

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1763	Date: December 16, 2016
	Change Request 9568

Transmittal 1683, dated July 21, 2016, is being rescinded and replaced by Transmittal 1763, dated December 16, 2016, to update business requirement 9568. 1.5.2.3 to specify the TIN should not be blank. The requirement originally indicated the TIN should be blank. All other information remains the same.

SUBJECT: Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits

I. SUMMARY OF CHANGES: This CR is to allow the processing of Skilled Nursing Facility (SNF) claims without having to meet the 3-day hospital stay requirement for a select number of facilities that have a relationship with a Shared Savings Program (SSP) ACO.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: October 3, 2016 - Split over October 2016 and January 2017. Full implementation is in January 2017.; January 3, 2017 - Split over October 2016 and January 2017. Full implementation is in January 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	

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

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SUBJECT: Shared Savings Program (SSP) Accountable Care Organization (ACO) Qualifying Stay Edits

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: October 3, 2016 - Split over October 2016 and January 2017. Full implementation is in January 2017.; January 3, 2017 - Split over October 2016 and January 2017. Full implementation is in January 2017.

I. GENERAL INFORMATION

A. Background: The Medicare SNF benefit is for beneficiaries who require a short-term intensive stay in a SNF, requiring skilled nursing and/or rehabilitation care. Pursuant to section 1861(i) of the Social Security Act, beneficiaries must have a prior inpatient hospital stay of no fewer than three consecutive days in order to be eligible for Medicare coverage of inpatient SNF care. This has become known as the SNF 3-day rule.

CMS understands that – in certain circumstances – it could be medically appropriate for some patients to receive skilled nursing care and or rehabilitation services provided at SNFs without prior hospitalization or with an inpatient hospital length of stay of less than 3 days. Currently, in the context of the Medicare Advantage program, a Medicare Advantage (MA) organization can elect to cover a SNF stay without requiring a 3-day prior hospitalization – and nearly all do. In CY 2013, 96.1% of plans representing 95.8% of expected enrollees have the SNF waiver. The capitated payment system under the MA program provides an incentive for MA plans to provide such coverage only when it is expected to reduce total cost of care, and also to ensure that stays are only extended for the time needed for an "acute care" episode.

While the financial incentive to control total cost of care in a shared savings model is not as great as in a capitated model, all Medicare Shared Savings Program ACOs qualified to use the waiver are at significant financial risk for exceeding their expenditure benchmarks and are clearly focused on reducing total cost of care.

The Medicare Shared Savings Program payment incentives and care delivery rules are designed to enable its ACO participants and the Medicare Trust Fund to improve the quality of care while reducing the rate of growth in expenditures. Given these conditions and the strong monitoring and evaluation components of the Shared Savings Program, CMS has decided that a tailored waiver of the SNF 3-day rule will enable certain qualified Shared Savings Program ACOs to select the most appropriate care delivery site for a subset of SNF-eligible beneficiaries while reducing expenditures through care improvement.

Section 3022 of the Affordable Care Act amended Title XVIII of the Act by adding new section 1899 to establish the Medicare Shared Savings Program. Under section 1899(f), the Secretary is permitted to waive “such requirements of...title XVIII of this Act as may be necessary to carry out the provisions of this section.” Within this statutory context, CMS proposed and finalized through rulemaking (80 FR 32692) a waiver of the prior 3-day inpatient hospitalization requirement in order to provide Medicare SNF coverage when certain beneficiaries assigned to Shared Savings Program ACOs in Track 3 are admitted to designated SNF affiliates either directly or after fewer than 3 inpatient hospital days, starting in January, 2017. The waiver will be available for Shared Savings Program ACOs in Track 3 that demonstrate the capacity and infrastructure to identify and manage patients who would be either directly admitted to a SNF or admitted to a SNF after an inpatient hospital stay of fewer than three days, for services otherwise covered under the Medicare SNF benefit. Beneficiaries with certain characteristics who are assigned to a Shared Savings Program ACO could be admitted to qualifying SNF affiliates, based upon the referral of a treating physician who is an ACO Provider/Supplier. All other requirements for the Medicare SNF benefit will remain unchanged.

B. Policy: Using statutory waiver authority, CMS has finalized a waiver of the SNF 3-day rule to provide additional flexibilities under the Shared Savings Program that encourage ACO participation in performance-based risk arrangements. This waiver is only available to ACOs participating in Track 3 that take on risk for both savings and losses.

Through this CR, CMS will reimburse a subset of SNF affiliates, identified by and working closely with the Track 3 Shared Savings Program ACOs, for the Medicare SNF benefit without the required 3 day in-patient hospitalization for beneficiaries that are prospectively assigned to the Track 3 ACO.

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		
9568.1	Contractors shall be prepared to accept and implement					X					VDCs, VDCs

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	
	a full file replacement of the SSP ACO Provider SNF Waiver file as received from the component's Program Analysis Contractor (PAC) through EFT for each performance year on an annual basis. [Note: The transmission will occur approximately the same time every year. If no changes are required, no file will be sent. The SSP ACO SNF File will be sent annually, but intermittent updates could be sent as often as weekly.]										
9568.1.1	Contractors shall maintain the files as modified throughout the year in order to appropriately process claims per date of service.					X					VDCs
9568.1.2	Contractors shall be prepared to accept and implement weekly full file replacement updates to the annual SSP ACO Provider SNF Waiver file as received via EFT. [Note: A SNF can be associated with more than one SSP ACO at a time. A SNF and SSP ACO may elect to end their relationship during the year.] [Note: The transmission will occur approximately the same time each week.]					X					VDCs
9568.1.3	Contractors shall be prepared to receive and process an SSP ACO Provider SNF Waiver test file in August 2016 through the EFT process.					X					VDCs
9568.1.4	Contractors shall be prepared to accept the SSP ACO Provider SNF Waiver file (see attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD for full layout).					X					VDCs
9568.1.5	The SSMs shall validate the fields on the SSP ACO Provider SNF Waiver file as directed.					X					
9568.1.5.1	The SSMs shall validate the header record.					X					
9568.1.5.1.1	The SSMs shall validate that a header record exists.					X					
9568.1.5.1.2	The SSMs shall validate the Record Identifier to ensure it is 'HDR_SNF.'					X					

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	
9568.1.5.1.3	The SSMs shall validate the File Creation Date to ensure it is in a valid CCYYMMDD format.					X			
9568.1.5.1.4	The SSMs shall validate the File Creation Date to ensure it is no more than 15 days prior to and not later than the current processing date.					X			
9568.1.5.2	The SSMs shall validate the detail records.					X			
9568.1.5.2.1	The SSMs shall validate the Record Identifier to ensure it is 'DTL_SNF.'					X			
9568.1.5.2.2	The SSMs shall validate the SSP ACO Identifier to ensure it begins with an 'A' and is followed by four (4) digits.					X			
9568.1.5.2.3	The SSMs shall validate the Participating TIN to ensure it is not blank.					X			
9568.1.5.2.4	The SSMs shall validate the CCN to ensure it is six (6) characters (alphanumeric).					X			
9568.1.5.2.5	The SSM shall ensure the Effective Start Date is in a valid CCYYMMDD format.					X			
9568.1.5.2.6	The SSMs shall ensure the Effective Start Date is not before '20170101.'					X			
9568.1.5.2.7	The SSMs shall ensure the Effective Start Date is before the Effective End Date.					X			
9568.1.5.2.8	The SSM shall ensure the Effective End Date is in a valid CCYYMMDD format. [Note: a date of '99991231' is valid as it denotes that a SNF is currently associated with the SSP ACO.]					X			
9568.1.5.3	The SSM shall validate the trailer record.					X			
9568.1.5.3.1	The SSM shall validate that a trailer record exists.					X			
9568.1.5.	The SSM shall validate the Record Identifier to ensure					X			

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		
3.2	it is 'TRL_SNF.'										
9568.1.5. 3.3	The SSM shall validate the File Creation Date to ensure it is in a valid CCYYMMDD format.					X					
9568.1.5. 3.4	The SSM shall validate the File Creation Date is the same as the File Creation Date on the header record.					X					
9568.1.5. 3.5	The SSM shall validate the Number of Detail Records to ensure it is the same as the actual count of detail records within the file.					X					
9568.1.5. 3.6	The SSMs shall produce a response file upon receipt and validation of the SSP ACO Provider SNF Waiver test and final files notifying the PAC that the file was processed successfully or that errors were encountered. [Note: It is not necessary for the SSMs to provide a report comparing the existing data and the new data.] Error/response codes list in requirement 9568.1.5.3.6.3.					X					
9568.1.5. 3.6.1	The SSMs shall produce a header level response file as defined in the interface control document (see attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD for full layout).					X					
9568.1.5. 3.6.2	The SSM shall produce a response file that indicates the entire file was processed and contained no errors if no validation errors were encountered.					X					
9568.1.5. 3.6.3	The SSM shall produce a record detail response file as defined in the ICD providing response/error codes indicating specific records and fields that did not pass the validation checks using the defined error codes listed, if validation errors are encountered (see attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD for full layout).					X					
9568.1.5. 3.6.4	The SSM shall validate ALL fields within a record and list all errors, separately, in the response file.					X					
9568.1.5.	The SSM shall ensure the fields in the Header of the					X					

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		
	errors, if no validation errors were encountered.										
9568.2.6.4	The SSM shall produce a record detail response file as defined in the ICD providing response/error codes indicating specific records and fields that did not pass the validation checks using the defined error codes listed, if validation errors are encountered (see attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD for full layout).										X
9568.2.6.5	The SSMs shall ensure the fields in the Header of the Response File are the same as was in the file received, including the File Creation Date.										X
9568.2.6.6	VDCs shall send the response file directly to the SSP ACO Operational System (ACO-OS) through EFT.										VDCs
9568.3	<p>For institutional claims, the SSMs shall bypass all qualifying stay edits, including span code 70, and set the Demonstration Number field on the transmit record to CWF to "77," for claims that meet the following conditions:</p> <ol style="list-style-type: none"> 1. The Received Date on the claim is on or after 1/1 of the calendar year indicated on the claim's from date; AND, 2. The CCN (first 6 digits) found on the claim are included on the SSP ACO SNF file; AND, 3. The beneficiary HICN found on the claim is included on the SSP ACO Beneficiary file; AND, 4. The from date on the date of service on the claim falls within the effective start date and effective end date of the SSP SNF on the SSP ACO SNF file; AND, 5. The from date on the date of service on the claim is on or after the effective start date and on or before 90 days after the effective end date of the SSP beneficiary on the SSP ACO Beneficiary file; AND, 					X					

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		
	6. The SSP ACO Identifier of the SNF is the same as the SSP ACO Identifier of the Beneficiary. [note: a SNF may be associated with more than one SSP ACO Identifier]										
9568.4	When applying demo code '77' to a claim with another demo code, the SSMs shall assign the other demonstration code to the first occurrence and demo code '77' to any other occurrence, for transmission to CWF. [Note: Demonstration Code '77' may appear in the first occurrence if no other demo codes are present.]					X					
9568.5	CWF shall allow the SNF or SB PPS claim to process and bypass all qualifying stay checks, if the transmit record contains Demo Code '77', in any of the demo code fields and not just the first occurrence.									X	
9568.5.1	CWF shall look for the SSP SNF Demo Code of 77 in all of the demo code fields on the transmit record, not just the first occurrence.									X	
9568.6	CWF shall allow new DEMO Code '77' in any of the four DEMO Code fields and pass to IDR and NCH.									X	IDR, NCH
9568.7	For institutional claims, the SSMs shall bypass all qualifying stay edits, including span code 70, and set the Demonstration Number field to "77" on the claim record, if the following conditions are met: 1. The Received Date on the claim is on or after 1/1 of the calendar year indicated on the claim's from date; AND, 2. The CCN (first 6 digits) found on the claim are included on the SSP ACO SNF file; AND, 3. The beneficiary HICN found on the claim is included on the SSP Beneficiary file; AND, 4. The from date on the date of service on the claim					X					

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	
	<p>falls within the effective start date and effective end date of the SSP SNF on the SSP ACO SNF file; AND,</p> <p>5. The from date on the date of service on the claim is on or after the effective start date and on or before 90 days after the effective end date of the SSP beneficiary on the SSP ACO Beneficiary file; AND,</p> <p>6. The SSP ACO Identifier of the SNF is the same as the SSP ACO Identifier of the Beneficiary. [note: a SNF may be associated with more than one SSP ACO Identifier]</p>										
9568.8	<p>For institutional adjustment claims initiated by the MACs or unsolicited automatically by the system, the SSMs shall bypass all qualifying stay edits, including span code 70, and set the Demonstration Number field on the claim record and transmit record to CWF to "77," for claims that meet the following conditions</p> <p>1. The from date on the date of service on the claim is on or after 01/01/2017; AND,</p> <p>2. The CCN (first 6 digits) found on the claim are included on the SSP ACO SNF file; AND,</p> <p>3. the beneficiary HICN found on the claim is included on the SSP ACO Beneficiary file; AND,</p> <p>4. the from date on the date of service on the claim falls within the effective start date and effective end date of the SSP SNF on the SSP ACO SNF file; AND,</p> <p>5. The from date on the date of service on the claim is on or after the effective start date and on or before 90 days after the effective end date of the SSP beneficiary on the SSP ACO Beneficiary file; AND,</p> <p>6. The SSP ACO Identifier of the SNF is the same as the SSP ACO Identifier of the Beneficiary. [note: a SNF may be associated with more than one SSP ACO Identifier]</p>				X						

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	
9568.9	For institutional provider submitted adjustments (bill type xx7), the SSMs shall automatically append Demonstration Code 77 when present on the original claim.					X			
9568.10	The SSM shall make the files visually available to the MACs for testing and help desk questions.					X			
9568.10.1	FISS shall create an online report or view allowing the MACs to view the contents of the SSP Provider File.					X			
9568.10.2	FISS shall create an online report or view allowing the MACs to view the contents of the SSP Beneficiary File.					X			
9568.11	MACs shall perform user acceptance testing to validate end to end process as described in this CR.	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	Other
		A	B	H H H		
9568.12	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 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	X				

Number	Requirement	Responsibility			
		A/B MAC			D M E
		A	B	H H H	
	program correctly.				M A C

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:
9568.1.5.3.6.1	See attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD.pdf to further define the file layout.
9568.1.5.3.6.3	See attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD.pdf to further define the file layout.
9568.2.6.1	See attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD.pdf to further define the file layout.
9568.2.6.4	See attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD.pdf to further define the file layout.
9568.2.4	See attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD.pdf to further define the file layout.
9568.1.4	See attachment titled NGC_ACO-OS_SSP_FFS_SSM_ICD.pdf to further define the file layout.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sarah Fogler, 410-786-0000 or Sarah.Fogler@cms.hhs.gov , Kelly Gelletly, 410-786-7401 or kelly.gelletly@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



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Integrated Care Data and Applications (ICD&A)
Accountable Care Organization – Operational System
(ACO-OS)
Medicare Shared Savings Program and Fee-For-
Service (FFS) Shared System Maintainer (SSM)
Interface Control Document (ICD)

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07/07/
2016

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Prepared for:

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Approvals

The undersigned acknowledge that they have reviewed the Interface Control Document (ICD) Template and agree with the information presented within this document. Changes to this Interface Control Document (ICD) Template will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature

:

Date:

Print Name: Irina Zeydelis

Title: ACO-OS Program Manager

Role: Submitting Organization's Approving Authority

Signature

:

Date:

Print Name: Tamar Zelcer

Title: OTS/ISDDG/DND – CMS ICD&A Government Task Lead (GTL)

Role: CMS' Approving Authority

Signature

:

Date:

Print Name: John Pilotte

Title: CMM/CM/P3 – ACO Medicare Shared Savings Program

Role: CMS Business Owner

Version History

Version	Date	Organization/POC	Description of Changes
1.0	07/07/2016	Michele Galloway/NGC	September 2016 Release: ACO_0313:

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1 Introduction

This Interface Control Document (ICD) describes the relationship between the Accountable Care Organizations – Operational System (ACO-OS) and the Fee-for-Service Shared System Maintainers (FFS SSMs), and specifies the interface requirements that participating systems must meet. It describes the concept of operations for the interface, defines the message structure and protocols that govern the interchange of data, and identifies the communication paths along which the project team expects data to flow.

For each interface, the ICD provides the following information:

- A description of the data exchange format and protocol for exchange
- A general description of the interface
- Assumptions where appropriate
- Estimated size and frequency of data exchange

The ACO-OS integrates beneficiary, healthcare provider, and care organization data to provide this information to ACOs participating in the Medicare Shared Savings Program. The ACO-OS also provides a Receipt and Control Service (RACS) that moves files to and from ACO entities and partner systems that support Centers for Medicare & Medicaid (CMS). The ACO-OS helps CMS and other organizations manage, track, and report ACO data so that there is a shared understanding of the totality of care provided to beneficiaries.

In this document, the phrase “FFS SSMs” refers to the following Shared Systems:

- Common Working File (CWF)
- Fiscal Intermediary Shared System (FISS)
- Multi-Carrier System (MCS)

The CWF is comprised of nine localized databases called Hosts. Hosts maintain total beneficiary claim history and entitlement information for the beneficiaries in their jurisdiction. Each jurisdiction is a network of intermediaries and carriers (Satellites) located in a defined geographic area (sector). Each Satellite within the sector is linked to its Host via telecommunications. The Satellites transmit daily files with claims ready for payment to the Host. The Host returns approvals, rejects, or adjustments and informational trailers daily.

FISS is a single standard Medicare Part A claims processing system used to process Medicare claims related to medical care provided by hospital and hospital based providers. FISS exchanges data with Health Care Integrated General Ledger Accounting System (HIGLAS) for accounting and processing Part A claims and some Part B claims. The primary purpose of this System of Record (SOR) is to properly pay medical insurance benefits to or on behalf of entitled beneficiaries.

MCS is a single-standard Medicare Part B claims processing system used by a majority of Medicare Part B contractors to process Medicare claims related to non-hospital based physician care. MCS exchanges data with HIGLAS for accounting and processing of Part B claims.

1.1 Project Overview

CMS proposed and finalized through rulemaking (80 FR 32692) a waiver of the prior 3-day inpatient hospitalization requirement in order to provide Medicare Skilled Nursing Facility

(SNF) coverage when certain beneficiaries assigned to Shared Savings Program ACOs participating in

the Track 3 performance-based risk model are admitted to designated SNF affiliates either directly or after fewer than three inpatient hospital days, starting in January 2017. The waiver will be available for Shared Savings Program ACOs participating in Track 3 that demonstrate the capacity and infrastructure to identify and manage patients who would be either directly admitted to an SNF or admitted to a SNF after an inpatient hospital stay of fewer than three days, for services otherwise covered under the Medicare SNF benefit.

The ACO-OS will provide Shared Savings Program ACO Beneficiary information and Shared Savings Program ACO Provider Information to the FFS SSMs to support claims processing activities with respect to the SNF waiver. The beneficiary information will specifically define beneficiary relationships with the Track 3 Shared Savings Program ACO Providers; and the Provider information will specifically define the Provider relationships with the Track 3 Shared Savings ACOs that have been awarded the 3-day SNF Waiver benefit. The ACO-OS will deliver the beneficiary assignment information in the Shared Savings Program ACO Beneficiary SNF Waiver File and Provider information in the Shared Savings Program ACO Provider SNF Waiver File to the FFS SSMs.

2 Referenced Documents

The following table lists the documents referenced in creating this ICD.

Document Name	Document Number/Version	Issuance Date
ACO-OS, Pioneer Business Intelligence (BI) Report Generation Process Standard Operating Procedure (SOP)	NGC.ICDA.0301.01.0.0616	06/20/2016
Integrated Care Data & Applications (ICD&A) ACO-OS RACS System Design Document (SDD)	NGC.ICDA.1603.07.0.0616	06/13/2016
ICD&A ACO-OS, Extract, Transform, and Load (ETL) Informatica SDD	NGC.ICDA.1605.07.0.0616	06/13/2016
Change Request: 9568 - Shared Savings Program ACO Qualifying Stay Edits	Version 7	12/13/2010
ICD&A ACO-OS Functional Requirements Document (FRD)	Version 12.0	06/14/2016
Creating the SSP SNF ACO Production File for Transfer	N/A	04/05/2016
CR ACO_0313 Create ICD and Mock SSP Beneficiary and Provider Files for Fee-for-Service (FFS) Shared System Maintainers (SSM) Interface - Option 2	N/A	03/21/2016 6/17/2016 (Revised)

3 ICD Overview

This Interface Control Document (ICD) describes and tracks the necessary information required to effectively define the ACO-OS interface. The purpose of this ICD is to give the development teams guidance on the architecture of the systems to be developed, and to clearly communicate all possible inputs and outputs from the ACO-OS for all potential actions. The intended audience is the project manager, project team, development team, and stakeholders interested in interfacing with the ACO-OS.

4 Assumptions/Constraints/Risks

This section describes assumptions, constraints, and risks associated with the interface.

4.1 Assumptions

The following assumptions apply to the project:

- ACO-OS applications are maintained following the CMS on-cycle and off-cycle release plan and Remedy release plan administered by the CMS Change Management Board (CMB).
- The ACO-OS adheres to the CMS standards described in the CMS Technical Reference Architecture (TRA).
- CMS is responsible for administration of all hardware, system software, database, and connectivity in mainframe and mid-tier Informatica.
- Hardware and software architecture is functioning as required.
 - FFS SSMs' interfaces comply with specifications documented in this ICD.
- The Electronic File Transfer (EFT) software maintained by CMS Virtual Data Center (VDC) Infrastructure Enterprise Services (VIES) is in proper working condition.
- The Informatica Server Installations on the zLinux Server is configured properly and operational.
- Informatica Hardware connectivity provided by CMS for production is in a good working condition.
- Informatica Production-level connectivity is sufficient to meet anticipated volumes.

4.2 Constraints

The following constraints apply to the project:

- The interfacing systems shall adhere to the established ACO-OS operational schedule, including scheduled outages.
- The ACO-OS follows the CM plan for migrating software. The Informatica migration process needs 24 hours of written notice using the existing standard migration form.
- The interfacing systems will adhere to the security requirements that govern data exchange with CMS systems.

4.3 Risks

The following risks may impact achievement of project performance goals:

- The ACO-OS depends on enterprise databases shared among many applications. The ACO-OS must adapt to the shared databases, allowing less flexibility in terms of enhancements and design or architectural decisions.
- Unplanned changes to the shared database can negatively impact the ACO-OS. The ACO-OS requires coordination and strategic planning for maintenance.
- The ACO-OS operates within the CMS Baltimore Data Center (BDC). Therefore, in addition to the risks associated with this application, there are risks common to the CMS BDC's physical, technical, environmental, and human infrastructure system as a whole and to the General Support System (GSS) associated with the overall application. Those risks are outside the scope of this document.
- Informatica and Mainframe System Availability: If the system is down, the business processes cannot run and external partners will not receive necessary data on time.
- Shared Tables Locked by the System Owners While Their Update Processes Are Executing: If a non-owning system attempts to access a table with a committed read, database contention is possible.

5 General Interface Requirements

5.1 Interface Overview

The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver File and the Shared Savings Program ACO Provider SNF Waiver File to FFS SSM through the CMS secured EFT Sweeps process. The FFS SSM returns the Shared Savings Program ACO Beneficiary SNF Waiver Response file and the Shared Savings Program ACO Provider SNF Waiver Response file also handled by the CMS EFT process, which receives and renames files by appending a date and time to the end of the filename.

5.2 Functional Allocation

The external interfaces are the Inbound and Outbound file processes which interface through the secured EFT process and the Automated Production Control & Scheduling System (APCSS) job scheduler which controls the production jobs. The ACO-OS Operations triggers the process through APCSS. Both the Shared Savings Program ACO Beneficiary SNF Waiver File and the Shared Savings Program ACO Provider SNF Waiver File are generated and sent to ACO-OS RACS, where they are picked up in the EFT Sweeps process and sent to FFS SSM. The FFS SSM returns the Shared Savings Program ACO Beneficiary SNF Waiver Response File and the Shared Savings Program ACO Provider SNF Waiver Response File to the ACO- OS, where they are picked up in the EFT Sweeps process and sent to ACO-OS RACS.

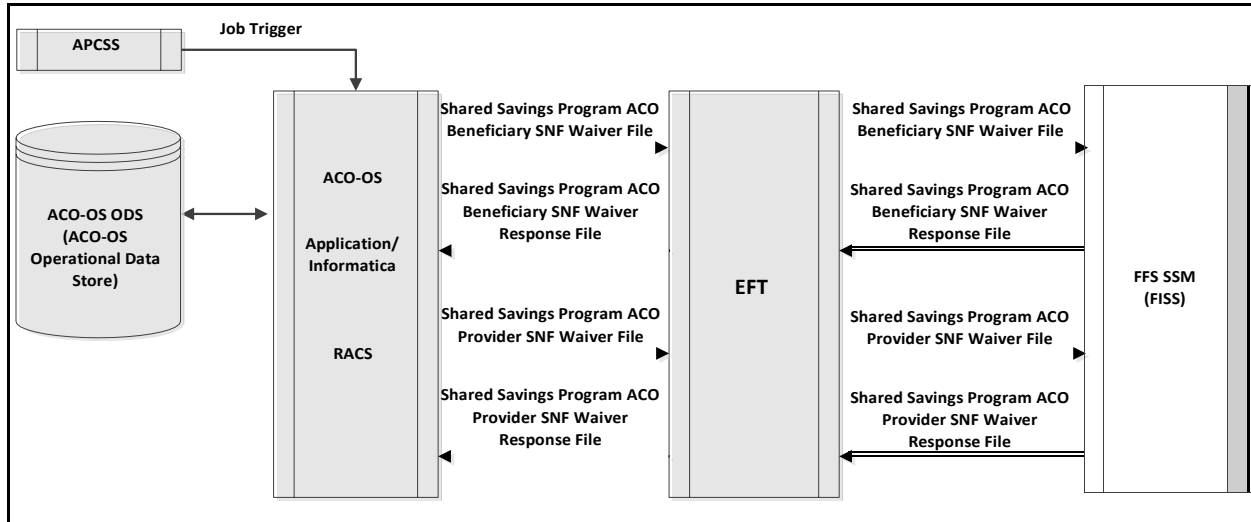
5.3 Data Transfer

The communication architecture is illustrated in [Figure 1](#).

- The ACO-OS internal communication flows from the ACO-OS Data Store (a mainframe DB2 database) to the ACO-OS Application/Informatica (on the mainframe).

- The ACO-OS internal communication flows from Informatica (on the mainframe) sending the file to RACS, with RACS thereafter sending the file through the secured EFT process.
- The file is sent to FFS SSM (located in the CMS VDC) through the secured EFT process.
- The response file is sent from FFS SSM through the secured EFT process to RACS.

Figure 1: ACO-OS to FFS SSM System Flow



5.4 Transactions

- The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver File to the FFS SSM.
- The FFS SSM sends the Shared Savings Program ACO Beneficiary Response File back to the ACO-OS for each of the files received from the ACO-OS.
- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver File to the FFS SSM.
- The FFS SSM sends the Shared Savings Program ACO Provider SNF Waiver Response File back to the ACO-OS for each of the files received from the ACO-OS.

5.5 Security and Integrity

All the components in the ACO-OS (such as DB2 Servers and Informatica Servers) reside within the CMS environment. Access and authentication to this environment is managed through CMS user credential authentication.

- File transfers from external partners to the ACO-OS and ACO-OS to CMS Partners/ACOs occur through a secured EFT Sweeps process. Refer to *CMS EFT SWEEPS* documentation for further information on secured EFT, as this file transfer does not fall within the ACO-OS boundary. Contact CMS regarding the *CMS EFT Transfer Gentran User's Guide*.

- The Resource Access Control Facility (RACF) protects access to Informatica Power Center Suite, DB2 and zLinux is explained in detail within the AC and AU family of controls in the System Security Plan.
- The Enterprise User Administration (EUA) system manages CMS User Identifiers (IDs) (RACF) which provide access to CMS information systems. The job codes for the RACF are controlled by EUA. The job codes for the given RACF ID (examples: access to Informatica Power Center Suite, access to DB2 database access to Informatica zLinux Server) shall be approved by EUA.
- The Informatica Client/Servers are configured to run the applications for the ACO account.

6 Detailed Interface Requirements

This section specifies the requirements for interfaces between ACO-OS and FFS SSM.

6.1 Requirements for Shared Savings Program ACO Beneficiary SNF Waiver File

- The ACO-OS shall send assignment information to FFS SSM for beneficiaries assigned to Track 3 Shared Savings Program ACOs that have been awarded the 3-day SNF Waiver benefit.
- The ACO-OS shall generate the Shared Savings Program ACO Beneficiary SNF Waiver File.
- The ACO-OS shall send the Shared Savings Program ACO Beneficiary SNF Waiver File quarterly on a date negotiated by the parties.
 - The ACO-OS will send an “empty” Shared Savings Program ACO Beneficiary SNF Waiver File that includes only a header and trailer and no beneficiary detail information when there are no changes to beneficiary detail information compared to the Shared Savings Program ACO Beneficiary SNF Waiver File that was delivered to FFS SSM in the prior data exchange.
- The FFS SSM will accept and process the Shared Savings Program ACO Beneficiary SNF Waiver File.
- The FFS SSM will produce the Shared Savings Program ACO Beneficiary SNF Waiver Response File that includes the fields outlined in the file layout [Section 6.1.4.1](#) in this document.
- The Shared Savings Program ACO Beneficiary SNF Waiver file is a fixed-length, ASCII text file that is passed through a secure EFT process.

6.1.1 Assumptions

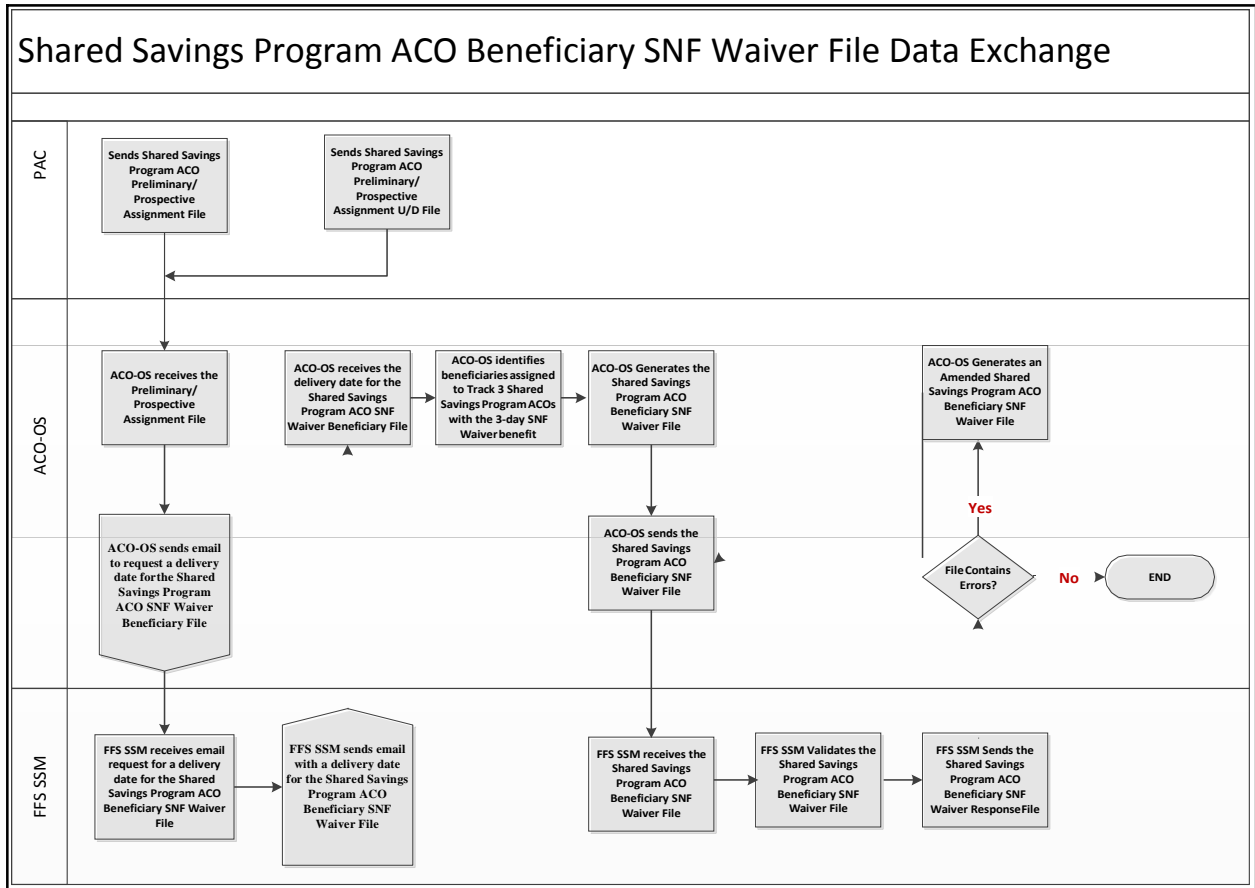
- See [Section 4.1](#).
- The beneficiary information delivered to FFS SSM represents a snapshot of the beneficiary data available at the time the file is created, and is not synchronized with any other ACO-OS data processing.

6.1.2 General Processing Steps

- The ACO-OS will send a full refresh of the Shared Savings Program ACO Beneficiary SNF Waiver File to FFS SSM on the date negotiated with FFS SSM.
- The FFS SSM will validate the Shared Savings Program ACO Beneficiary SNF Waiver File format when the file is received.
- If the Shared Savings Program ACO Beneficiary SNF Waiver File does not conform to the file specification defined in [Section 6.1.4.3](#) of this document, the FFS SSM will return a Shared Savings Program ACO Beneficiary SNF Waiver Response File that includes the file format errors outlined in [Appendix A](#).
- If the file format conforms to the specifications outlined in [Section 6.1.4.3](#), FFS SSM will continue to process the beneficiary data.
- The FFS SSM will validate the record detail beneficiary information if the file passes the file format validation.
- The FFS SSM will send the results of the detail record validation to ACO-OS in the Shared Savings Program ACO Beneficiary SNF Waiver Response File, which will include the beneficiary record plus a response code.
- If errors are returned in the Shared Savings Program ACO Beneficiary SNF Waiver Response File, the ACO-OS will send an Amended Shared Savings Program ACO Beneficiary SNF Waiver File.

6.1.3 Interface Processing Time Requirements

- The ACO-OS will send an email notification to the FFS SSM requesting a date to deliver the Shared Savings Program ACO Beneficiary SNF Waiver File.
- The FFS SSM will respond with an email notice containing a date that the file can be delivered. The delivery date must be at least ten business days after FFS SSM sends the notice to the ACO-OS.
- The FFS SSM and the ACO-OS will negotiate a date to send the Shared Savings Program ACO Beneficiary SNF Waiver File, after receiving the Shared Savings Program ACO Preliminary/Prospective Assignment file or the Shared Savings Program ACO Preliminary/Prospective Assignment Update/Delete (U/D) file from the PAC. This data exchange is expected to be a quarterly ad hoc process with the dates negotiated for each data exchange. Figure 2 illustrates the Shared Savings Program ACO Beneficiary SNF Waiver File process.

Figure 2: Beneficiary SNF Waiver File Process

- The ACO-OS has the capability of producing an ad hoc Shared Savings Program ACO Beneficiary SNF Waiver File outside of regular processing upon request. The request must come through Center for Medicare (CM) via remedy ticket at least ten business days prior to the Shared Savings Program ACO Beneficiary SNF Waiver File delivery date.
- If there are any system issues transferring data from the ACO-OS, the EFT error handling mechanism provides notice with details to whichever side, sending or receiving, is impacted and logs the errors for follow up investigations, if needed.
- If there are operational issues (including the downstream system being out of service) the file will remain stored on the ACO-OS RACS until picked up by EFT and sent to the system at a later time. EFT attempts several retries at sending the file to the FFS SSM. In this scenario, ACO-OS does not receive a system failure notice.
- ACO-OS Operations has quality measures to make sure the Shared Savings Program ACO Beneficiary SNF Waiver File is sent to the FFS SSM. If ACO-OS Operations anticipates a delay in advance, the FFS SSM is notified of the new date via email. In any other scenario where the FFS SSM has not received the file, the FFS SSM will submit an email requesting the status of the file transmission.

6.1.4 Message Format (or Record Layout) and Required Protocols

The Shared Savings Program ACO Beneficiary SNF Waiver File

- ACO-OS to FFS SSM
- Fixed-length ASCII text
- Maximum Length 55 bytes

6.1.4.1 File Layout

The Shared Savings Program ACO Beneficiary SNF Waiver File and the Shared Savings Program ACO Beneficiary SNF Waiver Response File are comprised of a header record, detail records and a trailer record.

6.1.4.2 Data Assembly Characteristics

For data field names and format of file delivery, see [Section 6.1.4.3](#).

6.1.4.3 Field/Element Definition

The following Tables describe the file transactions between ACO-OS and FFS SSM. The description column describes basic file elements and processing notes.

Table 1: ACO-OS to FFS SSM Shared Savings Program ACO Beneficiary SNF Waiver File Header

Data Field	Description	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is header information for the Beneficiary SNF Waiver file.	7	CHAR	HDR_BEN
File Creation Date	Required Field - Date the file is created.	8	CHAR	CCYYMMDD
Filler	Extra space for future expansion.	40	CHAR	Blanks

Table 2: ACO-OS to FSS SSM Shared Savings Program ACO Beneficiary SNF Waiver File Record Detail

Data Field	Description	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is record detail information for the Beneficiary SNF Waiver file.	7	CHAR	DTL_BEN
SSP ACO Identifier	Required Field - Unique identifier for Shared Savings Program ACO.	10	CHAR	A<nnnn>
Delete Flag	Delete Flag - Indicates if a beneficiary was removed from assignment. Required if a Delete Indicator is received from the Program Analysis Contractor (PAC) in the Prospective/Preliminary Assignment U/D File.	1	CHAR	D - (Delete) Blanks
Beneficiary HICN/ Beneficiary RRB#	Required Field - Beneficiary Health Insurance Claim Number (HICN)/Beneficiary External Railroad Retirement Board Number (RRB#). If the beneficiary has both a HICN and an RRB#, the most current RRB# will be sent in the file.	12	CHAR	
Beneficiary Effective Start Date	Required Field - Effective start date of the beneficiary's association with the Shared Savings Program ACO.	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Required Field - Effective end date of the beneficiary's association with a Shared Savings Program ACO.	8	CHAR	CCYYMMDD 99991231

Data Field	Description	Length	Format	Valid Values
Beneficiary Host ID	Required Field - Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific
Beneficiary Sex Code	Required Field - Beneficiary Sex Code	1	CHAR	M – Male F – Female U – Unknown
Beneficiary Medical Data Sharing Preference Indicator	Field not populated by the Shared Savings Program. Fill with Blanks.	1	CHAR	Blanks
Filler	Extra space for future expansion.	6	CHAR	Blanks

Table 3: ACO-OS to FSS SSM Shared Savings Program ACO Beneficiary SNF Waiver File Trailer

Data Field	Description	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is trailer information for the Beneficiary SNF Waiver file.	7	CHAR	TRL_BEN
File Creation Date	Required Field - Date when the file was created.	8	CHAR	CCYYMMDD
Detail Record Count	Required Field - Number of rows or detail records in the file.	10	NUM	
Filler	Extra space for future expansion.	30	CHAR	Blanks

Table 4: FFS SSM to ACO-OS Shared Savings Program ACO Beneficiary SNF Waiver Response File Header

Data Field	Description	Length	Format	Valid Values
Record Identifier	As received from ACO-OS - Record indicator which identifies the line entry is header information for the Beneficiary SNF Waiver file.	7	CHAR	
Response Code	Required Field - Response code indicating if the file was processed successfully or not.	2	NUM	Valid values are documented and explained in Appendix A..
File Creation Date	As received from ACO-OS - Date the file is created.	8	CHAR	
Filler	Extra space for future expansion.	38	CHAR	

Table 5: FFS SSM to ACO-OS Shared Savings Program ACO Beneficiary SNF Waiver Response File Record Detail

Data Field	Description	Length	Format	Valid Values
Record Identifier	As received from ACO-OS- Record indicator which identifies the line entry is record detail information for the Beneficiary SNF Waiver file.	7	CHAR	
Response Code	Required Field - Response code indicating if the detail record was processed successfully or not.	2	NUM	Valid values are documented and explained in Appendix A .
SSP ACO Identifier	As received from ACO-OS - Unique identifier for Shared Savings Program ACO.	10	CHAR	
Delete Flag	As received from ACO-OS Delete Flag - Indicates if a beneficiary was removed from alignment. As received from ACO-OS-If a Delete Indicator is received from the PAC in the Prospective/Preliminary Assignment U/D File.	1	CHAR	
Beneficiary HICN/ Beneficiary RRB#	As received from ACO-OS- Beneficiary Health Insurance Claim Number (HICN)/Beneficiary External Railroad Retirement Board Number (RRB#). If the beneficiary has both a HICN and an RRB#, the most current RRB# will be sent in the file.	12	CHAR	
Beneficiary Effective Start Date	As received from ACO-OS- Effective start date of the beneficiary's association with the Shared Savings Program ACO.	8	CHAR	
Beneficiary Effective End Date	As received from ACO-OS- Effective end date of the beneficiary's association with a Shared Savings Program ACO.	8	CHAR	

Data Field	Description	Length	Format	Valid Values
Beneficiary Host ID	As received from ACO-OS- Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	1	CHAR	
Beneficiary Sex Code	As received from ACO-OS- Beneficiary Sex Code	1	CHAR	
Beneficiary Medical Data Sharing Preference Indicator	As received from ACO-OS Field not populated by the Shared Savings Program. Filled with Blanks.	1	CHAR	
Filler	As received from ACO-OS Extra space for future expansion.	4	CHAR	

Table 6: FFS SSM to ACO-OS Shared Savings Program ACO Beneficiary SNF Waiver Response File Trailer

Data Field	Description	Length	Format	Valid Values
Record Identifier	As received from ACO-OS- Record indicator which identifies the line entry is trailer information for the Beneficiary SNF Waiver file.	7	CHAR	
Response Code	Required Field - Response code indicating if the record was processing successfully or not.	2	NUM	Valid values are documented and explained in Appendix A .
File Creation Date	As received from ACO-OS- Date when the file was created.	8	CHAR	
Detail Record Count	As received from ACO-OS- Number of rows or detail records sent in the file.	10	NUM	
Filler	As received from ACO-OS Extra space for future expansion.	28	CHAR	

6.1.4.4 Filenames

The file naming convention for the Shared Savings Program ACO Beneficiary SNF Waiver File sent by the ACO-OS to the FFS SSM will be P#EFT.ON.HPVDC.BSNF.Dyymmdd.Thhmsst. For example, an outbound file for December 15, 2015, at 10:30 AM would be P#EFT.ON.HPVDC.BSNF.D151215.T1030000.

The file naming convention for the Shared Savings Program ACO Beneficiary SNF Waiver Response File sent by FFS SSM in the VDC to the ACO-OS will be P#EFT.ON.ACOT.BSNFRSP.HPVDC.Dyymmdd.Thhmsst. For example, an inbound response file from the FFS SSM corresponding to the Shared Savings Program ACO Beneficiary SNF Waiver Response File sent P#EFT.ON.ACOT.BSNFRSP.HPVDC.D151215.T1030000

6.1.5 Communication Methods

EFT Communication Methods are documented in the *CMS Technical Reference Architecture (TRA)* and *CMS Technical Reference Architecture Enterprise File Transfer Supplement*.

6.1.5.1 Interface Initiation

The ACO-OS Operations staff generates the Shared Savings Program ACO Beneficiary SNF Waiver File through the Informatica processes and sends the outbound files to FFS SSMs through RACS and the EFT Sweeps process.

6.1.5.2 Flow Control

- The ACO-OS sends the Shared Savings Program ACO Beneficiary SNF Waiver file to FFS SSM.
- The FFS SSM performs validation on the file format and the detail records and returns a response file to the ACO-OS.
- The ACO-OS sends an amended Shared Savings Program ACO Beneficiary SNF Waiver file to FFS SSM, if errors are encountered.

6.1.6 Security Requirements

The Beneficiary extract will include PHI data. Access to the DB2 database is granted on an as-needed basis and secured by RACF. Some of the files created by the Informatica process will also be stored on the Informatica Server. Access to the Informatica Server is managed by EUA. The outbound files (which are created by the Informatica process) are sent to the ACOs through the secured EFT Sweeps process.

6.2 Requirements for Shared Savings Program ACO Provider SNF Waiver File

- The ACO-OS shall send 3-day SNF Waiver information to FFS SSM for Providers aligned with Track 3 Shared Savings Program ACOs that have been awarded the 3-day SNF Waiver benefit.
- The ACO-OS shall generate the Shared Savings Program ACO Provider SNF Waiver File.
- The ACO-OS shall send the Shared Savings Program ACO Provider SNF Waiver File on an ad hoc quarterly schedule.

- The FFS SSM will accept and process the Shared Savings Program ACO Provider SNF Waiver File.
- The FFS SSM will produce the Shared Savings Program ACO Provider SNF Waiver Response File that includes the fields outlined in the file layout [Section 6.2.4.3](#) in this document.
- The Shared Savings Program ACO Provider SNF Waiver file is a fixed-length, ASCII text file that is passed through a secure EFT process which occurs on an ad hoc, potentially quarterly schedule.

6.2.1 Assumptions

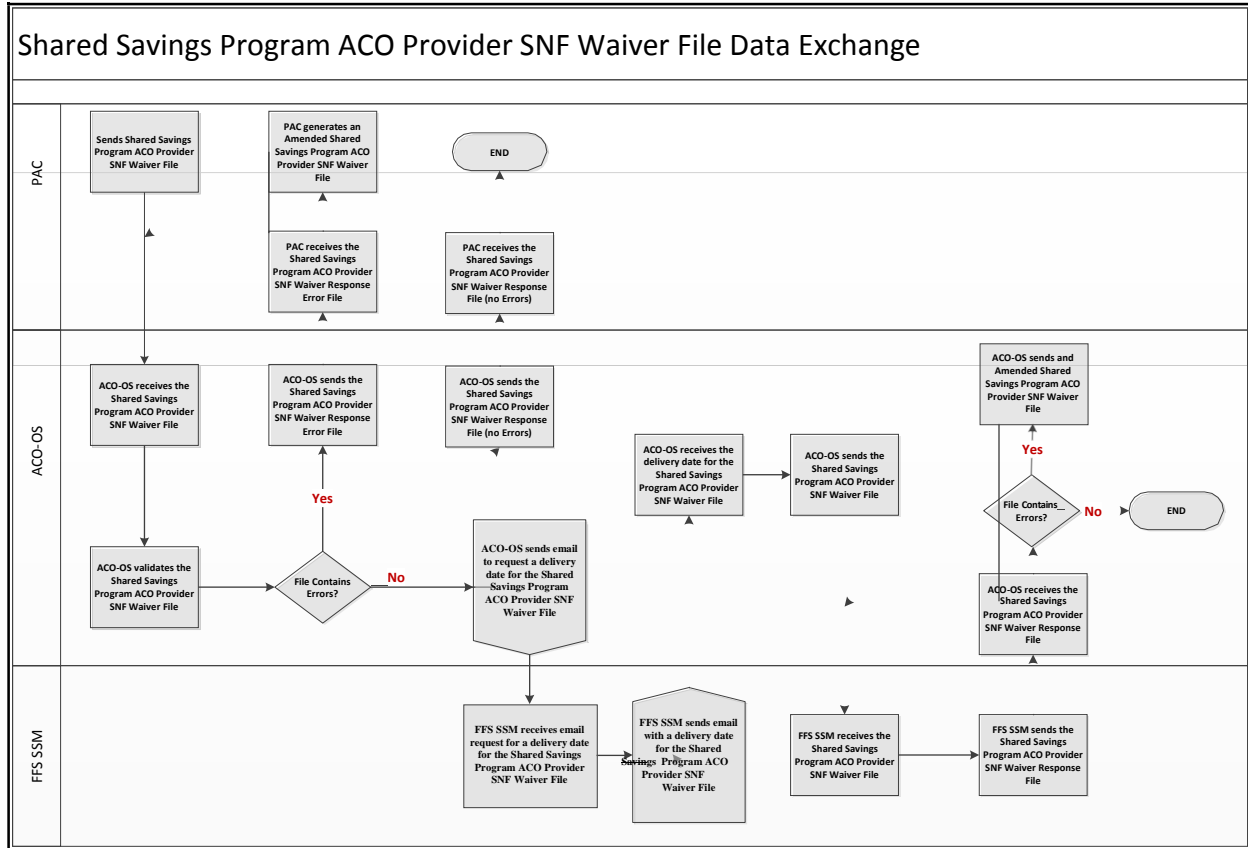
- See [Section 4.1](#).
- The provider information delivered to FFS SSM is created from data received from the PAC and is assumed correct and comprehensive with respect to the selection of providers that have received the SNF Waiver Benefit.

6.2.2 General Processing Steps

- The ACO-OS will send the Shared Savings Program ACO Provider SNF Waiver File to FFS SSM on the date negotiated with FFS SSM.
- The FFS SSM will validate the Shared Savings Program ACO Provider SNF Waiver File format when the file is received.
- If the Shared Savings Program ACO Provider SNF Waiver File does not conform to the file specification defined in [Section 6.2.4.3](#) of this document, the FFS SSM will return a Shared Savings Program ACO Provider SNF Waiver Response File that includes the file format errors outlined in [Appendix A](#).
- If the file format conforms to the specifications outlined in [Section 6.2.4.3](#), FFS SSM will continue to process the provider data.
- The FFS SSM will validate the record detail Provider information if the file passes the file format validation.
- The FFS SSM will send the results of the detail record validation to ACO-OS in the Shared Savings Program ACO Provider SNF Waiver Response File, which will include the provider record plus a response code.
- If errors are returned in the Shared Savings Program ACO Provider SNF Waiver Response File, the ACO-OS will send an Amended Shared Savings Program ACO Provider SNF Waiver File.

6.2.3 Interface Processing Time Requirements

- The ACO-OS will send an email notification to the FFS SSM requesting a date to deliver the Shared Savings Program ACO Provider SNF Waiver File.
- The FFS SSM will respond with an email notice containing a date that the file can be delivered. The delivery date must be at least ten business days after FFS SSM sends the notice to the ACO-OS.

Figure 3: Provider SNF Waiver File Process

- If any system issues occur during the transferring of data from the ACO-OS, the EFT error handling mechanism will provide notice with details to whichever side (sending or receiving) is impacted and will log the error(s) for follow up investigation if needed.
- If there are Operational issues, including the downstream system being out of service, the file will remain stored on the ACO-OS RACS until picked up by EFT and sent to the system at a later time. EFT attempts several retries at sending the file to FFS SSM. In this scenario, ACO-OS does not receive a system failure notice.
- The ACO-OS Operations has quality measures to make sure the Shared Savings Program ACO Provider SNF Waiver File is sent to the FFS SSM. If ACO-OS Operations anticipates a delay in advance, the FFS SSM is notified of the new date via email. In any other scenario where the FFS SSM has not received the file, the FFS SSM will submit an email requesting the status of the file transmission.

6.2.4 Message Format (or Record Layout) and Required Protocols

The Shared Savings Program ACO Provider SNF Waiver File and Response Files are fixed-length ASCII text files.

6.2.4.1 File Layout

The Shared Savings Program ACO Provider SNF Waiver File and the Shared Savings Program ACO Provider SNF Waiver Response File are comprised of a header record, detail records and a trailer record.

- ACO-OS to FFS SSM
- Fixed-length ASCII text
- Maximum Length 100 bytes

6.2.4.2 Data Assembly Characteristics

The Provider information sent to FFS SSM is based on Provider SNF Waiver information received from the PAC.

6.2.4.3 Field/Element Definition

Table 7: ACO-OS to FFS SSM Shared Savings Program Provider SNF Waiver File Header

Data Field	Description	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is header information for the SSM Shared Savings Program Provider SNF Waiver File.	7	CHAR	HDR_SNF
File Creation Date	Required Field - Date the Shared Savings Program Provider SNF Waiver file is created.	8	CHAR	CCYYMMDD
Filler	Extra space for future expansion.	85	CHAR	Blanks

Table 8: ACO-OS to FFS SSM Shared Savings Program Provider SNF Waiver File Record Detail

Data Field	Description	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is record detail information for the Shared Savings Program Provider SNF Waiver File.	7	CHAR	DTL_SNF
SSP ACO Identifier	Required Field - Unique identifier for Shared Savings Program ACO.	10	CHAR	A<nnnn>

Data Field	Description	Length	Format	Valid Values
Provider Type	Not Used by Shared Savings Program. Filled with Blanks.	1	CHAR	Blanks
Participating Taxpayer Identification Number (TIN)	Required Field - The Tax Identification Number (TIN) of the ACO Participant.	9	NUM	
ACO Participant NPI	Not Used by Shared Savings Program. Filled with Blanks	10	NUM	Blanks
Participating CMS Certification Number (CCN)	Required Field - The CMS Certification Number for the ACO Participant.	6	CHAR	
Record Type	Not Used by Shared Savings Program. Filled with Blanks.	1	CHAR	Blanks
SNF Waiver Effective Start Date	Required Field - Effective start date of the Provider's association with a Track 3 Shared Savings Program ACO awarded the SNF Waiver Benefit for the performance year (PY).	8	CHAR	CCYYMMDD
SNF Waiver Effective End Date	Required Field - Effective end date of the Provider's association with a Track 3 Shared Savings Program ACO awarded the SNF Waiver Benefit for the performance year (PY).	8	CHAR	CCYYMMDD
Part A Percentage Reduction	Not Used by Shared Savings Program. Filled with Blanks.	3	CHAR	Blanks
Part B Percentage Reduction	Not Used by Shared Savings Program. Filled with Blanks.	3	CHAR	Blanks
Filler	Extra space for future expansion.	34	CHAR	Blanks

Table 9: ACO-OS to FFS SSM Shared Savings Program Provider SNF Waiver File Trailer

Data Field	Description	Length	Format	Valid Values
Record Identifier	Required Field - Record indicator which identifies the line entry is trailer information for the Shared Savings Program Provider SNF Waiver File.	7	CHAR	TRL_SNF
File Creation Date	Required Field - Date when the Shared Savings Program Provider SNF Waiver file was created.	8	CHAR	CCYYMMDD
Detail Record Count	Required Field - Number of detail rows or records sent in the file.	10	NUM	
Filler	Extra space for future expansion.	75	CHAR	Blanks

Table 10: FFS SSM to ACO-OS Shared Savings Program Provider SNF Waiver Response File Header

Data Field	Description	Length	Format	Valid Values
Record Identifier	As received from ACO-OS - Record indicator which identifies the line entry is header information for the Shared Savings Program Provider SNF Waiver Response File.	7	CHAR	
Response Code	Response code indicating if the file was processed successfully or not.	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	As received from ACO-OS - Date the Shared Savings Program Provider SNF Waiver Response file is created.	8	CHAR	
Filler	As received from ACO-OS - Extra space for future expansion.	83	CHAR	

Table 11: FFS SSM to ACO-OS Shared Savings Program Provider SNF Waiver Response File Record Detail

Data Field	Description	Length	Format	Valid Values
Record Identifier	As received from ACO-OS- Record indicator which identifies the line entry is record detail information for the Shared Savings Program Provider SNF Waiver Response File	7	CHAR	
Response Code	Required Field - Response code indicating if the detail record was processed successfully or not	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
SSP ACO Identifier	As received from ACO-OS - Unique identifier for Shared Savings Program ACO	10	CHAR	
Provider Type	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	1	CHAR	
Participating Taxpayer Identification Number (TIN)	As received from ACO-OS - The Tax Identification Number (TIN) for the ACO Provider.	9	NUM	
ACO Participant NPI	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	10	NUM	
Participating CMS Certification Number (CCN)	As received from ACO-OS - The CMS Certification Number for the ACO Participant.	6	CHAR	
Record Type	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	1	CHAR	
SNF Waiver Effective Start Date	As received from ACO-OS - Effective start date of the Provider's association with a Track 3 Shared Savings Program ACO awarded the SNF Waiver Benefit for the PY.	8	CHAR	

Data Field	Description	Length	Format	Valid Values
SNF Waiver Effective End Date	As received from ACO-OS - Effective end date of the Provider's association with a Track 3 Shared Savings Program ACO awarded the SNF Waiver Benefit for the PY.	8	CHAR	
Part A Percentage Reduction	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	3	CHAR	
Part B Percentage Reduction	As received from ACO-OS - Not Used by Shared Savings Program. Filled with Blanks.	3	CHAR	
Filler	As received from ACO-OS - Extra space for future expansion.	32	CHAR	

Table 12: FFS SSM to ACO-OS Shared Savings Program Provider SNF Waiver Response File Trailer

Data Field	Description	Length	Format	Valid Values
Record Identifier	As received from ACO-OS - Record indicator which identifies the line entry is trailer information for the Shared Savings Program Provider SNF Waiver Response File	7	CHAR	
Response Code	Required Field - Response code indicating if the Trailer record was processed successfully or not	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	As received from ACO-OS - Date the Shared Savings Program Provider SNF Waiver Response File is created	8	CHAR	
Detail Record Count	As received from ACO-OS - Number of detail rows or records in the file.	10	NUM	

Data Field	Description	Length	Format	Valid Values
Filler	As received from ACO-OS - Extra space for future expansion.	73	CHAR	

6.2.4.4 Filenames

The file naming convention for the Shared Savings Program ACO Provider SNF Waiver File sent by the ACO-OS to the FFS SSM will be P#EFT.ON.HPVDC.PSNF.Dyymmdd.Thhmsst. For example, an outbound file for December 15, 2015, at 10:30 AM would be P#EFT.ON.HPVDC.PSNF.D151215.T1030000.

The file naming convention for the Shared Savings Program ACO Provider SNF Waiver Response File sent by FFS SSM in the VDC to the ACO-OS will be P#EFT.ON.ACOT.PSNFRSP.HPVDC.Dyymmdd.Thhmsst. For example, an inbound response file from the FFS SSM corresponding to the Shared Savings Program ACO Provider SNF Waiver File sent December 15, 2015, at 10:30 AM would be P#EFT.ON.ACOT.PSNFRSP.HPVDC.D151215.T1030000.

6.2.5 Communication Methods

EFT Communication Methods are documented in the *CMS Technical Reference Architecture (TRA)* and *CMS Technical Reference Architecture Enterprise File Transfer Supplement*.

6.2.5.1 Interface Initiation

The ACO-OS Operations staff generates the Shared Savings Program ACO Provider SNF Waiver File through the Informatica processes and sends the outbound files to FFS SSM through RACS and the EFT Sweeps process.

6.2.5.2 Flow Control

- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver file to FFS SSM.
- The FFS SSM performs validation on the file format and the detail records and returns a response file to the ACO-OS.
- The ACO-OS sends an amended Shared Savings Program ACO Provider SNF Waiver file to FFS SSM, if errors are encountered.

6.2.5.3 Interface Initiation

The ACO-OS receives the Shared Savings Program ACO Provider SNF Waiver File from the PAC.

6.2.5.4 Flow Control

- The ACO-OS sends the Shared Savings Program ACO Provider SNF Waiver file to FFS SSM.
- The FFS SSM performs validation on the file format and the detail records and returns a response file to the ACO-OS.
- The ACO-OS sends the Amended Shared Savings Program ACO Provider SNF Waiver file to FFS SSM, if errors are encountered.

6.2.6 Security Requirements

Access to the DB2 database is granted on an as-needed basis and secured by RACF. Some of the files created by the Informatica process will also be stored on the Informatica Server.

Access to the Informatica server is managed by EUA. The outbound files are exchanged through the secured EFT Sweeps process.

7 Qualification Methods

N/A

Appendix A: Response Codes and Explanations

The following table lists the Response/Error codes to be provided by the FFS SSMS when an error is encountered upon validation of files sent from the ACO-OS.

Code	Description	Explanation
00	Success	The record was processed successfully
10	Record Identifier Error	The Record Identifier is missing or invalid
11	File Creation Date Error	The File Creation Date is missing or invalid
20	Detail Record ID Error	The data in the file does not conform to the file layout specified for the file transfer. The data format of the field or the data in the field does not conform to the list of valid values specified
21	SSP ACO ID Error	The Shared Savings Program ACO ID is missing or invalid
22	TIN Error	The Provider Taxpayer Identification Number (TIN) is missing or invalid
24	CCN Error	The Provider CMS Certification Number (CCN) is missing or invalid on the Part A file
25	Effective Start Date Error	The Effective Start Date is missing or invalid
26	Effective End Date Error	The Effective End Date is missing or invalid
29	Beneficiary HICN Error	The Beneficiary HICN is missing or invalid
30	Trailer Record ID Error	The Trailer Record ID is missing or invalid
31	Trailer Record Date Error	The Trailer Record Date is missing or invalid
32	Trailer Record Count Error	The Trailer Record Count in the Trailer does not equal the number of records sent to ACO-OS
98	Header Record Missing	The Header Record is missing or invalid
99	Trailer Record Missing	The Trailer Record is missing or invalid

Glossary

Term	Definition
Accountable Care Organizations (ACOs)	ACOs are organizations of health care providers that agree to become accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional Fee-for-service (FFS) program and are assigned to the ACO. A participating ACO qualifies for shared savings by meeting specific cost and quality targets/thresholds.
Assignment	Assignment means the operational process by which CMS determines whether a beneficiary has chosen to receive a sufficient level of the requisite primary care services from a physician who is an ACO provider/supplier so that the ACO may be appropriately designated as exercising basic responsibility for that beneficiary's care.
Automated Production Control & Scheduling System (APCSS)	APCSS is a CMS production environment, automated job scheduling system; APCSS handles the data processing within the OMBDW.
Electronic File Transfer (EFT)	The primary business goal of EFT is to facilitate the secure exchange of data between CMS and its partners as well as between partners (as a pass-through) consistent with current CMS ARS requirements.
Enterprise User Administration (EUA)	The Enterprise User Administration (EUA) system manages CMS' User IDs which provide access to CMS information systems. The EUA system is a single system that provides access services. CMS employees and many contractors have an icon on their desktop for this component.
Health Insurance Claim Number (HICN)	The HICN is assigned by CMS to the beneficiary when s/he signs up for Medicare, and MCOs use this number for accretions and deletions. In addition to the patient identifier, MCOs also must provide the member month contribution for each beneficiary and indicate how each beneficiary contributed to the calculation of the following summary measures.
Program Analysis Contractor (PAC)	CMS requires ACO participants in the MSSP to report on 33 quality measures during each of the ACO's performance years. For the claims-based measures, ACOs do not need to collect or submit data. The CMS ACO Program Analysis Contractor (ACO PAC) will coordinate with CMS to obtain the necessary Medicare claims files. The CMS ACO PAC will then calculate the rates for these measures for each ACO.

Term	Definition
Performance Year (PY)	<p>Each performance-year or base-year is associated with two alignment-years. The first alignment-year for a performance or base year is the 12-month period ending 18 months prior to the start of the performance- or base-year. The second-alignment year is the 12-month period ending 6 months prior to the start of the performance- or base-year. In this document, an Alignment Year is identified by the calendar year in which the alignment-year ends. For example, Alignment Year 2014 (AY2014) is the 12-month period ending in June 2014.</p>
Resource Access Control Facility (RACF)	<p>RACF, [usually pronounced Rack-Eff] short for Resource Access Control Facility, is an IBM software product. It is a security system that provides access control and auditing functionality for the z/OS and z/VM operating systems. RACF was introduced in 1976.</p> <p>Its main features are:</p> <ul style="list-style-type: none"> • Identification and verification of a user via user id and password check (authentication) • Identification, classification and protection of system resources • Maintenance of access rights to the protected resources (authorization) • Control the means of access to protected resources • Logging of accesses to a protected system and protected resources (auditing)
Track 3	<p>Track 3 is one of the performance-based risk models for ACOs to participate in the Shared Savings Program, that offers a higher sharing rate than Tracks 1 and 2. Beneficiaries are prospectively assigned to the ACO rather than preliminarily assigned to ACOs with a retrospective reconciliation.</p> <p>ACOs agree to be held accountable for improving the quality of care for patients they serve while reducing the rate of growth in health care spending. If the ACOs are successful in improving quality and reducing spending, they receive a share of the savings achieved.</p>

Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
ACO-OS	Accountable Care Organization-Operational System
APCSS	Automated Production Control & Scheduling System
BI	Business Intelligence
CCN	CMS Certification Number
CM	Center for Medicare
CMB	Change Management Board
CMS	Centers for Medicare & Medicaid Services
CWF	Common Working File
EFT	Electronic File Transfer
ETL	Extract, Transform, and Load
EUA	Enterprise User Administration
FFS SSMs	Fee-for-Service Shared System Maintainers
FISS	Fiscal Intermediary Shared System
FRD	Functional Requirements Document
GSS	General Support System
HICN	Health Insurance Claim Number
HIGLAS	Health Care Integrated General Ledger Accounting System
ICD	Interface Control Document
ICD&A	Integrated Care Data and Applications
ID	Identification/Identifier
MCS	Multi-Carrier System
PAC	Program Analysis Contractor

Acronym	Literal Translation
RACF	Resource Access Control Facility
RACS	Receipt and Control System
RRB	Railroad Retirement Board
SDD	System Design Document
SNF	Skilled Nursing Facility
SOP	Standard Operating Procedure
SOR	System of Record
TIN	Taxpayer Identification Number
TRA	Technical Reference Architecture
U/D	Update/Delete
VDC	Virtual Data Center
VIES	VDC Infrastructure Enterprise Services