CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12428	**Date: December 21, 2023**
	Change Request 13428

SUBJECT: Provider Education for the Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (IRFs)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the Medicare Administrative Contractor (MAC) JL to provide education for IRF providers regarding the RCD process for IRFs who are physically located in and bill to Pennsylvania, then expand to IRFs who bill to all the states in JL, regardless of where services are rendered.

EFFECTIVE DATE: January 24, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 24, 2024

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12428	Date: December 21, 2023	Change Request: 13428

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I. GENERAL INFORMATION

A. Background: During this five (5)-year intervention period, the Centers for Medicare & Medicaid Services (CMS) will test the use of review options for IRFs covered under Part A of the Medicare Fee-for-Service (FFS) program through the IRF Review Choice Demonstration. CMS will test this demonstration in accordance with section 402(a)(1)(J) of the Social Security Act (the Act), which authorizes the Secretary to "develop or demonstrate improved methods for the investigation and prosecution of fraud in the provision of care or services under the health programs."

As part of the IRF, providers in the demonstration must submit 100 percent pre-claim review or postpayment review for all IRFs who bill to MAC jurisdictions JJ, JL, JH, and JE. IRFs that do not actively select one of the initial two review choices will be automatically assigned to participate in postpayment review. Every six months, the provider's pre-claim review affirmation rate or postpayment review will be calculated to determine compliance to choose from three subsequent review options - pre-claim review, selective postpayment review, or spot check prepayment review. Operational instructions for the IRF RCD are provided under separate instruction in a previously issued CR.

This CR provides instructions to the contractor for education regarding the IRF RCD. CMS will educate physicians and providers about this demonstration by sending the Introductory Letters when finalized, as well as communicating related requirements and resources to access additional information.

B. Policy: Section 1862(a)(1) of the Act and Section 402(a)(1)(J) of the Act

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13428.1	The MACs shall generate lists of all active IRF providers to receive the appropriate Introductory Letter. CMS will send the finalized letter separately for providers in Pennsylvania, then expand to other									JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	IRF providers who bill to JL. The MACs shall use the below criteria: • Any provider who billed Novitas in the last three (3) years AND is active in PECOS. • Any provider who has billed Novitas in the last six (6) months regardless of status (i.e., include both active and inactive). • Providers with a termination date in PECOS are excluded.									
13428.1.1	The MACs shall determine which active providers from the list are applicable to its jurisdictions and perform IRF services for receipt of the letters.									JL A/B MAC
13428.2	The MACs shall use the Introductory Provider Letter template provided by CMS when finalized.									JL A/B MAC
13428.2.1	The MACs shall prepare and mail the Introductory Letters to all applicable providers (those who perform these specific services in the IRF setting), no later than 60 days before the demonstration start date in Pennsylvania and before the expansion to the providers who bill to all the states in JL.									JL A/B MAC
13428.3	The MACs shall create web postings describing the program parameters.									JL A/B MAC
13428.4	The MACs shall hold group or individualized training sessions, as appropriate, to notify stakeholders of the RCD and to ensure understanding of the specific requirements.									JL A/B MAC
13428.5	The MACs shall use the information on the CMS website to begin education. At such time that additional MAC instructions are finalized, MACs shall									JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	include that information in their education.									
13428.5.1	The MACs shall, at a minimum, provide public access to the agency-developed information, including, but not limited to, any developed RCD operational guides, special Medicare Learning Network materials, and/or other support materials, by posting the link(s) on their website.									JL A/B MAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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): Chirymeria Wilson, 410-786-2818 or chirymeria.wilson@cms.hhs.gov , Ashley Stedding, 410-786-4250 or ashley.stedding@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0