code that are no longer active. CMS is requesting that contractors archive/remove Medicare demonstration projects/code that are no longer active.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: January 3, 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.

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

Pub. 100-19	Transmittal: 157	Date: October 6, 2016	Change Request: 9702
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SUBJECT: Shared System Enhancement 2015: Archive/Remove Inactive Medicare Demonstration Projects

EFFECTIVE DATE: January 1, 2017

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IMPLEMENTATION DATE: January 3, 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 and hybrid delivery systems, alternative payment structures and health care delivery systems to achieve value based purchasing, health promotion and disease prevention activities for Medicare beneficiaries, the examination of payment and delivery systems of FFS in acute and long term care, and expanded access and develop infrastructure in underserved areas (rural/inner city areas) or populations with special needs or chronic conditions.

Since some Medicare demonstration projects no longer serve a business need and claims processing for the demonstration is complete, CMS is requesting that contractors archive/remove Medicare demonstration projects/code that are no longer active. CMS believes archiving obsolete Medicare demonstration projects/code will reduce system complexity and make future maintenance efforts more efficient. This Change Request is a subsequent Change Request to Analysis CR9325 (July, 2016 Release). The removal of obsolete demonstration codes are being removed incrementally with this Change Request and future Change Requests.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C	I C M W	S S S F		
9702.1	Contractor shall archive/remove obsolete/inactive demonstration project codes 51 (Clinical Lab Competitive Bidding (MMA) and 56 (Section 3113 ACA - Lab demonstration).on the attached table located via eChimp. Subsequent change requests will						X			HIGLAS, IDR

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	
	be written to archive/remove additional demonstration codes in future releases.									
9702.2	Demo 51 (Lab Demo Zone) has a claim field that will become obsolete when MCS removes demo code 51. This field is currently passed to IDR; therefore, the IDR shall remove this field from their processing.								IDR	

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:

"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): 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
51	Clinical Lab Competitive Bidding (MMA)
56	Section 3113 ACA – Lab demo