CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12151	**Date: July 21, 2023**
	Change Request 13265

SUBJECT: Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement the Remittance Advice changes from analyses performed by Viable Information Processing Systems (ViPS) Medicare System (VMS) with a previously issued Change Request (CR).

EFFECTIVE DATE: January 1, 2024; April 1, 2024; July 1, 2024; October 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024 - VMS Design and Coding Phase 1 Business Requirements (BRs) 13265.1 through 13265.3.2 and BR 13265.10; April 1, 2024 - Testing and Implementation of Phase 1 BRs 13265.1 through 13265.3.2 and BR 13265.10 through 13265.12; July 1, 2024 - VMS Design and Coding Phase 2 BRs 13265.4 through 13265.9 and 13265.11 and 13265.12; October 7, 2024 - Testing and Implementation of Phase 2 BRs 13265.4 through 13265.9 and 13265.11 and 13265.12

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: 12151	Date: July 21, 2023	Change Request: 13265

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) instructs the Viable Information Processing Systems (ViPS) Medicare System (VMS) about using and reporting Provider Level Adjustment (PLB) codes on the Remittance Advice (RA). It also provides a crosswalk between the HIGLAS PLB codes and the Accredited Standards Committee (ASC) X12 Transaction 835 PLB codes to ensure that PLB code reporting on the RA is consistent and uniform across the board. VMS will implement these changes within two phases based on separate business requirements.

B. Policy: CMS sends compliant Remittance Advice.

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	
13265.1	The contractor shall update VMS to display all 15 digits of the Claim Control Number (CCN) in PLB03-2 when PLB codes WO and FB are reported on a remittance advice.							X		
13265.2	The contractor shall modify the VMS HIGLAS 835 Response Generator process to allow users to enter PLB data for inclusion in the testing of the HIGLAS 835 responses.							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13265.2.1	The contractor shall modify the VMS HIGLAS 835 Response Generator process to allow users to enter payee data when the PLB data is intended for use in a payment to a third-party payee.							X		
13265.2.2	The contractor shall implement two new VSEC (VMS Security) switches, one to control inquiry access and one to control the add/update/delete access to the new screen, for the VMS HIGLAS 835 Response Generator.							X		
13265.2.3	The contractor shall modify VMS to generate a new report to assist users in identifying which test claims are due to be processed through the VMS HIGLAS 835 Response Generator in the next test cycle.							X		
13265.3	The contractor shall modify the VMS address scrubbing process in preparation for generating remits for the HIGLAS 835 payment sets that contain PLBs but no claims (i.e., PLB-only payments) and have a provider as the payee.							X		
13265.3.1	The contractor shall eliminate the VMS PostNet Address Scrubbing Report - Error Listing (650).							X		
13265.3.2	The contractor shall eliminate the use of System Parameter Option Table (SPOT) flag 4302 from VMS. Going forward, the system will function as if SPOT flag 4302 is set to 9.							X		
13265.4	The contractor shall modify VMS so that HIGLAS 835 payment sets that contain PLBs but no claims (i.e., PLB-only payments) and have a provider as the payee are handled through the remittance process rather than the miscellaneous payment process. This includes PLB-only payment sets that result in payment to the provider and PLB-only payment sets that result in no payment (i.e., fully netted).							X		
13265.4.1	The contractor shall modify VMS so that Standard Paper Remittances (SPRs) generated for provider PLB-only payments report the actual claim count (i.e., 0 in the claim count field) and not report the number							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	of PLBs.									
13265.4.2	The contractor shall modify VMS so that duplicate and office copy SPRs can be generated for the PLB-only payments that were created after the implementation of this code when requested by a user.							X		
13265.4.3	The contractor shall modify VMS to retain the National Provider Identifier (NPI) reported on the HIGLAS 835 for these provider payments and use that reported NPI on any duplicate or office copy remits requested for that payment.							X		
13265.4.4	The contractor shall ensure that spaces are displayed in the Bene Name, Medicare Health Insurance Claim Number (HICN), and CCN fields for the PLB-only payments on the Provider Claim Register Detail, Electronic Funds Transfer (EFT) (PF1601) and Provider Claim Register Detail, Other (PF1603) reports.							X		
13265.4.5	The contractor shall ensure that spaces are displayed in the HICN and CCN fields on the VMS Payee Check History Screen (BUDS27/CHIP27) screen for the PLB-only payments.							X		
13265.4.6	The contractor shall ensure that existing check types ‘C’ (with description CLAIM CK) and ‘E’ (with description EFT) are used for display on the MONI Check Reconciliation Check Detail screen for the PLB-only payments.							X		
13265.5	The contractor shall eliminate the following VMS reports: a. EFT Financial and Check Register Balancing Report (PF8002) b. Financial and Check Register Balancing Report (PF5002)							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	c. Invalid CARC/HCPI Combination on HCPI Adjustments (PF5601) d. NSC Error Report (PF8003) e. NSC Financial and Check Register Balancing Report (PF8004) f. Other Financial and Check Register Balancing Report (PF8006)									
13265.6	The contractor shall eliminate the use of SPOT (System Parameter Option Table) flags 4102 and 4208 VMS. Going forward, the system will function as if SPOT flags 4102 and 4208 are set to 0.							X		
13265.7	The contractors shall test the printing of the initial and duplicate/office copy SPRs generated by VMS with their print vendors.				X					
13265.8	The contractors shall verify that they can continue to use the remit image files for the SPRs generated by VMS as they currently do.									UPICs
13265.9	The Shared System Maintainer shall modify the Claim Count field on the Standard Paper Remittance (SPR) to report the claim count associated with the SPR. The field shall not include PLB occurrences.						X			
13265.10	HIGLAS shall send Provider Transaction Access Number (PTAN) instead of Workload ID in positions 26-36 of PLB 0X-02 to VMS when reporting HIGLAS PLB code 'WO' for provider payments on VMS 835.									HIGLAS
13265.11	Contractors shall begin integration testing once the PLB-only payments from their User Acceptance Testing (UAT) regions 835 flat files are available.									MIST
13265.12	The DME MACs shall test this CR with the Shared Systems and HIGLAS.				X		X			HIGLAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13265.13	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.					X

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

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 Target Life Cycle (TLC)

CMMI Fee-For-Service (FFS) Shared System Maintainer (SSM) and the Accountable Care Organization – Operational System (ACO-OS) Interface Control Document (ICD)

Version 10.2

05/02/2023

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Notice: This document, when a PDF, has been tested and is accessible with JAWS 11.0 or higher.

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1 Introduction

The Accountable Care Organization – Operational System (ACO-OS) handles the data collection and exchange required to manage the Vermont All Payer (VT APM) Model, the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model (formerly known as the Direct Contracting Model), the Kidney Care Choices (KCC) Model, and the Primary Care First (PCF) Model. The ACO-OS must effectively incorporate data that the Centers for Medicare & Medicaid Services (CMS) currently manage with new data the ACOs) produce. The system must help CMS and these organizations manage, track, and report data so that the ACOs (who will be referred to collectively throughout this document as Entities) understand the totality of care provided to their beneficiaries.

This Integrated Control Document (ICD) specifies interface requirements that the ACO-OS and the Fee-for-Service Shared System Maintainers (FFS SSMs) must meet. In this document, the phrase “FFS SSMs” refers to the following Shared Systems: Common Working File (CWF) Application, Fiscal Intermediary Shared System (FISS), and Multi-Carrier System (MCS). This ICD describes the interface concept of operations (ConOps), defines the message structure and protocols that govern data interchange, and identifies the communication paths along which data are expected to flow.

1.1 Purpose

This ICD describes the relationship between the ACO-OS and the Medicare FFS SSMs for Provider and Beneficiary information as it relates to VT APM, ACO REACH, KCC, and PCF Models.

1.2 Project Overview

The Center for Medicare & Medicaid Innovation (CMMI) has developed the VT APM Model which operates in the traditional FFS Medicare program and maintains key aspects of the Medicare Shared Savings Program and former Pioneer Demonstration. This model includes new design elements to test whether greater financial risk, more predictable financial targets and payment, benefit enhancements, and a focus on beneficiary engagement can collectively accelerate and sustain improvement in healthcare value.

KCC is designed to help health care providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. This Model also aims to delay the need for dialysis and encourage kidney transplantation.

KCC has two pathways namely Kidney Care First (KCF) and Comprehensive Kidney Care Contracting (CKCC) based on the provider participation.

1. KCF is a pathway available for Entities comprising of Medicare enrolled participants who must only be nephrology practices and their nephrologists.
2. CKCC is a pathway available for Entities comprising of nephrologists, transplant providers, and other kidney care providers - including dialysis facilities. In this pathway, entities are not enrolled in Medicare.

The payment model options available under ACO REACH aim to reduce expenditures while preserving or enhancing quality of care for beneficiaries. By aligning financial incentives, providing a prospectively determined and predictable revenue stream for participants, and putting a greater emphasis on beneficiary choice, the payment model option aims to transform risk-sharing arrangements in Medicare FFS, broaden participation in CMS Innovation Center (IC) models, empower beneficiaries, and reduce provider burden.

PCF is designed for primary care practices with advanced primary care capabilities, including those that specialize in caring for complex, chronically ill patient populations that are prepared to accept increased financial risk in exchange for greater flexibility and potential rewards based on practice performance. This model is also designed to include practices that specialize in caring for high need, serious illness populations.

Practices under PCF can choose from three participation options:

1. Practices choose to participate only in the PCF-General component of Primary Care First, and not in the Seriously Ill Population (SIP) component, i.e., “PCF-General practices”
2. Practices choose to participate only in the SIP component of Primary Care First, and not in the PCF-General component, i.e., “SIP-only practices”
3. Practices choose to participate in both the SIP and PCF-General components of Primary Care First, i.e., “hybrid practices.”

The PCF payment structure offers two different payment methodologies:

1. Total Primary Care Payment (TPCP) – Utilizes a professional Population-Based Payment (professional PBP), paid on a quarterly basis or a flat fee for each primary care visit, paid on a claim-by-claim basis.
2. Performance-Based Adjustment (PBA) – Based on quality and patient performance measures and paid on a quarterly basis.

This ICD provides the following information:

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

2 ICD Overview

The ACO-OS sends the VT APM Beneficiary file with the following information to the Common Working Files (CWF) at the CWF HP Host:

- VT APM Beneficiary File Header
- VT APM Beneficiary Record Detail
- VT APM Beneficiary File Trailer

The ACO-OS sends the Part A/Part B VT APM Provider file with the following information to the Multi-Carrier System (MCS) at the Hewlett Packard (HP) Virtual Data Center (VDC):

- Part A/Part B VT APM Provider File Header
- Part A/Part B VT APM Provider Record Detail
- Part A/Part B VT APM Provider File Trailer

ACO-OS receives the VT APM Beneficiary Response file with the following information from the CWF:

- VT APM Beneficiary Response File Header
- VT APM Beneficiary Response Record Detail
- VT APM Beneficiary Response File Trailer

ACO-OS receives the Part A/Part B VT APM Provider Response file with the following information from the MCS:

- Part A/Part B VT APM Provider Response File Header
- Part A/Part B VT APM Provider Response Record Detail
- Part A/Part B VT APM Provider Response File Trailer

ACO-OS receives the following pass-through file from CWF for VT APM. The overview on the pass-through file is provided in Appendix B.

- Weekly All-Inclusive Population Based Payment (AIPBP) Reduction File

ACO-OS will receive the following pass-through file from CWF for ACO REACH from the ACO REACH performance period onward. The details on the pass-through file are provided in Appendix C.

- Weekly Total Care Capitation (TCC)/Primary Care Capitation (PCC)/Advanced Payment Option (APO) Reduction File

ACO-OS will receive the following pass-through file from CWF for CKCC from 01/01/2021 onward. The details on the pass-through file are provided in Appendix C.

- Weekly Chronic Kidney Disease Quarterly Capitation Payment (CKD QCP) Reduction File

ACO-OS will receive the following pass-through file from CWF for KCC from 01/01/2021 onward. The details on the pass-through file are provided in Appendix C.

- Weekly CKD QCP Reduction File

The ACO-OS sends the CKCC Beneficiary file with the following information to the CWF at the CWF HP Host:

- CKCC Beneficiary File Header
- CKCC Beneficiary Record Detail
- CKCC Beneficiary File Trailer

The ACO-OS sends the KCF Beneficiary file with the following information to the CWF at the CWF HP Host:

- KCF Beneficiary File Header
- KCF Beneficiary Record Detail
- KCF Beneficiary File Trailer

The ACO-OS sends the ACO REACH Beneficiary file with the following information to the CWF at the CWF HP Host:

- ACO REACH Beneficiary File Header
- ACO REACH Beneficiary Record Detail
- ACO REACH Beneficiary File Trailer

The ACO-OS sends the PCF Beneficiary file with the following information to the CWF at the CWF HP Host:

- PCF Beneficiary File Header
- PCF Beneficiary Record Detail
- PCF Beneficiary File Trailer

The ACO-OS sends the Part A/Part B CKCC/KCF Provider file with the following information to the MCS at the HP VDC:

- Part A/Part B CKCC/KCF Provider File Header
- Part A/Part B CKCC/KCF Provider Record Detail
- Part A/Part B CKCC/KCF Provider File Trailer

The ACO-OS sends the Part A/Part B ACO REACH Provider file with the following information to the MCS at the HP VDC:

- Part A/Part B ACO REACH Provider File Header
- Part A/Part B ACO REACH Provider Record Detail
- Part A/Part B ACO REACH Provider File Trailer

The ACO-OS sends the Part B PCF Provider file with the following information to the MCS at the HP VDC:

- Part B PCF Provider File Header
- Part B PCF Provider Record Detail
- Part B PCF Provider File Trailer

ACO-OS sends the CKCC/KCF Participant file with the following information to the MCS at the Companion Data Services (CDS):

- CKCC/KCF Participant File Header
- CKCC/KCF Participant Record Detail
- CKCC/KCF Participant File Trailer

ACO-OS sends the ACO REACH Participant file with the following information to the MCS at the CDS:

- ACO REACH Participant File Header
- ACO REACH Participant Record Detail
- ACO REACH Participant File Trailer

ACO-OS sends the PCF Participant file with the following information to the MCS at the CDS:

- PCF Participant File Header
- PCF Participant Record Detail
- PCF Participant File Trailer

ACO-OS receives the CKCC Beneficiary Response file with the following information from the CWF:

- CKCC Beneficiary Response File Header
- CKCC Beneficiary Response Record Detail
- CKCC Beneficiary Response File Trailer

ACO-OS receives the KCF Beneficiary Response file with the following information from the CWF:

- KCF Beneficiary Response File Header
- KCF Beneficiary Response Record Detail
- KCF Beneficiary Response File Trailer

ACO-OS receives the ACO REACH Beneficiary Response file with the following information from the CWF:

- ACO REACH Beneficiary Response File Header
- ACO REACH Beneficiary Response Record Detail
- ACO REACH Beneficiary Response File Trailer

ACO-OS receives the PCF Beneficiary Response file with the following information from the CWF:

- PCF Beneficiary Response File Header
- PCF Beneficiary Response Record Detail
- PCF Beneficiary Response File Trailer

ACO-OS receives the CKCC/KCF Participant Response file with the following information from the MCS:

- CKCC/KCF Participant Response File Header
- CKCC/KCF Participant Response Record Detail
- CKCC/KCF Participant Response File Trailer

ACO-OS receives the ACO REACH Participant Response file with the following information from the MCS:

- ACO REACH Participant Response File Header
- ACO REACH Participant Response Record Detail
- ACO REACH Participant Response File Trailer

ACO-OS receives the PCF Participant Response file with the following information from the MCS:

- PCF Participant Response File Header
- PCF Participant Response Record Detail
- PCF Participant Response File Trailer
- The ACO-OS sends the Part B PCF Provider file with the following information to the MCS at the HP VDC:
- Part B PCF Provider File Header
- Part B PCF Provider Record Detail
- Part B PCF Provider File Trailer

3 Assumptions, Constraints, and Risks

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

3.1 Assumptions

The following assumption applies to the project:

The ACO-OS delivers the data to the FFS SSMs with specified message formatting (or record layouts) and required protocols as per the agreed Interface Initiation.

3.2 Constraints

Operational success depends on the availability and quality of data from the ACO-OS to the FFS SSMs.

3.3 Risks

The following risk may impact achievement of project performance goals:

Changes to the baseline requirement/data file layout will impact the timely implementation of this interface.

4 General Interface Requirements

This section describes general interface requirements.

4.1 Interface Overview

1. The ACO-OS sends the Part A/Part B VT APM Provider file to the MCS at the HP VDC. The MCS sends the Part A/Part B VT APM Provider Response file back to the ACO-OS.
2. The ACO-OS sends the VT APM Beneficiary file to the CWF at the CWF HP Host. The CWF sends the VT APM Beneficiary Response file back to the ACO-OS.
3. The ACO-OS sends will send ACO REACH Beneficiary file to the CWF at the CWF HP Host. The CWF sends the ACO REACH Beneficiary Response file back to the ACO-OS.
4. The ACO-OS sends the CKCC Beneficiary file to the CWF at the CWF HP Host. The CWF sends the CKCC Beneficiary Response file back to the ACO-OS.
5. The ACO-OS sends the KCF Beneficiary file to the CWF at the CWF HP Host. The CWF sends the KCF Beneficiary Response file back to the ACO-OS.
6. The ACO-OS sends the PCF Beneficiary file to the CWF at the CWF HP Host. The CWF sends the PCF Beneficiary Response file back to the ACO-OS.
7. The ACO-OS sends the Weekly AIPBP Reduction file (pass-through file) received from CWF to Entities via the Receipt and Control System (RACS) for the VT APM, and ACO REACH models. These files are sent through the Electronic File Transfer (EFT) platform and are available to Entities through Entity-specific mailboxes. (For the purposes of communicating with Entities, EFT is referred to as Managed File Transfer [MFT].) These files will contain all new AIPBP claims processed information during the week for any aligned beneficiary. The data for the weekly AIPBP files is published by CWF.
8. The ACO-OS will also store these weekly files for the system of record and redistribute them to the Entities upon request.

4.2 Functional Allocation

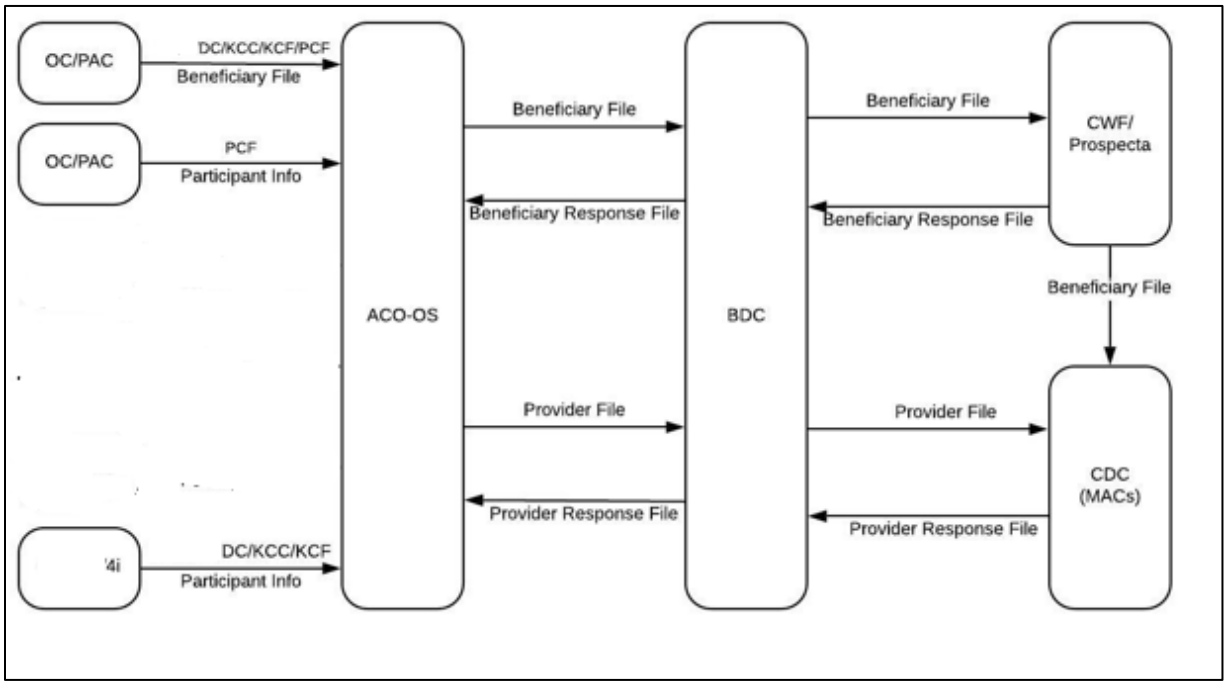
1. Based on Part A/Part B VT APM Provider and Beneficiary information maintained within the ACO-OS, the ACO-OS creates the following and sends the files to FFS SSMs:
    - Part A/Part B VT APM Provider file
    - VT APM Beneficiary file
2. Based on CKCC/KCF Participant and CKCC/KCF Beneficiary information maintained within the ACO-OS, the ACO-OS creates the following and sends the files to FFS SSMs:
    - CKCC/KCF Participant file
    - CKCC Beneficiary file
    - KCF Beneficiary file
3. Based on ACO REACH Participant and ACO REACH Beneficiary information maintained within the ACO-OS, the ACO-OS creates the following and sends the files to FFS SSMs:
    - ACO REACH Participant file
    - ACO REACH Beneficiary file

4. Based on PCF Participant and PCF Beneficiary information maintained within the ACO-OS, the ACO-OS creates the following and sends the files to FFS SSMs:
    - PCF Participant file
    - PCF Beneficiary file

4.3 Data Transfer

The diagrams in the figures below display the data flow for the ACO-OS to FFS SSMs file transfers.

Figure 1: VT APM /CKCC/KCF/ACO REACH/PCF FFS SSM Data Flow



4.4 Transactions

1. The ACO-OS sends the following files to the CWF at the CWF HP Host:
    - VT APM Beneficiary file
    - CKCC Beneficiary file
    - KCF Beneficiary file
    - ACO REACH Beneficiary file
    - PCF Beneficiary file
2. The ACO-OS sends the following file to the MCS at the HP VDC:
    - Part A/Part B VT APM Provider file
    - Part A/Part B CKCC/KCF Provider file
    - Part A/Part B ACO REACH Provider file
    - Part B PCF Provider file

3. The MCS sends a response file back to the ACO-OS for the Part A/Part B VT APM Provider file received from the ACO-OS.
4. The CWF sends a response file back to the ACO-OS for the VT APM Beneficiary file received from the ACO-OS.
5. The CWF sends a response file back to the ACO-OS for the CKCC Beneficiary file received from the ACO-OS.
6. The CWF sends a response file back to the ACO-OS for the KCF Beneficiary file received from the ACO-OS.
7. The CWF sends a response file back to the ACO-OS for the ACO REACH Beneficiary file received from the ACO-OS.
8. The CWF sends a response file back to the ACO-OS for the PCF Beneficiary file received from the ACO-OS.
9. If there are any errors identified on the Part A/Part B VT APM/CKCC/KCF/ACO REACH/PCF Provider Response file, the ACO-OS sends a full refresh Part A/Part B VT APM/CKCC/KCF/ACO REACH/PCF Provider file back to the MCS at the HP VDC.
10. If there are any errors identified on the VT APM Beneficiary Response file, the ACO-OS sends a full refresh VT APM Beneficiary file back to the CWF at the CWF HP Host.
11. If there are any errors identified on the CKCC Beneficiary Response file, the ACO-OS sends a full refresh CKCC Beneficiary file back to the CWF at the CWF HP Host.
12. If there are any errors identified on the KCF Beneficiary Response file, the ACO-OS sends a full refresh KCF Beneficiary file back to the CWF at the CWF HP Host.
13. If there are any errors identified on the ACO REACH Beneficiary Response file, the ACO-OS sends a full refresh ACO REACH Beneficiary file back to the CWF at the CWF HP Host. If there are any errors identified on the PCF Beneficiary Response file, the ACO-OS sends a full refresh PCF Beneficiary file back to the CWF at the CWF HP Host.
14. The ACO-OS sends the Weekly AIPBP Reduction File (pass-through file) received from CWF to Entities via RACS (specified in Appendix B). RACS logs the receipt of the pass-through file and then forwards the pass-through file to the VT APM/CCKC/KCF/ACO REACH Entities. The ACO-OS also stores these files for the system of record.

4.5 Security and Integrity

Files are transmitted using the CMS EFT process over a secure connection.

5 Detailed Interface Requirements

This section describes detailed interface requirements.

5.1 VT APM Beneficiary File for FFS SSMs

This section describes the information exchange between the ACO-OS and the CWF for the VT APM Beneficiary file.

5.1.1 General Processing

The ACO-OS sends the VT APM Beneficiary file to the CWF at the CWF HP Host. The CWF then sends the VT APM Beneficiary Response file to the ACO-OS.

5.1.2 Interface Processing Time Requirements

The VT APM Beneficiary data from the ACO-OS will routinely be sent monthly but could be sent more frequently if Business needs require. A full refresh file will be sent even if there is no change to the Beneficiary data. This full refresh file contains the VT APM Beneficiary data from 01/01/2019 onward.

The ACO-OS will include the most current HICN and/or RRB Numbers associated with the beneficiary in VT APM Beneficiary file.

5.1.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.1.4 File Layout

Each ACO-OS provided VT APM Beneficiary file and the corresponding CWF VT APM Beneficiary Response file has a header, record details, and trailer as described in section 5.1.4.2.

5.1.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.1.4.2.

5.1.4.2 Field/Element Definitions

All tables briefly describe a VT APM Beneficiary file transaction from the ACO-OS and a response from the CWF. The description column describes the basic file elements. The response file contains exact field values provided by the ACO-OS with the addition of a response code.

Table 1: VT APM Beneficiary File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the VT APM Beneficiary file	1	7	CHAR	HDR_BEN
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler		16	40	CHAR	Blanks

Table 2: VT APM Beneficiary Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the VT APM Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler		18	38	CHAR	As provided by the ACO-OS

Table 3: ACO-OS to VT APM Beneficiary Record Detail

Data Fields marked with an [I] contain Personally Identifiable Information (PII).

Data Fields marked with an [H] contain Protected Health Information (PHI).

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the VT APM Beneficiary file	1	7	CHAR	DTL_BEN
VT APM ACO Organization Identifier	Unique identifier for VT APM ACO	8	10	CHAR	F<nnn>
Delete Flag	Beneficiary who never should have been aligned, thus removed from the VT APM alignment	18	1	CHAR	“D” or Blank
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	19	12	CHAR	Alphanumeric characters

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Effective Start Date	Effective start date of the beneficiary's association with the VT APM ACO	31	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Effective end date of the beneficiary's association with a VT APM ACO	39	8	CHAR	CCYYMMDD
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	47	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific
Beneficiary Gender	Beneficiary gender	48	1	CHAR	M – Male F – Female U – Unknown
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	49	1	CHAR	Y = Yes N = No
Filler		50	6	CHAR	Blanks

Table 4: FFS SSM to ACO-OS VT APM Beneficiary Response Record Detail

Data Fields marked with an [I] contain PII.

Data Fields marked with an [H] contain PHI.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the VT APM Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processed successfully or not	8	2	NUM	As applicable
VT APM Organization Identifier	Unique identifier for VT APM ACO	10	10	CHAR	As provided by the ACO-OS
Delete Flag	Beneficiary who never should have been aligned, thus removed from the VT APM alignment	20	1	CHAR	As provided by the ACO-OS
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	21	12	CHAR	As provided by the ACO-OS
Beneficiary Effective Start Date	Effective start date of the beneficiary's association with an VT APM ACO	33	8	CHAR	As provided by the ACO-OS
Beneficiary Effective End Date	Effective end date of the beneficiary's association with an VT APM ACO	41	8	CHAR	As provided by the ACO-OS
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	49	1	CHAR	As provided by the ACO-OS
Beneficiary Gender	Beneficiary gender	50	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	51	1	CHAR	As provided by the ACO-OS
Filler		52	4	CHAR	As provided by the ACO-OS

Table 5: VT APM Beneficiary File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the VT APM Beneficiary file	1	7	CHAR	TRL_BEN
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of rows or records sent by the ACO-OS	16	10	NUM	Numbers
Filler		26	30	CHAR	Blanks

Table 6: VT APM Beneficiary Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the VT APM Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date when the file was created	10	8	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Detail Record Count	Number of rows or records sent by the ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler		28	28	CHAR	As provided by the ACO-OS

5.1.4.3 Filenames

The VT APM Beneficiary file naming convention for the file sent by the ACO-OS to the CWF at the CWF HP Host will be **P#EFT.ON.CWFHP.VTBEN.Dyymmdd.Thhmmsst**. For example, an outbound file for December 15, 2019, at 10:00 AM would be:

P#EFT.ON.CWFHP.VTBEN.D191215.T1000000.

The file naming convention for the VT APM Beneficiary Response file sent by the CWF to the ACO-OS will be **P#EFT.ON.ACOT.VTBEN.CWFHP.Dyymmdd.Thhmmsst**. For example, an inbound file from the CWF corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.VTBEN.CWFHP.D191215.T1000000.

5.1.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.1.5.1 Interface Initiation

The ACO-OS sends full refresh VT APM Beneficiary file to the CWF at the CWF HP Host on each month and as needed by CMS/CMMI.

5.1.5.2 Flow Control

The ACO-OS VT APM Beneficiary files are transferred to the CWF at the CWF HP Host using EFT. If there are any problems 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.

5.1.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.2 Part A/Part B VT APM Provider File for FFS SSMs

This section describes the information exchange between the ACO-OS and the MCS for the Part A/Part B VT APM Provider File.

5.2.1 General Processing

The ACO-OS sends the Part A/Part B VT APM Provider file to the MCS at the HP VDC. After MCS receives the Part A/Part B VT APM Provider file from the ACO-OS, a response file is generated from the MCS along with a response code that the MCS then sends back to the ACO-OS.

5.2.2 Interface Processing Time Requirements

Part A/Part B VT APM Provider data from the ACO-OS will be sent monthly. A full refresh file will be sent even if there is no change to the provider data. This full refresh file contains currently active and previously active benefit enhancement records for a Provider from 01/01/2019 for VT APM forward.

The ACO-OS will include the following Provider Types associated with an VT APM ACO on or after 01/01/2019 in the Part A/Part B VT APM Provider File.

- Provider/Suppliers
- Preferred Providers

Every Provider record will have a base record accompanied by enhancement records if the provider participates in any benefit enhancements. Every enhancement will have its own record. A base record is required even when the Provider is not participating in any one of the benefit enhancements.

Note: At the beginning of each PY, the KCC Provider records with date range spanning across the multiple PY(s) and open-end dates of 12/31/9999 in ACO-OS will be split in the FFS extract by each calendar year with the latest record showing open end date.

5.2.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.2.4 File Layout

Each ACO-OS provider file and corresponding MCS response file has a header, record details, and trailer as described in section 5.2.4.2.

5.2.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.2.4.2.

5.2.4.2 Field/Element Definitions

All tables briefly describe a file transaction from the ACO-OS and a response by the MCS. The description column describes basic file elements. The response file returns exact field values provided by the ACO-OS with the addition of a response code.

Table 7: Part A/Part B VT APM Provider File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B VT APM Provider file	1	7	CHAR	HDR_PRV
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler		16	85	CHAR	Blanks

Table 8: Part A/Part B VT APM Provider Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B VT APM Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler		18	83	CHAR	As provided by the ACO-OS

Table 9: ACO-OS to Part A/Part B VT APM Provider Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ı contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part A/Part B VT APM Provider file	1	7	CHAR	DTL_PRV
VT APM Organization Identifier*	Unique identifier for VT APM ACO	8	10	CHAR	V<nnn> F<nnn>
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	18	1	CHAR	P S A
Participant TIN* ı	The Tax Identification Number (TIN) for the ACO Participant	19	9	NUM	Numbers

Data Field	Description	Start Position	Length	Format	Valid Values
ACO Participant NPI*	The National Provider Identifier (NPI) for the ACO Participant (This field supports iNPI and oNPI)	28	10	NUM	Numbers
Participant CCN	The CMS Certification Number (CCN) for the ACO Participant	38	6	CHAR	Blank allowed
Record Type*	Detail Record Type 0 = Base Record 2 =VTAPM TeleHealth 3 = Post Discharge Home Visit 4 = Skilled Nursing Facility (SNF) 3-Day Stay Waiver 5 = AIPBP	44	1	CHAR	0 2 3 4 5
Participant/PBP /Enhancement Effective Start Date*	For the Base Record: Effective start date of the Provider's association with an VT APM ACO. For AIPBP: Effective start date of the Provider utilizing AIPBP. For Benefit Enhancements: Effective start date of the Provider participating in the benefit enhancement.	45	8	CHAR	CCYYMMDD

Data Field	Description	Start Position	Length	Format	Valid Values
Provider/Enhancement Effective End Date*	For the Base Record: Effective end date of the Provider's association with an VT APM ACO. For AIPBP: Effective end date of the Provider utilizingAIPBP. For Benefit Enhancements: Effective end date of the Provider participating in the benefit enhancement.	53	8	CHAR	CCYYMMDD
Part A Percentage Reduction	Percentage of Part A Claims Reduction	61	3	DECIMAL	For the AIPBP Record: Value is equal to (1) or 100% with two (2) implied decimal places when AIPBP is applicable. Ex. 1.00 will appear as 100. A zero value is applicable when Part A Reduction Percentage is not available.

Data Field	Description	Start Position	Length	Format	Valid Values
Part B Percentage Reduction	Percentage of Part B Claims Reduction	64	3	DECIMAL	For the AIPBP Record: Value is equal to (1) or 100% with two (2) implied decimal places when AIPBP is applicable. Ex. 1.00 will appear as 100. A zero value is applicable when Part B Reduction Percentage is not available.
Filler		67	34	CHAR	Blanks

Table 10: FFS SSM to ACO-OS Part A/Part B VT APM Provider Response Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ı contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part A/Part B VT APM Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	As applicable
VT APM Organization Identifier*	Unique identifier for VT APM ACO	10	10	CHAR	As provided by the ACO-OS
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	20	1	CHAR	As provided by the ACO-OS
Participant TIN* ı	The Tax Identification Number (TIN) for the ACO Participant	21	9	NUM	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
ACO Participant NPI*	The NPI for the ACO Participant (This field supports iNPI and oNPI).	30	10	NUM	As provided by the ACO-OS
Participant CCN	The CCN for the ACO Participant	40	6	CHAR	As provided by the ACO-OS
Record Type*	Detail Record Type 0 = Base Record 2 = VTAPM TeleHealth 3 = Post Discharge Home Visit 4 = SNF 3-Day Stay Waiver 5 = AIPBP	46	1	CHAR	As provided by the ACO-OS
Participant/PBP /Enhancement Effective Start Date*	For the Base Record: Effective start date of the Provider's association with an VT APM ACO. AIPBP: Effective start date of the Provider utilizing AIPBP. For Benefit Enhancements: Effective start date of the Provider participating in the benefit enhancement.	47	8	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Provide/Enhancement Effective End Date*	For the Base Record: Effective end date of the Provider's association with an VT APM ACO. For AIPBP: Effective end date of the Provider utilizing AIPBP. For Benefit Enhancements: Effective end date of the Provider participating in the benefit enhancement.	55	8	CHAR	As provided by the ACO-OS
Part A Percentage Reduction	Percentage of Part A Claims Reduction	63	3	DECIMAL	As provided by the ACO-OS
Part B Percentage Reduction	Percentage of Part B Claims Reduction	66	3	DECIMAL	As provided by the ACO-OS
Filler		69	32	CHAR	As provided by the ACO-OS

Table 11: Part A/Part B VT APM Provider File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the Part A/Part B VT APM Provider file	1	7	CHAR	TRL_PRV
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of detail rows or records sent by ACO-OS	16	10	NUM	Numbers
Filler	N/A	26	75	CHAR	Blanks

Table 12: Part A/Part B VT APM Provider Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B VT APM Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of detail rows or records sent by ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler		28	73	CHAR	As provided by the ACO-OS

5.2.4.3 Filenames

The file naming convention for the Part A/Part B VT APM Provider file sent by the ACO-OS to the MCS at the HP VDC will be **P#EFT.ON.MCSHPVDC.PRV.Dyymmdd.Thhmmsst**. For example, an outbound file for December 15, 2011, at 10:00 AM to the MCS at the HP VDC would be:

P#EFT.ON.MCSHPVDC.PRV.D111215.T1000000

The file naming convention for the Part A/Part B VT APM Provider Response file sent by the MCS to the ACO-OS will be **P#EFT.ON.ACOT.PRV.MCSHPVDC.Dyymmdd.Thhmmsst**. For example, an inbound file from the MCS corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.PRV.MCSHPVDC.D111215.T1000000

5.2.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.2.5.1 Interface Initiation

The ACO-OS sends the Part A/Part B VT APM Provider file to the MCS at the HP VDC.

5.2.5.2 Flow Control

The ACO-OS Part A/Part B VT APM Provider files are transferred to the MCS at the HP VDC using EFT. If there are any problems 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.

5.2.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.3 CKCC Beneficiary File for FFS SSMs

This section describes the information exchange between the ACO-OS and the CWF for the CKCC Beneficiary file.

5.3.1 General Processing

The ACO-OS sends the CKCC Beneficiary file to the CWF at the CWF HP Host. The CWF then sends the CKCC Beneficiary Response file to the ACO-OS.

5.3.2 Interface Processing Time Requirements

The CKCC Beneficiary data from the ACO-OS will routinely be sent quarterly but could be sent more frequently if Business needs require. A full refresh file will be sent even if there is no change to the Beneficiary data. This full refresh file contains CKCC beneficiary data from the Model performance period onward.

The ACO-OS will include the most current HICN and/or RRB Numbers associated with the beneficiary in CKCC Beneficiary file. The Delete Flag is available in ACO-OS for the excluded Beneficiaries based on program precedence exclusion.
Note: The PCF Provider records with date range across the multiple PY(s) and open-end dates of 12/31/9999 in ACO-OS will be split in the FFS extract by each calendar year with the latest record showing open end date. This split occurs for end year transmission for upcoming PY.

5.3.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.3.4 File Layout

Each ACO-OS provided CKCC Beneficiary file and the corresponding CWF CKCC Beneficiary Response file has a header, record details, and trailer as described in section 5.3.4.2.

5.3.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.3.4.2.

5.3.4.2 Field/Element Definitions

All tables briefly describe a CKCC Beneficiary file transaction from the ACO-OS and a response from the CWF. The description column describes the basic file elements. The response file contains exact field values provided by the ACO-OS with the addition of a response code.

Table 13: CKCC Beneficiary File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the CKCC Beneficiary file	1	7	CHAR	HDR_BEN
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler		16	40	CHAR	Blanks

Table 14: CKCC Beneficiary Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the CKCC Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler		18	38	CHAR	As provided by the ACO-OS

Table 15: ACO-OS (CKCC) to FFS SSM Beneficiary Record Detail

Data Fields marked with an [I] contain Personally Identifiable Information (PII).

Data Fields marked with an [H] contain Protected Health Information (PHI).

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the CKCC Beneficiary file	1	7	CHAR	DTL_BEN
CKCC ACO Organization Identifier	Unique identifier for CKCC Entity	8	10	CHAR	C<nnnn>
Delete Flag	Beneficiary who never should have been aligned, thus removed from the CKCC alignment	18	1	CHAR	“D” or Blank
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	19	12	CHAR	Alphanumeric characters
Beneficiary Effective Start Date	Effective start date of the beneficiary’s association with the CKCC ACO	31	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Effective end date of the beneficiary’s association with a CKCC ACO	39	8	CHAR	CCYYMMDD 12319999 for open end date
Beneficiary Host ID	Identifies the CWF location where a beneficiary’s Medicare Utilization Records are maintained.	47	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Gender	Beneficiary gender	48	1	CHAR	M = Male F = Female U = Unknown
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	49	1	CHAR	Y = Yes N = No
QCP Indicator	Quarterly Capitation Payment Indicator	50	1	CHAR	Blank = Not Qualified for QCP payment Y = Qualified for QCP payment
Population Indicator	Indicates whether the Beneficiary is in Seriously Ill Population (SIP)	51	1	CHAR	Always blank
PBA Indicator	Performance Based Adjustment Indicator	52	1	CHAR	Always blank for CKCC
Filler		53	3	CHAR	Blanks

Table 16: FFS SSM to ACO-OS (CKCC) Beneficiary Response Record Detail

Data Fields marked with an [I] contain PII.

Data Fields marked with an [H] contain PHI.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the CKCC Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processed successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
CKCC Organization Identifier	Unique identifier for CKCC ACO	10	10	CHAR	As provided by the ACO-OS
Delete Flag	Beneficiary who never should have been aligned, thus removed from the CKCC alignment	20	1	CHAR	As provided by the ACO-OS
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	21	12	CHAR	As provided by the ACO-OS
Beneficiary Effective Start Date	Effective start date of the beneficiary's association with an CKCC ACO	33	8	CHAR	As provided by the ACO-OS
Beneficiary Effective End Date	Effective end date of the beneficiary's association with an CKCC ACO	41	8	CHAR	As provided by the ACO-OS
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	49	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Gender	Beneficiary gender	50	1	CHAR	As provided by the ACO-OS
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	51	1	CHAR	As provided by the ACO-OS
QCP Indicator	Quarterly Capitation Payment Indicator	52	1	CHAR	As provided by the ACO-OS
Population Indicator	Indicates whether the Beneficiary is in Seriously Ill Population (SIP)	53	1	CHAR	As provided by the ACO-OS
PBA Indicator	Performance Based Adjustment Indicator	54	1	CHAR	As provided by the ACO-OS
Filler	Blanks for future expansion	55	1	CHAR	Blanks

Table 17: CKCC Beneficiary File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the CKCC Beneficiary file	1	7	CHAR	TRL_BEN
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of rows or records sent by the ACO-OS	16	10	NUM	Numbers
Filler	Blanks for future expansion	26	30	CHAR	Blanks

Table 18: CKCC Beneficiary Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the CKCC Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date when the file was created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of rows or records sent by the ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler	Blanks for future expansion	28	28	CHAR	As provided by the ACO-OS

5.3.4.3 Filenames

The CKCC Beneficiary file naming convention for the file sent by the ACO-OS to the CWF at the CWF HP Host will be **P#EFT.ON.CWFHP.CKCCBENE.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM would be:

P#EFT.ON.CWFHP.CKCCBENE.D210104.T1000000.

The file naming convention for the CKCC Beneficiary Response file sent by the CWF to the ACO-OS will be **P#EFT.ON.ACOT.CWFHP.CKCCBR.Dyymmdd.Thhmmsst**. For example, an inbound file from the CWF corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.CWFHP.CKCCBR.D210104.T1000000.

5.3.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.3.5.1 Interface Initiation

The ACO-OS sends full refresh CKCC Beneficiary file to the CWF at the CWF HP Host on each month or quarterly and as needed by CMS/CMMI.

5.3.5.2 Flow Control

The ACO-OS CKCC Beneficiary files are transferred to the CWF at the CWF HP Host using EFT. If there are any problems 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.

5.3.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.4 KCF Beneficiary File for FFS SSMs

This section describes the information exchange between the ACO-OS and the CWF for the KCF Beneficiary file.

5.4.1 General Processing

The ACO-OS sends the KCF Beneficiary file to the CWF at the CWF HP Host. The CWF then sends the KCF Beneficiary Response file to the ACO-OS.

5.4.2 Interface Processing Time Requirements

The KCF Beneficiary data from the ACO-OS will routinely be sent quarterly but could be sent more frequently if Business needs require. A full refresh file will be sent even if there is no change to the Beneficiary data. This full refresh file contains KCF Beneficiary data from the performance period onward.

The ACO-OS will include the most current HICN and/or RRB Numbers associated with the beneficiary in KCF Beneficiary file. The Delete Flag is available in ACO-OS for the excluded Beneficiaries based on program precedence exclusion.
Note: The KCF beneficiary records with date range across the multiple PY(s) and open-end dates of 12/31/9999 in ACO-OS will be split in the FFS extract by each calendar year with the latest record showing open end date. This split occurs for end year transmission for upcoming PY.

5.4.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.4.4 File Layout

Each ACO-OS provided KCF Beneficiary file and the corresponding CWF KCF Beneficiary Response file has a header, record details, and trailer as described in section 5.4.4.2.

5.4.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.4.4.2.

5.4.4.2 Field/Element Definitions

All tables briefly describe a KCF Beneficiary file transaction from the ACO-OS and a response from the CWF. The description column describes the basic file elements. The response file contains exact field values provided by the ACO-OS with the addition of a response code.

Table 19: KCF Beneficiary File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the KCF Beneficiary file	1	7	CHAR	HDR_BEN
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler		16	40	CHAR	Blanks

Table 20: KCF Beneficiary Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the KCF Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler		18	38	CHAR	As provided by the ACO-OS

Table 21: ACO-OS (KCF) to FFS SSM Beneficiary Record Detail

Data Fields marked with an [I] contain Personally Identifiable Information (PII).

Data Fields marked with an [H] contain Protected Health Information (PHI).

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the KCF Beneficiary file	1	7	CHAR	DTL_BEN
KCF ACO Organization Identifier	Unique identifier for KCF ACO	8	10	CHAR	K<nnnn>
Delete Flag	Beneficiary who never should have been aligned, thus removed from the KCF alignment	18	1	CHAR	“D” or Blank
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	19	12	CHAR	Alphanumeric characters
Beneficiary Effective Start Date	Effective start date of the beneficiary’s association with the KCF ACO	31	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Effective end date of the beneficiary’s association with a KCF ACO	39	8	CHAR	CCYYMMDD Open end date will be 99991231
Beneficiary Host ID	Identifies the CWF location where a beneficiary’s Medicare Utilization Records are maintained.	47	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Gender	Beneficiary gender	48	1	CHAR	M = Male F = Female U = Unknown
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	49	1	CHAR	Y = Yes N = No
QCP Indicator	Quarterly Capitation Payment Indicator	50	1	CHAR	Blank = Not Qualified for QCP payment Y = Qualified for QCP payment
Population Indicator	Indicates whether the Beneficiary is in Seriously Ill Population (SIP)	51	1	CHAR	Always blank
PBA Indicator	Performance Based Adjustment Indicator	52	1	CHAR	Blank= Not Qualified for PBA Y= Qualified for PBA **Note:** *PBA values will be in production from July 2023; the first set of files for July 2023 implementation will be delivered in June 2023.*
Filler	Blanks for future expansion	53	3	CHAR	Blanks

Table 22: FFS SSM to ACO-OS (KCF) Beneficiary Response Record Detail

Data Fields marked with an [I] contain PII.

Data Fields marked with an [H] contain PHI.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the KCF Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processed successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
KCF Organization Identifier	Unique identifier for KCF ACO	10	10	CHAR	As provided by the ACO-OS
Delete Flag	Beneficiary who never should have been aligned, thus removed from the KCF alignment	20	1	CHAR	As provided by the ACO-OS
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	21	12	CHAR	As provided by the ACO-OS
Beneficiary Effective Start Date	Effective start date of the beneficiary's association with an KCF ACO	33	8	CHAR	As provided by the ACO-OS
Beneficiary Effective End Date	Effective end date of the beneficiary's association with an KCF ACO	41	8	CHAR	As provided by the ACO-OS
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	49	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Gender	Beneficiary gender	50	1	CHAR	As provided by the ACO-OS
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	51	1	CHAR	As provided by the ACO-OS
QCP Indicator	Quarterly Capitation Payment Indicator	52	1	CHAR	As provided by the ACO-OS
Population Indicator	Indicates whether the Beneficiary is in Seriously Ill Population (SIP)	53	1	CHAR	As provided by the ACO-OS
PBA Indicator	Performance Based Adjustment Indicator	54	1	CHAR	As provided by the ACO-OS
Filler	Blanks for future expansion	55	1	CHAR	Blanks

Table 23: KCF Beneficiary File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the KCF Beneficiary file	1	7	CHAR	TRL_BEN
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of rows or records sent by the ACO-OS	16	10	NUM	Numbers
Filler		26	30	CHAR	Blanks

Table 24: KCF Beneficiary Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the KCF Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date when the file was created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of rows or records sent by the ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler	Blanks for future expansion	28	28	CHAR	As provided by the ACO-OS

5.4.4.3 Filenames

The KCF Beneficiary file naming convention for the file sent by the ACO-OS to the CWF at the CWF HP Host will be **P#EFT.ON.CWFHP.KCFBENE.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM would be:

P#EFT.ON.CWFHP.KCFBENE.D210104.T1000000.

The file naming convention for the KCF Beneficiary Response file sent by the CWF to the ACO-OS will be **P#EFT.ON.ACOT.CWFHP.KCFBR.Dyymmdd.Thhmmsst**. For example, an inbound file from the CWF corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.CWFHP.KCFBR.D210104.T1000000.

5.4.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.4.5.1 Interface Initiation

The ACO-OS sends full refresh KCF Beneficiary file to the CWF at the CWF HP Host on each month or quarterly and as needed by CMS/CMMI.

5.4.5.2 Flow Control

The ACO-OS KCF Beneficiary files are transferred to the CWF at the CWF HP Host using EFT. If there are any problems 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.

5.4.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.5 Part A/Part B CKCC/KCF Provider File for FFS SSMs

This section describes the information exchange between the ACO-OS and the MCS for the Part A/Part B CKCC/KCF Provider File.

5.5.1 General Processing

The ACO-OS sends the Part A/Part B CKCC/KCF Provider file to the MCS at the HP VDC. After MCS receives the Part A/Part B CKCC/KCF Provider file from the ACO-OS, a response file is generated from the MCS along with a response code that the MCS then sends back to the ACO-OS.

5.5.2 Interface Processing Time Requirements

Part A/Part B CKCC/KCF Provider data from the ACO-OS will be sent monthly. A full refresh file will be sent even if there is no change to the provider data. This full refresh file contains currently active and previously active benefit enhancement records for a Provider for Performance Year(s) data.

The ACO-OS will include the following Provider Types associated with a CKCC/KCF for Performance Years in the Part A/Part B CKCC/KCF Provider File.

- Provider/Suppliers
- Preferred Providers

5.5.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.5.4 File Layout

Each ACO-OS provider file and corresponding MCS response file has a header, record details, and trailer as described in section 5.5.4.2.

5.5.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.5.4.2.

5.5.4.2 Field/Element Definitions

All tables briefly describe a file transaction from the ACO-OS and a response by the MCS. The description column describes basic file elements. The response file returns exact field values provided by the ACO-OS with the addition of a response code.

Table 25: Part A/Part B CKCC/KCF Provider File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B CKCC/KCF Provider file	1	7	CHAR	HDR_PRV
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler		16	85	CHAR	Blanks

Table 26: Part A/Part B CKCC/KCF Provider Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B CKCC/KCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler	Blanks for future expansion	18	83	CHAR	As provided by the ACO-OS

Table 27: ACO-OS to Part A/Part B CKCC/KCF Provider Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ı contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part A/Part B CKCC/KCF Provider file	1	7	CHAR	DTL_PRV

Data Field	Description	Start Position	Length	Format	Valid Values
CKCC/KCF Organization Identifier*	Unique identifier for CKCC/KCF ACO	8	10	CHAR	C<nnnn> for CKCC K<nnnn> for KCF
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	18	1	CHAR	P S
Participant TIN*[l]	The Tax Identification Number (TIN) for the ACO Participant	19	9	NUM	Numbers
ACO Participant NPI*	The National Provider Identifier (NPI) for the ACO Participant (This field supports iNPI and oNPI)	28	10	NUM	Numbers
Participant CCN	The CMS Certification Number (CCN) for the ACO Participant	38	6	CHAR	Blank allowed

Data Field	Description	Start Position	Length	Format	Valid Values
Record Type*	Detail Record Type 0 = Base Record 1 = APO 2 = Telehealth 3 = Post Discharge Home Visit 4 = SNF 3-Day Stay Waiver 5 = TCC 6 = CEC Telehealth 7 = Care Management Home Visit 8 = PCC 9 = Home Health Homebound Waiver A = Diabetic Shoe Orders by Nurse Practitioners B = Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefits C = Kidney Disease Education Benefit Enhancement D = SIP (Represents only the providers that can bill the G code) E = PCF (Represents all providers who can bill FVF codes) F = QCP G= Performance-Based Adjustment (PBA)	44	1	CHAR	**KCF BEs:** 2 = Telehealth 3 = Post Discharge Home Visits C = Kidney Disease Education Benefit Enhancement F = QCP **Note 1:** *ACO-OS will apply QCP to nephrologists and nephrology practices.* G = PBA (applicable to all KCF aligning providers and does not apply for CKCC) **Note 2:** Base record (a record without a benefit enhancement will not be included for KCC)

Data Field	Description	Start Position	Length	Format	Valid Values
					CKCC BEs: 2 = Telehealth 3 = Post-Discharge Home Visits 4 = SNF 9 = Home Health Homebound Waiver B = Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefits C = Kidney Disease Education F = QCP **Note 1:** *ACO-OS will apply QCP to aligning providers (nephrologists and nephrology practices) and will not apply to other providers in CKCC.* **Note 2:** Base record (a record without a benefit enhancement will not be included for KCC)
Provider/QCPEnhancement Effective Start Date*	For QCP: Effective start date of the Provider utilizing QCP For Benefit Enhancements: Effective start date of the Provider participating in the benefit enhancement.	45	8	CHAR	CCYYMMDD

Data Field	Description	Start Position	Length	Format	Valid Values
Provider/QCP Enhancement Effective End Date*	For QCP: Effective end date of the Provider utilizing QCP. For Benefit Enhancements: Effective end date of the Provider participating in the benefit enhancement.	53	8	CHAR	CCYYMMDD
Part A Percentage Reduction	Percentage of Part A Claims Reduction	61	3	DECIMAL	For the QCP Record: Value is always “100” or 100% with two (2) implied decimal places when QCP is applicable. Ex. 1.00 will appear as 100.
Part B Percentage Adjustment	Percentage of Part B Claims Adjustment	64	3	DECIMAL	For the QCP Record: Value is always “100” or 100% with two (2) implied decimal places when QCP is applicable. Ex. 1.00 will appear as 100. For the PBA record which is applicable only to KCF: Value of “-20%” received from inbound process will be set by ACO-OS as “080”; likewise, value of “20%” will be “120”. **Note:** *PBA values will be in production from July 2023; the first set of files for July 2023 implementation will be delivered in June 2023.*
Filler	Blanks for future expansion	67	34	CHAR	Blanks

Table 28: FFS SSM to ACO-OS Part A/Part B CKCC/KCF Provider Response Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ǀ contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part A/Part B CKCC/KCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
CKCC/KCF Organization Identifier*	Unique identifier for CKCC/KCF ACO	10	10	CHAR	As provided by the ACO-OS
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	20	1	CHAR	As provided by the ACO-OS
Participant TIN* ǀ	The Tax Identification Number (TIN) for the ACO Participant	21	9	NUM	As provided by the ACO-OS
ACO Participant NPI*	The NPI for the ACO Participant (This field supports iNPI and oNPI).	30	10	NUM	As provided by the ACO-OS
Participant CCN	The CCN for the ACO Participant	40	6	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Record Type*	Detail Record Type 0 = Base Record 1 = APO 2 = Telehealth 3 = Post Discharge Home Visit 4 = SNF 3-Day Stay Waiver 5 = TCC 6 = CEC Telehealth 7 = Care Management Home Visit 8 = PCC 9 = Home Health Homebound Waiver A = Diabetic Shoe Orders by Nurse Practitioners B = Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefits C = Kidney Disease Education Benefit Enhancement D = SIP (Represents only the providers who can bill the G code) E = PCF (Represents all providers who can bill FVF codes) F = QCP G= Performance-Based Adjustment (PBA)	46	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Participant QCP Enhancement Effective Start Date*	For the Base Record: Effective start date of the Provider's association with an CKCC/KCF ACO. For QCP: Effective start date of the Provider utilizing QCP. For Benefit Enhancements: Effective start date of the Provider participating in the benefit enhancement.	47	8	CHAR	As provided by the ACO-OS
Provider QCP Enhancement Effective End Date*	For QCP: Effective end date of the Provider utilizing QCP. For Benefit Enhancements: Effective end date of the Provider participating in the benefit enhancement.	55	8	CHAR	As provided by the ACO-OS
Part A Percentage Reduction	Percentage of Part A Claims Reduction	63	3	DECIMAL	As provided by the ACO-OS
Part B Percentage Adjustment	Percentage of Part B Claims Adjustment	66	3	DECIMAL	As provided by the ACO-OS
Filler	Blanks for future expansion	69	32	CHAR	As provided by the ACO-OS

Table 29: Part A/Part B CKCC/KCF Provider File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the Part A/Part B CKCC/KCF Provider file	1	7	CHAR	TRL_PRV
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of detail rows or records sent by ACO-OS	16	10	NUM	Numbers
Filler		26	75	CHAR	Blanks

Table 30: Part A/Part B CKCC/KCF Provider Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B CKCC/KCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of detail rows or records sent by ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler		28	73	CHAR	As provided by the ACO-OS

5.5.4.3 Filenames

The file naming convention for the Part A/Part B CKCC/KCF Provider file sent by the ACO-OS to the MACS at the HP VDC will be **P#EFT.ON.MCSHPVDC.KCCPRV.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM to the MACS at the HP VDC would be:

P#EFT.ON.MCSHPVDC.KCCPRV.D210104.T1000000

The file naming convention for the Part A/Part B CKCC/KCF Provider Response file sent by the MCS to the ACO-OS will be **P#EFT.ON.ACOT.MCSHPVDC.KCPR.Dyymmdd.Thhmmsst**. For example, an inbound file from the MCS corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.MCSHPVDC.KCPR.D210104.T1000000

5.5.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.5.5.1 Interface Initiation

The ACO-OS sends the Part A/Part B CKCC/KCF Provider file to the MCS at the HP VDC.

5.5.5.2 Flow Control

The ACO-OS Part A/Part B CKCC/KCF Provider files are transferred to the MCS at the HP VDC using EFT. If there are any problems 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.

5.5.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.6 ACO REACH Beneficiary File for FFS SSMs

This section describes the information exchange between the ACO-OS and the CWF for the ACO REACH Beneficiary file.

5.6.1 General Processing

The ACO-OS sends the ACO REACH Beneficiary file to the CWF at the CWF HP Host. The CWF then sends the ACO REACH Beneficiary Response file to the ACO-OS.

5.6.2 Interface Processing Time Requirements

The ACO REACH Beneficiary data from the ACO-OS will routinely be sent monthly but could be sent more frequently if Business needs require. A full refresh file will be sent even if there is no change to the Beneficiary data. This full refresh file contains the ACO REACH Beneficiary data from 11/01/2020 onward for Performance year(s) data.

The ACO-OS will include the most current HICN and/or RRB Numbers associated with the beneficiary in ACO REACH Beneficiary file.

5.6.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.6.4 File Layout

Each ACO-OS provided ACO REACH Beneficiary File and corresponding CWF ACO REACH Beneficiary Response file has a header, record details, and trailer as described in section 5.6.4.2.

5.6.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.6.4.2.

5.6.4.2 Field/Element Definitions

All tables briefly describe a ACO REACH Beneficiary file transaction from the ACO-OS and a response from the CWF. The description column describes the basic file elements. The response file contains exact field values provided by the ACO-OS with the addition of a response code.

Table 31: ACO REACH Beneficiary File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the ACO REACH Beneficiary file	1	7	CHAR	HDR_BEN
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler	Blanks for future expansion	16	40	CHAR	Blanks

Table 32: ACO REACH Beneficiary Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the ACO REACH Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler		18	38	CHAR	As provided by the ACO-OS

Table 33: ACO-OS to ACO REACH Beneficiary Record Detail

Data Fields marked with an [I] contain Personally Identifiable Information (PII).

Data Fields marked with an [H] contain Protected Health Information (PHI).

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the ACO REACH Beneficiary file	1	7	CHAR	DTL_BEN
Direct Contracting Entity (DCE) Identifier	Unique identifier for DCE	8	10	CHAR	D<nnnn>
Delete Flag	Beneficiary who never should have been aligned, thus removed from the ACO REACH alignment	18	1	CHAR	“D” or Blank
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	19	12	CHAR	Alphanumeric characters
Beneficiary Effective Start Date	Effective start date of the beneficiary’s association with the DCE	31	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Effective end date of the beneficiary’s association with a DCE	39	8	CHAR	CCYYMMDD
Beneficiary Host ID	Identifies the CWF location where a beneficiary’s Medicare Utilization Records are maintained.	47	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Gender	Beneficiary gender	48	1	CHAR	M = Male F = Female U = Unknown
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	49	1	CHAR	Y = Yes N = No
Filler	Blanks for future expansion	50	6	CHAR	Blanks

Table 34: FFS SSM to ACO-OS ACO REACH Beneficiary Response Record Detail

Data Fields marked with an [I] contain PII.

Data Fields marked with an [H] contain PHI.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the ACO REACH Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processed successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
DCE Identifier	Unique identifier for a DCE	10	10	CHAR	As provided by the ACO-OS
Delete Flag	Beneficiary who never should have been aligned, thus removed from the ACO REACH alignment	20	1	CHAR	As provided by the ACO-OS
Beneficiary HICN/ Beneficiary RRB# [I] [H]	Beneficiary HICN/Beneficiary External RRB Number	21	12	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Effective Start Date	Effective start date of the beneficiary's association with a DCE	33	8	CHAR	As provided by the ACO-OS
Beneficiary Effective End Date	Effective end date of the beneficiary's association with a DCE	41	8	CHAR	As provided by the ACO-OS
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	49	1	CHAR	As provided by the ACO-OS
Beneficiary Gender	Beneficiary gender	50	1	CHAR	As provided by the ACO-OS
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	51	1	CHAR	As provided by the ACO-OS
Filler		52	4	CHAR	As provided by the ACO-OS

Table 35: ACO REACH Beneficiary File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the ACO REACH Beneficiary file	1	7	CHAR	TRL_BEN
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of rows or records sent by the ACO-OS	16	10	NUM	Numbers
Filler		26	30	CHAR	Blanks

Table 36: ACO REACH Beneficiary Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the ACO REACH Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date when the file was created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of rows or records sent by the ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler		28	28	CHAR	As provided by the ACO-OS

5.6.4.3 Filenames

The ACO REACH Beneficiary file naming convention for the file sent by the ACO-OS to the CWF at the CWF HP Host will be **P#EFT.ON.CWFHP.DCBENE.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM would be:

P#EFT.ON.CWFHP.DCBENE.D210104.T1000000.

The file naming convention for the ACO REACH Beneficiary Response file sent by the CWF to the ACO-OS will be **P#EFT.ON.ACOT.CWFHP.DCBR.Dyymmdd.Thhmmsst**. For example, an inbound file from the CWF corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.CWFHP.DCBR.D210104.T1000000.

5.6.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.6.5.1 Interface Initiation

The ACO-OS sends full refresh ACO REACH Beneficiary file to the CWF at the CWF HP Host on each month and as needed by CMS/CMMI.

5.6.5.2 Flow Control

The ACO-OS ACO REACH Beneficiary files are transferred to the CWF at the CWF HP Host using EFT. If there are any problems 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.

5.6.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.7 Part A/Part B ACO REACH Provider File for FFS SSMs

This section describes the information exchange between the ACO-OS and the MCS for the Part A/Part B ACO REACH Provider File.

5.7.1 General Processing

The ACO-OS sends the Part A/Part B ACO REACH Provider file to the MCS at the HP VDC. After MCS receives the Part A/Part B ACO REACH Provider file from the ACO-OS, a response file is generated from the MCS along with a response code that the MCS then sends back to the ACO-OS.

5.7.2 Interface Processing Time Requirements

Part A/Part B ACO REACH Provider data from the ACO-OS will be sent monthly. A full refresh file will be sent even if there is no change to the provider data. This full refresh file contains currently active and previously active benefit enhancement records for a Provider from the ACO REACH Model Performance Period (April 1 2021) forward for ACO REACH records.

The ACO-OS will include the following Provider Types associated with a DCE on or after 04/01/2021 in the Part A/Part B ACO REACH Provider File for Performance Year(s) data.

- Participant Providers
- Preferred Providers

5.7.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.7.4 File Layout

Each ACO-OS provider file and corresponding MCS response file has a header, record details, and trailer as described in section 5.10.4.2.

5.7.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.10.4.2.

5.7.4.2 Field/Element Definitions

All tables briefly describe a file transaction from the ACO-OS and a response by the MCS. The description column describes basic file elements. The response file returns exact field values provided by the ACO-OS with the addition of a response code.

Table 37: Part A/Part B ACO REACH Provider File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B ACO REACH Provider file	1	7	CHAR	HDR_PRV
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler		16	85	CHAR	Blanks

Table 38: Part A/Part B ACO REACH Provider Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B ACO REACH Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler		18	83	CHAR	As provided by the ACO-OS

Table 39: ACO-OS to Part A/Part B ACO REACH Provider Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ǀ contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part A/Part B ACO REACH Provider file	1	7	CHAR	DTL_PRV
DCE Identifier*	Unique identifier for DCE	8	10	CHAR	D<nnnn>
Provider Type*	Preferred Provider = P Participant Provider = S Affiliate = A	18	1	CHAR	P S A
Provider TIN* ǀ	The Tax Identification Number (TIN) for the ACO Participant	19	9	NUM	Numbers
ACO Provider NPI*	The National Provider Identifier (NPI) for the ACO Provider (This field supports iNPI and oNPI)	28	10	NUM	Numbers
Provider CCN	The CMS Certification Number (CCN) for the ACO Provider	38	6	CHAR	Blank allowed

Data Field	Description	Start Position	Length	Format	Valid Values
Record Type*	Detail Record Type 0 = Base Record 1 = APO 2 = TeleHealth 3 = Post Discharge Home Visit 4 = SNF 3-Day Stay Waiver 5 = TCC 6 = CEC Telehealth 7 = Care Management Home Visit 8 = PCC 9 = Home Health Homebound Waiver A = Diabetic Shoe Orders by Nurse Practitioners B = Concurrent Care for Beneficiaries who Elect the Medicare Hospice Benefits C = Kidney Disease Education Benefit Enhancement D = SIP (Represents only the providers who can bill the G code) E = PCF (Represents all providers who can bill FVF codes) F = QCP	44	1	CHAR	0 1 2 3 4 5 7 8 9 B

Data Field	Description	Start Position	Length	Format	Valid Values
Provider Effective Start Date in the DCE/Benefit*	For the Base Record, the Effective Start Date is the date the Provider was first aligned to the DCE. For all other BE records, the Effective Start Date is the date the provider started the Benefit Enhancement.	45	8	CHAR	CCYYMMDD
Provider Effective End Date in the DCE/Benefit*	For the Base Record, the Effective End Date is the date the Provider was last aligned to the DCE. For all other Benefit Enhancement records, the Effective End Date is the date the provider discontinued the Benefit Enhancement.	53	8	CHAR	CCYYMMDD

Data Field	Description	Start Position	Length	Format	Valid Values
Part A Percentage Reduction	Percentage of Part A Claims Reduction	61	3	DECIMAL	For the APO Record: Value greater than (0) and less than (1) with two (2) implied decimals places. Ex. 0.75 will appear as 075. Value Zero is applicable for records other than APO (or) when Part A Reduction Percentage is not available. For the TCC/PCC Record: Value is greater than “0” but less than or equal to (1) or 100% with two (2) implied decimal places when TCC/PCC is applicable. Ex. 1.00 will appear as 100. A zero value is applicable when Part A Reduction Percentage is not available.

Data Field	Description	Start Position	Length	Format	Valid Values
Part B Percentage Reduction	Percentage of Part B Claims Reduction	64	3	DECIMAL	For the APO Record: Value greater than (0) and less than (1) with two (2) implied decimals places. Ex. 0.75 will appear as 075. Value Zero is applicable for records other than APO (or) when Part B Reduction Percentage is not available. For the TCC/PCC Record: Value is greater than “0” but less than or equal to (1) or 100% with two (2) implied decimal places when TCC/PCC is applicable. Ex. 1.00 will appear as 100. A zero value is applicable when Part B Reduction Percentage is not available.
Filler	Blanks for future expansion	67	34	CHAR	Blanks

NOTE:

Provider Type of Affiliate is not applicable.

Table 40: FFS SSM to ACO-OS Part A/Part B ACO REACH Provider Response Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ǀ contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part A/Part B ACO REACH Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	As Applicable
DCE Identifier*	Unique identifier for ACO REACH APM ACO	10	10	CHAR	As provided by the ACO-OS
Provider Type*	Preferred Provider = P Participant Provider = S Affiliate = A	20	1	CHAR	As provided by the ACO-OS
Provider TIN* ǀ	The Tax Identification Number (TIN) for the ACO Participant	21	9	NUM	As provided by the ACO-OS
ACO Provider NPI*	The NPI for the ACO Provider (This field supports iNPI and oNPI).	30	10	NUM	As provided by the ACO-OS
Provider CCN	The CCN for the ACO Provider	40	6	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Record Type*	Detail Record Type 0 = Base Record 1 = APO 2 = TeleHealth 3 = Post Discharge Home Visit 4 = SNF 3-Day Stay Waiver 5 = TCC 6 = CEC Telehealth 7 = Care Management Home Visit 8 = PCC 9 = Home Health Homebound Waiver A = Diabetic Shoe Orders by Nurse Practitioners B = Concurrent Care for Beneficiaries who Elect the Medicare Hospice Benefits C = Kidney Disease Education Benefit Enhancement D = SIP (Represents only the providers who can bill the G code) E = PCF (Represents all providers who can bill FVF codes) F = QCP	46	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Provider Effective Start Date in the DCE/Benefit*	For the Base Record, the Effective Start Date is the date the Provider was first aligned to the DCE. For all other Benefit Enhancement records, the Effective Start Date is the date the provider started the Benefit Enhancement.	47	8	CHAR	As provided by the ACO-OS
Provider Effective End Date in the DCE/Benefit*	For the Base Record, the Effective End Date is the date the Provider was last aligned to the DCE. For all other Benefit Enhancement records, the Effective End Date is the date the provider discontinued the Benefit Enhancement.	55	8	CHAR	As provided by the ACO-OS
Part A Percentage Reduction	Percentage of Part A Claims Reduction	63	3	DECIMAL	As provided by the ACO-OS
Part B Percentage Reduction	Percentage of Part B Claims Reduction	66	3	DECIMAL	As provided by the ACO-OS
Filler	Blanks for future expansion	69	32	CHAR	As provided by the ACO-OS

Table 41: Part A/Part B ACO REACH Provider File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the Part A/Part B ACO REACH Provider file	1	7	CHAR	TRL_PRV
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of detail rows or records sent by ACO-OS	16	10	NUM	Numbers
Filler		26	75	CHAR	Blanks

Table 42: Part A/Part B ACO REACH Provider Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part A/Part B ACO REACH Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of detail rows or records sent by ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler		28	73	CHAR	As provided by the ACO-OS

5.7.4.3 Filenames

The file naming convention for the Part A/Part B ACO REACH Provider file sent by the ACO-OS to the MCS at the HP VDC will be **P#EFT.ON.MCSHPVDC.DCPRV.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM to the MCS at the HP VDC would be:

P#EFT.ON.MCSHPVDC.DCPRV.D210104.T1000000.

The file naming convention for the Part A/Part B ACO REACH Provider Response file sent by the MCS to the ACO-OS will be **P#EFT.ON.ACOT.MCSHPVDC.DCPR.Dyymmdd.Thhmmsst**. For example, an inbound file from the MCS corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.MCSHPVDC.DCPR.D210104.T1000000.

5.7.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.7.5.1 Interface Initiation

The ACO-OS sends the Part A/Part B ACO REACH Provider file to the MCS at the HP VDC.

5.7.5.2 Flow Control

The ACO-OS Part A/Part B ACO REACH Provider files are transferred to the MCS at the HP VDC using EFT. If there are any problems 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.

5.7.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.8 PCF Beneficiary File for FFS SSMs

This section describes the information exchange between the ACO-OS and the CWF for the PCF Beneficiary file.

5.8.1 General Processing

The ACO-OS sends the PCF Beneficiary file to the CWF at the CWF HP Host. The CWF then sends the PCF Beneficiary Response file to the ACO-OS.

5.8.2 Interface Processing Time Requirements

The PCF Beneficiary data from the ACO-OS will routinely be sent monthly but could be sent more frequently if Business needs require. A full refresh file will be sent even if there is no change to the Beneficiary data. This full refresh file contains the PCF Beneficiary data from 10/01/2020 onward for Performance year(s) data.

The ACO-OS will include the most current HICN and/or RRB Numbers associated with the beneficiary in PCF Beneficiary file.
Note: At the beginning of each PY, the PCF beneficiary records with date range spanning across the multiple PY(s) and open-end dates of 12/31/9999 in ACO-OS will be split in the FFS extract by each calendar year with the latest record showing the open end date.

5.8.3 Message Format (or Record Layout) & Required Protocols

The file is fixed-length format.

5.8.4 File Layout

Each ACO-OS provided PCF Beneficiary file and the corresponding CWF PCF Beneficiary Response file has a header, record details, and trailer as described in section 5.8.4.2.

5.8.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.8.4.2.

5.8.4.2 Field/Element Definitions

All tables briefly describe a PCF Beneficiary file transaction from the ACO-OS and a response from the CWF. The description column describes the basic file elements. The response file contains exact field values provided by the ACO-OS with the addition of a response code.

Table 43: PCF Beneficiary File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the PCF file	1	7	CHAR	HDR_BEN
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler	Unused area filled with spaces.	16	40	CHAR	Blanks

Table 44: PCF Beneficiary Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the PCF Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler	Unused area filled with spaces.	18	38	CHAR	As provided by the ACO-OS

Table 45: ACO-OS to PCF Beneficiary Record Detail

Data Fields marked with an [I] contain Personally Identifiable Information (PII).

Data Fields marked with an [H] contain Protected Health Information (PHI).

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the PCF Beneficiary file, for PCF/SIP beneficiaries	1	7	CHAR	DTL_BEN Alphanumeric
PCF Model Identifier/Practice Location ID	Unique identifier for PCF Entity	8	10	CHAR	P<two-character region cd><nnnn>
Delete Flag	Beneficiary who never should have been aligned, thus removed from the PCF alignment	18	1	CHAR	“D” or Blank
Beneficiary HICN [I] [H]	Beneficiary Health Insurance Claim Number (HICN)	19	12	CHAR	Alphanumeric characters Health Insurance Claim Number (only format is validated by the MCS) (Field will not contain an MBI)
Beneficiary Effective Start Date	Effective start date of the beneficiary’s association with the PCF Entity	31	8	CHAR	CCYYMMDD
Beneficiary Effective End Date	Effective end date of the beneficiary’s association with a PCF Entity	39	8	CHAR	CCYYMMDD

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	47	1	CHAR	B = Mid-Atlantic C = Southwest D = Northeast E = Great Lakes F = Great Western G = Keystone H = Southeast I = South J = Pacific
Beneficiary Gender	Beneficiary gender	48	1	CHAR	M = Male F = Female U = Unknown
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	49	1	CHAR	Y = Yes N = No
QCP Indicator	QCP indicator	50	1	CHAR	Blanks
Population Indicator	Indicates whether the Beneficiary is in Seriously Ill Population (SIP)	51	1	CHAR	S = SIP Population or blank
Filler	Unused area filled with spaces.	52	4	CHAR	Blanks

Table 46: FFS SSM to ACO-OS PCF Beneficiary Response Record Detail

Data Fields marked with an [I] contain PII.

Data Fields marked with an [H] contain PHI.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is record detail information for the PCF Beneficiary file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processed successfully or not	8	2	NUM	As Applicable
PCF Model Identifier/ Practice Location ID	Unique identifier for a PCF Entity	10	10	CHAR	As provided by the ACO-OS
Delete Flag	Beneficiary who never should have been aligned, thus removed from the PCF alignment	20	1	CHAR	As provided by the ACO-OS
Beneficiary HICN [I] [H]	Beneficiary Health Insurance Claim Number (HICN)	21	12	CHAR	As provided by the ACO-OS
Beneficiary Effective Start Date	Effective start date of the beneficiary's association with a PCF Entity	33	8	CHAR	As provided by the ACO-OS
Beneficiary Effective End Date	Effective end date of the beneficiary's association with a PCF Entity	41	8	CHAR	As provided by the ACO-OS
Beneficiary Host ID	Identifies the CWF location where a beneficiary's Medicare Utilization Records are maintained.	49	1	CHAR	As provided by the ACO-OS
Beneficiary Gender	Beneficiary gender	50	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Beneficiary Medical Data Sharing Preference Indicator	Indicates whether the Beneficiary chose to share medical data.	51	1	CHAR	As provided by the ACO-OS
QCP Indicator	QCP indicator	52	1	CHAR	As provided by the ACO-OS
Population Indicator	Indicates whether the Beneficiary is in Seriously Ill Population (SIP)	53	1	CHAR	As provided by the ACO-OS
Filler	Unused area filled with spaces.	54	2	CHAR	Blanks

Table 47: PCF Beneficiary File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the PCF Beneficiary file	1	7	CHAR	TRL_BEN
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of rows or records sent by the ACO-OS	16	10	NUM	Numbers
Filler	Unused area filled with spaces.	26	30	CHAR	Blanks

Table 48: PCF Beneficiary Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the PCF Beneficiary file	1	7	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date when the file was created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of rows or records sent by the ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler	Unused area filled with spaces	28	28	CHAR	As provided by the ACO-OS

5.8.4.3 Filenames

The PCF Beneficiary file naming convention for the file sent by the ACO-OS to the CWF at the CWF HP Host will be **P#EFT.ON.CWFHP.PCFBENE.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM would be:

P#EFT.ON.CWFHP.PCFBENE.D210104.T1000000.

The file naming convention for the PCF Beneficiary Response file sent by the CWF to the ACO-OS will be **P#EFT.ON.ACOT.CWFHP.PCFBR.Dyymdd.Thhmmsst**. For example, an inbound file from the CWF corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.CWFHP.PCFBR.D210104.T1000000.

5.8.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.8.5.1 Interface Initiation

The ACO-OS sends full refresh PCF Beneficiary file to the CWF at the CWF HP Host on each month and as needed by CMS/CMMI.

5.8.5.2 Flow Control

The ACO-OS PCF Beneficiary files are transferred to the CWF at the CWF HP Host using EFT. If there are any problems 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.

5.8.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.9 Part B PCF Provider File for FFS SSMs

This section describes the information exchange between the ACO-OS and the MCS for the Part B PCF Provider File.

5.9.1 General Processing

The ACO-OS sends the Part B PCF Provider file to the MCS at the HP VDC. After MCS receives the Part B PCF Provider file from the ACO-OS, a response file is generated from the MCS along with a response code that the MCS then sends back to the ACO-OS.

5.9.2 Interface Processing Time Requirements

Part B PCF Provider data from the ACO-OS will be sent monthly. A full refresh file will be sent even if there is no change to the provider data. This full refresh file contains currently active and previously active benefit enhancement records for a Provider from 10/01/2020 forward for PCF records.

The ACO-OS will include the following Provider Types associated with a PCF Entity by December 31, 2020 in the Part B PCF Provider File.

- Provider/Suppliers

Note: The PCF Provider records with date range across the multiple PY(s) and open-end dates of 12/31/9999 in ACO-OS will be split in the FFS extract by each calendar year with the latest record showing open end date. This split occurs for end year transmission for upcoming PY.

5.9.3 Message Format (or Record Layout) & Required Protocols

All the provider records under PCF/SIP model will carry benefit enhancements and every enhancement will have its own record. A base record is not required. The file is fixed-length format.

5.9.4 File Layout

Each ACO-OS provider file and corresponding MCS response file has a header, record details, and trailer as described in section 5.9.4.2.

5.9.4.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.9.4.2.

5.9.4.2 Field/Element Definitions

All tables briefly describe a file transaction from the ACO-OS and a response by the MCS. The description column describes basic file elements. The response file returns exact field values provided by the ACO-OS with the addition of a response code.

Table 49: Part B PCF Provider File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part B PCF Provider file	1	7	CHAR	HDR_PRV
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler	Unused area filled with spaces	16	85	CHAR	Blanks

Table 50: Part B PCF Provider Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part B PCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler	Unused area filled with spaces	18	83	CHAR	As provided by the ACO-OS

Table 51: ACO-OS to Part B PCF Provider Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ǀ contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part B PCF Provider file	1	7	CHAR	DTL_PRV
PCF Model Identifier/ Practice ID*	Unique identifier for PCF Entity	8	10	CHAR	P<two-character region cd><nnnn>
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	18	1	CHAR	S
Provider TIN* ǀ	TIN for the Entity Participant	19	9	NUM	Numbers
Provider NPI*	NPI for the Entity Participant (This field includes iNPI only for PCF)	28	10	NUM	Numbers
Provider CCN	CCN for the Entity Participant	38	6	CHAR	For PCF, this will be initialized to spaces.
Record Type*	Detail Record Type A = Diabetic Shoe Order by Nurse Practitioners D = SIP (Represents only the providers who can bill the G code) E = PCF (Represents all providers who can bill FVF codes) 2 = Telehealth	44	1	CHAR	A D E 2 Note: Do not send a 0 record.

Data Field	Description	Start Position	Length	Format	Valid Values
Provider / Benefit Enhancement Effective Start Date*	Effective Start Date (For PCF, this is the Effective date of the Benefit Enhancement)	45	8	CHAR	CCYYMMDD
Provider/ Benefit Enhancement Effective End Date*	Effective End Date (For PCF, this is the termination date of the Benefit Enhancement)	53	8	CHAR	CCYYMMDD
Part A Percentage Reduction	Percentage of Part A Claims Reduction	61	3	DECIMAL	Will be initialized to zeros
Part B Percentage Reduction	Percentage of Part B Claims Reduction	64	3	DECIMAL	Will be initialized to zeros
Filler	Unused area filled with spaces	67	34	CHAR	Blanks

Table 52: FFS SSM to ACO-OS Part B PCF Provider Response Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ǀ contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the Part B PCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
PCF Model Identifier/ Practice ID*	Unique identifier for PCF Entity	10	10	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	20	1	CHAR	As provided by the ACO-OS
Provider TIN* ǀ	TIN for the ACO Provider	21	9	NUM	As provided by the ACO-OS
Provider NPI*	NPI for the Entity Provider (This field includes iNPI only for PCF).	30	10	NUM	As provided by the ACO-OS
Provider CCN	CCN for the Entity Provider	40	6	CHAR	As provided by the ACO-OS
Record Type*	Detail Record Type A = Diabetic Shoe Order by Nurse Practitioners D = SIP (Represents only the providers who can bill the G code) E = PCF (Represents all providers who can bill FVF codes) 2= Telehealth	46	1	CHAR	As provided by the ACO-OS
Provider / Enhancement Effective Start Date*	Effective Start Date (For PCF, this is the Effective date of the Benefit Enhancement)	47	8	CHAR	As provided by the ACO-OS
Provider/ Enhancement Effective End Date*	Effective End Date (For PCF, this is the termination date of the Benefit Enhancement)	55	8	CHAR	As provided by the ACO-OS
Part A Percentage Reduction	Percentage of Part A Claims Reduction	63	3	DECIMAL	As provided by the ACO-OS
Part B Percentage Reduction	Percentage of Part B Claims Reduction	66	3	DECIMAL	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Filler	Unused area filled with spaces.	69	32	CHAR	As provided by the ACO-OS

Table 53: Part B PCF Provider File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the Part B PCF Provider file	1	7	CHAR	TRL_PRV
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of detail rows or records sent by ACO-OS	16	10	NUM	Numbers
Filler	Unused area filled with spaces	26	75	CHAR	Blanks

Table 54: Part B PCF Provider Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part B PCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of detail rows or records sent by ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler	Unused area filled with spaces	28	73	CHAR	As provided by the ACO-OS

5.9.4.3 Filenames

The file naming convention for the Part B PCF Provider file sent by the ACO-OS to the MCS at the HP VDC will be **P#EFT.ON.MCSHPVDC.PCFPRV.Dyymmdd.Thhmmsst**. For example, an outbound file for January 4, 2021, at 10:00 AM to the MCS at the HP VDC would be:

P#EFT.ON.MCSHPVDC.PCFPRV.D210104.T1000000.

The file naming convention for the Part B PCF Provider Response file sent by the MCS to the ACO-OS will be **P#EFT.ON.ACOT.MCSHPVDC.PCPR.Dyymmdd.Thhmmsst**. For example, an inbound file from the MCS corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.MCSHPVDC.PCPR.D210104.T1000000.

5.9.5 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.9.5.1 Interface Initiation

The ACO-OS sends the Part B PCF Provider file to the MCS at the HP VDC.

5.9.5.2 Flow Control

The ACO-OS Part B PCF Provider files are transferred to the MCS at the HP VDC using EFT. If there are any problems 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.

5.9.6 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

5.10 Durable Medical Equipment (DME) (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File for FFS SSMs

This section describes the information exchange between the ACO-OS and the ViPS Medicare System (VMS) for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File.

5.10.1 General Processing

The ACO-OS sends the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file to the VMS via the BDC sweep by the VDCs. After VMS receives the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file from the ACO-OS, a response file is generated from the VMS along with a response code that the VMS then sends back to the ACO-OS.

5.10.2 Interface Processing Time Requirements

DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider data from the ACO-OS will be sent monthly. A full refresh file will be sent even if there is no change to the provider data. This full refresh file contains currently active and previously active benefit enhancement records for a Provider.

The ACO-OS will include the following Provider Types associated with a PCF Entity from April 2021 in the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File.

- Provider/Suppliers (Participating Providers that are Nurse Practitioners)

- Note: The PCF Provider records with date range across the multiple PY(s) and open-end dates of 12/31/9999 in ACO-OS will be split in the FFS extract by each calendar year with the latest record showing open end date. This split occurs at end year transmission for upcoming PY.

- Message Format (or Record Layout) & Required Protocols

All the provider records under PCF model will carry benefit enhancements and every enhancement will have its own record. A base record is not required. The file is fixed-length format.

5.10.3 File Layout

Each ACO-OS provider file and corresponding VMS response file has a header, record details, and trailer as described in section 5.10.4.2.

5.10.3.1 Data Assembly Characteristics

For data field names and format of file delivery, see section 5.10.4.2.

5.10.3.2 Field/Element Definitions

All tables briefly describe a file transaction from the ACO-OS and a response by the VMS. The description column describes basic file elements. The response file returns exact field values provided by the ACO-OS with the addition of a response code.

Table 55: DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file	1	7	CHAR	HDR_PRV
File Creation Date	Date the file is created	8	8	CHAR	CCYYMMDD
Filler	Unused area filled with spaces	16	85	CHAR	Blanks

Table 56: DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider Response File Header

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the Part B PCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Filler	Unused area filled with spaces	18	83	CHAR	As provided by the ACO-OS

Table 57: ACO-OS to DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an ı contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file	1	7	CHAR	DTL_PRV
PCF Model Identifier/ Practice ID*	Unique identifier for PCF Entity	8	10	CHAR	P<two-character region cd><nnnn>
Provider Type*	Preferred = P Provider/Supplier = S (Participating Providers) Affiliate = A	18	1	CHAR	S
Participant TIN* ı	TIN for the Entity Participant	19	9	NUM	Numbers

Data Field	Description	Start Position	Length	Format	Valid Values
Participant NPI*	NPI for the Entity Participant (This field supports iNPI and oNPI)	28	10	NUM	Numbers
Provider CCN	CCN for the Entity Participant	38	6	CHAR	For PCF this will be initialized to spaces
Record Type*	Detail Record Type A = Diabetic Shoe Order by Nurse Practitioners	44	1	CHAR	A *Note: Do not send a 0 record*
Provider /Enhancement Effective Start Date*	Provider Effective Start Date (For PCF, this is the Effective date for the Benefit Enhancement)	45	8	CHAR	CCYYMMDD
Provider/ Enhancement Effective End Date*	Provider Effective End Date (For PCF, this is the termination date for the Benefit Enhancement)	53	8	CHAR	CCYYMMDD
Part A Percentage Reduction	Percentage of Part A Claims Reduction	61	3	DECIMAL	Will be initialized to zeros
Part B Percentage Reduction	Percentage of Part B Claims Reduction	64	3	DECIMAL	Will be initialized to zeros
Filler	Unused area filled with spaces	67	34	CHAR	Blanks

Table 58: FFS SSM (VMC) to ACO-OS DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider Response Record Detail

Data Fields marked with an asterisk (*) are required.

Data Fields marked with an I contain PII.

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier*	Record indicator which identifies the line entry is record detail information for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	As Applicable
PCF Model Identifier/ Practice ID*	Unique identifier for PCF Entity	10	10	CHAR	As provided by the ACO-OS
Provider Type*	Preferred = P Provider/Supplier = S Affiliate = A	20	1	CHAR	As provided by the ACO-OS
Provider TIN* I	TIN for the ACO Provider	21	9	NUM	As provided by the ACO-OS
Provider NPI*	NPI for the Entity Provider (This field supports iNPI only for PCF)	30	10	NUM	As provided by the ACO-OS
Provider CCN	CCN for the Entity Provider	40	6	CHAR	As provided by the ACO-OS
Record Type*	Detail Record Type A = Diabetic Shoe Order by Nurse Practitioners	46	1	CHAR	As provided by the ACO-OS

Data Field	Description	Start Position	Length	Format	Valid Values
Provider /Enhancement Effective Start Date*	Provider Effective Start Date (For PCF, this is the Effective date for the Benefit Enhancement)	47	8	CHAR	As provided by the ACO-OS
Provider/ Enhancement Effective End Date*	Provider Effective End Date (For PCF, this is the termination date for the Benefit Enhancement)	55	8	CHAR	As provided by the ACO-OS
Part A Percentage Reduction	Percentage of Part A Claims Reduction	63	3	DECIMAL	As provided by the ACO-OS
Part B Percentage Reduction	Percentage of Part B Claims Reduction	66	3	DECIMAL	As provided by the ACO-OS
Filler	Unused area filled with spaces	69	32	CHAR	As provided by the ACO-OS

Table 59: DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is trailer information for the DME PCF Provider file	1	7	CHAR	TRL_PRV
File Creation Date	Date when the file was created	8	8	CHAR	CCYYMMDD
Detail Record Count	Number of detail rows or records sent by ACO-OS	16	10	NUM	Numbers
Filler	Unused area filled with spaces	26	75	CHAR	Blanks

Table 60: DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider Response File Trailer

Data Field	Description	Start Position	Length	Format	Valid Values
Record Identifier	Record indicator which identifies the line entry is header information for the DME PCF Provider file	1	7	CHAR	As provided by the ACO-OS
Response Code	Response code indicating if the record was processing successfully or not	8	2	NUM	Valid values are documented and explained in Appendix A: Response Codes and Explanations
File Creation Date	Date the file is created	10	8	CHAR	As provided by the ACO-OS
Detail Record Count	Number of detail rows or records sent by ACO-OS	18	10	NUM	As provided by the ACO-OS
Filler	Unused area filled with spaces	28	73	CHAR	As provided by the ACO-OS

5.10.3.3 Filenames

The file naming convention for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file sent by the ACO-OS to the VMS at the HP VDC will be P#EFT.ON.VMS.PCFPRV.Dyymmdd.Thhmmsst. For example, an outbound file for January 4, 2021, at 10:00 AM to the VMS would be:

P#EFT.ON.VMS.PCFPRV.D210104.T1000000.

The file naming convention for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider Response file sent by the VMS to the ACO-OS will be P#EFT.ON.ACOT.VMS.PCFPR.Dyymmdd.Thhmmss. For example, an inbound file from the VMS corresponding to the above file sent from the ACO-OS would be:

P#EFT.ON.ACOT.VMS.PCFPR.PCPR.D210104.T1000000.

5.10.4 Communication Methods

This section describes communication methods that the interface uses, as well as error recovery.

5.10.4.1 Interface Initiation

The ACO-OS sends the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider file to the VMS.

5.10.4.2 Flow Control

The ACO-OS DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider files are transferred to the VMS using EFT. If there are any problems 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.

5.10.5 Security Requirements

For information on security requirements, see Section 4.5, Security and Integrity.

6 Qualification Methods

Developers perform initial data processing, cross-check testing, and system integration testing.

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.

Table 61: Response Codes and Explanations

Code	Description	Explanation	Applies to Provider or Beneficiary or both
00	Success	The record was processed successfully.	Beneficiary or Provider
10	Header Record ID Error	The Header contains a Record ID, but the last three characters are not PRV or BEN.	Beneficiary or Provider
11	Header Record Date Error	The Header Record date is missing or invalid.	Beneficiary or Provider
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.	Beneficiary or Provider
21	Missing ACO Identifier applies to all ACO Program/models as follows: VT APM/CEC/DC/KCC/KCF/PCF ACO/ESCO/Entity ID Error	The VT APM/ CEC/DC/KCC/KCF/PCF ID is missing or invalid.	Beneficiary or Provider
22	TIN Error	The Provider Taxpayer Identification Number (TIN) is invalid. **Note:** *If a value is present (the field will be spaces if the record is for a Part A Provider), the only validation MCS can perform is to ensure this is a numeric value.*	Provider
24	CCN Error	The Provider CCN is missing on the Part A file. **Note:** *A Part A record will have spaces in the TIN field.*	Provider

Code	Description	Explanation	Applies to Provider or Beneficiary or both
25	Effective Start Date Error	The Effective Start Date is missing or invalid.	Beneficiary or Provider
26	Effective End Date Error	The Effective End Date is missing or invalid.	Beneficiary or Provider
29	Beneficiary HICN Error	The Beneficiary HICN is missing or invalid.	Beneficiary
30	Trailer Record ID Error	The Trailer contains a Record ID, but the last three characters are not PRV or BEN.	Beneficiary or Provider
31	Trailer Record Date Error	The Trailer Record Date is missing or invalid or Trailer date is not matching with the Header date.	Beneficiary or Provider
32	Trailer Record Count Error	The error occurs when the record count does not equal the number of data records. (or) The trailer record is located before the end of the file. (or) There is a header and trailer, but no detail records.	Beneficiary or Provider
98	Header Record Missing	The Header record is missing or does not begin with HDR_.	Beneficiary or Provider
99	Trailer Record Missing	The Trailer record is missing or does not begin with TRL_.	Beneficiary or Provider

Appendix B: VT APM Pass-Through File

VT APM Weekly AIPBP Reduction File:

The following file is prepared by CWF and provided to RACS utilizing EFT; this file is then moved from RACS via EFT to the Entities.

Table 62: VT APM Pass-Through Files

Description	Frequency	Filename
Weekly AIPBP Reduction File	Weekly	P#EFT.ON.ACOT.F***.AIPBPRD.Dyymmdd.Thhmmsst

The file naming convention for the Weekly AIPBP Reduction File, sent by the CWF to Entities, will be P#EFT.ON.ACOT.F***.AIPBPRD.Dyymmdd.Thhmmsst for the VT APM Entities.

The Weekly AIPBP Reduction filename in the ACO's mailbox will be P.F***.AIPBPRD.RP.Dyymmdd.Thhmmsst.

Appendix C: ACO REACH / KCC Weekly Claims Reduction File

ACO REACH Weekly (TCC/PCC/APO) Reduction File: The following file is prepared by CWF and provided to RACS utilizing EFT; this file is then moved from RACS via EFT to the Entities.

Table 63: ACO REACH Pass-Through Files

Description	Frequency	Filename
Weekly TCC / PCC/ APO Reduction File	Weekly	P#EFT.ON.ACOT.R.D****.TPARC.Dyymmdd.Thhmmsst

The file naming convention for the Weekly Claims Reduction File, sent by the CWF to Entities, will be **P#EFT.ON.ACOT.R.D****.TPARC.Dyymmdd.Thhmmsst** for the ACO REACH Entities.

The Weekly Claims Reduction filename, delivered via Data HUB, will be **P.D****.TPARC.RP.Dyymmdd.Thhmmsst**.

CKCC Weekly CKD QCP Reduction File:
The following file is prepared by CWF from the week of April 9, 2022 and provided to RACS utilizing EFT; this file is then moved from RACS via EFT to the Entities.

Table 64: CKCC Choices Pass-Through Files

Description	Frequency	Filename
Weekly CKD QCP Reduction File	Weekly	P#EFT.ON.ACOT.C****.QCPRC.Dyymmdd.Thhmmsst

The file naming convention for the Weekly CKD QCP Reduction File, sent by the CWF to Entities, will be **P#EFT.ON.ACOT.C****.QCPRC.Dyymmdd.Thhmmsst** for the CKCC Entities

The Weekly CKD QCP Reduction File filename, delivered via Data HUB, will be **P.C****.QCPRC.RP.Dyymmdd.Thhmmsst**.

KCF Weekly CKD QCP Reduction File:
The following file is prepared by CWF and provided to RACS utilizing EFT; this file is then moved from RACS via EFT to the Entities.

Table 65: KCF Pass-Through Files

Description	Frequency	Filename
Weekly CKD QCP Reduction File	Weekly	P#EFT.ON.ACOT.K****.QCPRC.Dyymmdd.Thhmmsst

The file naming convention for the Weekly CKD QCP Reduction File, sent by the CWF to Entities, will be **P#EFT.ON.ACOT.K****.QCPRC.Dyymmdd.Thhmmsst** for the KCF Entities.

The Weekly CKD QCP Reduction File filename, delivered via Data HUB, will be **P.K****.QCPRC.RP.Dyymmdd.Thhmmsst**.

Referenced Documents

Title	Document Number/Link	Issued
CME Data Dictionary	CME Data Dictionary 20100715.xlsx	12/21/2017
ACO-OS Operations & Maintenance Manual (OMM)	3-ITSD-DCO-SOM-0063 V3.8	10/04/2018
Change Request ACO_0239: FFS SSM Bene File	ACO_0239 FFS SSM Bene File.docx	03/23/2015
Change Request ACO_0240: FFS SSM Provider File	ACO_0240 FFS SSM Provider File.docx	03/23/2015
Change Request ACO_0441: FFS SSM Bene and Provider File	ACO_0441	03/12/2018
Change Request ACO_0487: Generate a standalone VT APM Bene File to FFS SSM	ACO_0487	03/12/2018

Acronyms

Term	Definition
ACO	Accountable Care Organization
ACO-OS	Accountable Care Organization – Operational System
ACO REACH	Accountable Care Organization Realizing Equity, Access, and Community Health
AIPBP	All Inclusive Population Based Payment
APO	Advanced Payment Option
ASC	Ambulatory Surgical Center
BDC	Baltimore Data Center
BENE	Beneficiary
CAH	Critical Access Hospital
CCN	CMS Certification Number
CDS	Companion Data Services
CHAR	Character
CKCC	Comprehensive Kidney Care Contracting
CME	Common Medicare Environment
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
ConOps	Concept of Operations
CWF	Common Working File
DCE	Direct Contracting Entity
DME	Durable Medical Equipment
EFT	Electronic File Transfer
ESCO	ESRD Care Organization
ETC	ESRD Treatment Choices
FFS	Fee-For-Service
GTL	Government Team Lead
HHA	Home Health Agency
HICN	Health Insurance Claim Number
HP	Hewlett Packard
IC	Innovation Center

Term	Definition
ICD	Interface Control Document
ID	Identifier
IDR	Integrated Data Repository
IPPS	Inpatient Prospective Payment System
IRF	Inpatient Rehabilitation Facilities
KCC	Kidney Care Choices
KCF	Kidney Care First
LILS	Legislative IT Lifecycle Support
MA OEP	Medicare Advantage Open Enrollment Period
MAC	Medicare Administrative Contractor
MBD	Medicare Beneficiary Database
MCS	Multi-Carrier System
NGD	Next Generation Desktop (1-800-Medicare)
NPI	National Provider Identifier
OMM	Operations & Maintenance Manual
PBA	Performance-Based Adjustment
PBP	Population-Based Payment
PCC	Primary Care Capitation
PCF	Primary Care First
PHI	Protected Health Information
PII	Personally Identifiable Information
POC	Point of Contact
PY	Performance Year
QCP	Quarterly Capitative Payment
RACS	Receipt and Control System
RRB	Railroad Retirement Board
RTI	Research Triangle Institute
SDD	System Design Document
SIP	Seriously Ill Population
SNF	Skilled Nursing Facility
SSM	Shared System Maintainer
TBD	To be determined

Term	Definition
TCC	Total Care Capitation
TIN	Tax Identification Number
TPCP	Total Primary Care Payment
VDC	Virtual Data Center
VMS	ViPS Medicare System
VT APM	Vermont All Payer Model

Glossary

Term	Definition
Advanced Payment Option	An adjusted percentage of the Medicare FFS revenues earned by each ACO REACH/Entity. The adjustment is based on submitted and payable claims for the services delivered to aligned beneficiaries.
All Inclusive Population Based Payment	Each year, VT APM/ACO REACH/CKCC/KCF Entities will select a payment mechanism for the upcoming performance year. If an ACO selects AIPBP, the ACO will have written agreements regarding capitation with AIPBP-participating Participants and Preferred Providers.
Concurrent Care for Beneficiaries that Elect the Medicare Hospice Benefits	CMS will make available to qualified ACO REACH and KCF/CKCC Entities, a waiver of the requirement that beneficiaries who elect the Medicare Hospice Benefit give up their right to receive curative care (sometimes referred to as “conventional care”) as a condition of electing the hospice benefit. All expenditures incurred by Medicare on behalf of such beneficiaries, whether for hospice or other non-hospices services, would be included as part of Total Cost of Care for the relevant performance year.
Entity	Unique for ACO REACH/KCC. This is a synonym to ACO/ESCO.
Home Health Homebound Waiver	CMS will make available to qualified ACO REACH and KCF Entities, a waiver of the homebound requirement to allow for modified application for beneficiaries aligned to the entity in order to receive home health services. The entity will have greater flexibility to ensure special populations (as specified in the ACO REACH and KCF Participation Agreement) have access to home health services in appropriate cases. Given the risk borne by the entity, the entity would be incentivized only to do so where such care would improve quality and be cost-effective from a Total Cost of Care perspective. This flexibility would aid ACO REACH and KCF Practices in reaching their own alternative payment arrangements with home health agencies and promote innovation and greater ability of beneficiaries to return to, remain in, and receive care in their home.

Term	Definition
Kidney Disease Education Benefit Enhancement	CMS will make available to qualified KCF Entities, the KDE waiver that would: • Waive the requirement that the KDE be performed by a physician, physician assistant, nurse practitioner, or clinical nurse specialist and allow qualified clinicians not currently allowed to bill for the benefit to furnish the services incident to the services of a participating KCF or CKCC nephrologist. • Waive the requirement that a beneficiary have Stage 4 CKD in order to test furnishing the KDE benefit to beneficiaries with CKD stage 5 and those in the first 6 months of ESRD, who can also benefit from KDE. • Waive the requirement that KDE sessions cover the topic of delaying initiation of dialysis to allow participating nephrologists to cover this topic as “as applicable” rather than mandated, as it is not 28 Name Description relevant to beneficiaries with ESRD who have already begun dialysis. • Waive the requirement that an outcomes assessment be conducted during one of the KDE sessions; and instead to test the provision of this assessment during a subsequent evaluation and management visit with the nephrologist.
Performance-Based Adjustment	A payment methodology defined by CMS for each CMMI model. For PCF, it is based on performance in five quality and patient experience of care measures, as well as a measure of acute hospital utilization that is calculated and applied on a quarterly basis. For KCC, it is defined as an upward or downward payment adjustment, which applies to only the KCF portion of the KCC model and does not apply to CKCC. It is an adjustment made on MCP claims between July 1, 2023, and December 31, 2026. It is dependent on the participants” performance on quality and utilization measures. The PBA applies to all MCP codes (90957-90962, 90956-90965), and it applies only to the claims submitted by providers who are aligned to the KCF model and only for ESRD beneficiaries aligned and active to these providers.
Population-Based Payments	An adjusted percentage of the Medicare FFS revenues earned by each VT APM Entity. The adjustment is based on submitted and payable claims for the services delivered to aligned beneficiaries.

Term	Definition
Post Discharge	CMS will make available to qualified VT APM/ACO REACH/CKCC/KCF Entities waivers to allow “incident to” claims for home visits to non-homebound aligned beneficiaries by licensed clinicians under the general supervision—instead of direct supervision—of VT APM/ACO REACH/CKCC/KCF Providers/Suppliers or Preferred Providers. Licensed clinicians may be any employees, leased employees, or independent contractors who are licensed under applicable state law to perform the ordered services under physician (or other practitioner) supervision. Claims for post discharge home visits will only be allowed following discharge from an inpatient facility (including, e.g., inpatient prospective payment system (IPPS) hospitals, CAHs, SNFs, Inpatient Rehabilitation Facilities (IRF)) and will be limited to no more than one visit in the first 10 days following discharge and no more than two visits in the first 30 days following discharge. Payment of claims for these visits will be allowed as services and supplies that are incident to the service of a physician or other practitioner.
Primary Care Capitation	Each year, ACO REACH Entities will select a payment mechanism for the upcoming performance year. If an Entity selects PCC, the Entity will have written agreements regarding capitation on certain primary care claims with PCC-participating Participants and Preferred Providers.
Primary Care First–General Component	Identifies beneficiaries who are in the non-SIP category and receive care from a PCF practitioner who is accountable for coordination and management of their care.
Professional Population-Based Payment	A payment mechanism available to PCF participants based on a group-based risk adjustment to reduce practice focus on individual risk scores.
Quarterly Capitation Payments	Alternate payment/risk sharing mechanism available for CKCC and KCF entities paid out quarterly for the services performed for the CKD4, CKD5 aligned beneficiaries.
Seriously Ill Population (SIP) Component	Identifies seriously ill beneficiaries who are experiencing fragmented, uncoordinated care under Medicare FFS, deliver an intensive, episodic intervention to stabilize their clinical condition, and establish a meaningful relationship between the beneficiary and a PCF practitioner who is accountable for coordinating and managing their care in the longer term.

Term	Definition
Telehealth Benefit enhancement for DC and KCC	CMS will make available to qualified KCF and ACO REACH Entities, a conditional waiver that eliminates the rural geographic component of originating site requirements, allows the originating site to include a beneficiary's home, and for the use of asynchronous ('store and forward") telehealth services in the specialties of teledermatology and teleophthalmology. Asynchronous telehealth includes the transmission of recorded health history (for example, retinal scanning and digital images) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time interaction. Asynchronous telecommunication systems in single media format do not include telephone calls, images transmitted via facsimile machines, and text messages without visualization of the patient (electronic mail). Payment will be permitted for services including dermatology and ophthalmology services furnished to eligible beneficiaries using asynchronous telehealth in single or multimedia formats and distant site practitioners will bill for these services using CMMI specific asynchronous telehealth codes. The distant site practitioner must be a KCE/DCE participant who has elected to participate in this benefit enhancement.
TeleHealth Benefit Enhancement for VT APM	CMS will make available to qualified VT APM Entities, a waiver of the requirement that beneficiaries be located in a rural area and at a specified type of originating site in order to be eligible to receive TeleHealth services. The benefit enhancement will allow payment of claims for TeleHealth services delivered by VT APM Providers/Suppliers (Participant Providers) or Preferred Providers to aligned beneficiaries in specified facilities or at their residence regardless of the geographic location of the beneficiary.
Three-day stay SNF waiver	CMS will make available to qualified VT APM/ACO REACH/CKCC/KCF Entities, a waiver of the three-day inpatient stay requirement prior to admission to a SNF or acute-care hospital or Critical Access Hospital (CAH) with swing-bed approval for SNF services ('swing-bed hospital"). This benefit will allow beneficiaries to be admitted to qualified Providers/Suppliers if a SNF or swing-bed hospital is on the VT APM/ACO REACH/CKCC/KCF Provider/Supplier list directly or with an inpatient stay of fewer than three days. The waiver will apply only to eligible aligned beneficiaries admitted to VT APM/ACO REACH/CKCC/KCF Providers/Suppliers or Preferred Providers.
Total Care Capitation	Each year, ACO REACH Entities will select a payment mechanism for the upcoming performance year. If an Entity selects TCC, the Entity will have written agreements regarding capitation with TCC-participating Participants and Preferred Providers.

Term	Definition
Total Primary Care Payment	A payment methodology for the Primary Care First model that is designed to move away from traditional fee-for-service (FFS) payment incentives. In order to balance these incentives, this methodology includes two payment types: (1) a professional population-based payment (professional PBP) paid on a quarterly basis; and (2) a flat fee for each primary care visit, paid on a claim-by-claim basis.

Approvals

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

Signature:

Date:

Print Name: Vivek Trehan

Title: Softrams IDDOC Project Manager

Role: Submitting Organization's Approving Authority

Signature:

Date:

Print Name: Tamar Zelcer

Title: OIT/ESSG/DADS – CMS ACO-OS Government Task Lead (GTL)

Role: CMS' Approving Authority

Signature:

Date:

Print Name: Pauline Lapin

Title: Group Director, Seamless Care Models Group

Role: CMS Business Owner

Revision History

Version	Date	Organization/POC	Description of Changes
0.1	06/01/2015	NGC/Subhaker Chigurula	Initial draft for September 2015 ACO-OS Release based on Change Request ACO_0239 (FFS SSM Bene File) and ACO_0240 (FFS SSM Provider File).
0.2	06/11/2015	NGC/Subhaker Chigurula	Updated ICD based on comments from Office of Technology Solutions (OTS), Common Working File (CWF) Application, and Multi-Carrier System (MCS) for September 2015 ACO-OS Release. Impacted CRs are ACO_0239 (FFS SSM Bene File) and CR ACO_0240 (FFS SSM Provider File).
0.3	07/01/2015	NGC/Subhaker Chigurula	Updated ICD based on comments from OTS, CWF and MCS. • Used CWF at CWF HP Host for sending NGACO Beneficiary File. • Used CWF for receiving Response File. • Used MCS at HP VDC for sending Part A/Part B NGACO Provider File • Used MCS for receiving Response File.
1.0	07/08/2015	NGC/Geoff Cummings	Baselined as Final for September 2015 Release.

Version	Date	Organization/POC	Description of Changes
1.1	05/25/2016	NGC/Subhaker Chigurula	• Updated Referenced Documents • Updated ICD Overview • Updated General Interface Requirements • Updated section 8.1.2: Interface Processing Time Requirements. • Updated Table 4: ACO-OS to NGACO Beneficiary Record Detail. • Updated Table 5: FFS SSM to ACO-OS NGACO Beneficiary Response Record Detail. • Updated Section 8.1.5.1: Interface Initiation. • Updated Table 10: ACO-OS to Part A/Part B NGACO Provider Record Detail. • Updated Table 11: FFS SSM to ACO-OS Part A/Part B NGACO Provider Response Record Detail. • Updated Glossary. • Updated Acronyms. Added Appendix B: Pass-through files
2.0	08/29/2016	NGC/Kristina Kriss	• Revised to indicate “CWF” in place of “FISS” where appropriate, per FISS feedback. • Baselined as Final for September 2016 Release.
2.1	11/29/2016	NGC/Daric Bossman/ Subhaker Chigurula	For System Requirements Project: • Updated Tables 2 – 13 to include the ‘start Position” column. • Updated Tables 4, 5, 10, and 11 to denote fields that contain PII/PHI. Added Weekly AIPBP Reduction File to Appendix B.
3.0	12/07/2016	NGC/Daric Bossman/ Subhaker Chigurula	• Updated Appendix B based on feedback from CMS. • Revised to indicate “CWF” in place of “FISS” where appropriate, per FISS feedback. Baselined as Final.

Version	Date	Organization/POC	Description of Changes
3.1	01/10/2018	NGC/Subhaker Chigurula	For March 2018 Release: • Changed the title to CMMI • Updated for CEC Program • Added Section 6.3: CEC Beneficiary File for FFS SSMs • Added Section 6.4: CEC Participant File for FFS SSMs
3.2	02/07/2018	Team Halfaker/Subhaker Chigurula and Aftaan White	For March 2018 Release: Updated Part A/Part B NGACO Provider File and file naming conventions.
4.0	03/07/2018	Team Halfaker/Nima Eslami and Chris Zahn	• Updated Appendix B: AIPBP Reduction File header layout • Updated CEC Participant File for FFS SSMs, valid values for record detail in Part A/B Percentage Reduction as 000. Baselined as Final for March 2018 Release.
4.1	03/26/2018	Team Halfaker/Aftaan White	For June 2018 Release: Updated valid values for the Care Management Home Visits Benefit Enhancement for the Part A/Part B NGACO Provider File.
4.2	04/19/2018	Team Halfaker/Aftaan White	For March 2018 Release: Updated Part A/Part B NGACO Provider File and file naming conventions.
5.0	06/04/2018	Team Halfaker/Nima Eslami	Update to AIPBP pass-through file field name based on CWF feedback. Finalized for June 2018 release.

Version	Date	Organization/POC	Description of Changes
5.1	07/06/2018	Team Halfaker/ Subhaker Chigurula	For September 2018 Release: • Updated Part A/Part B NGACO/VT APM Provider File. • Updated NGACO/VT APM Beneficiary File. • Updated Response Codes and Explanations • Updated Table 14: CEC Beneficiary File Header • Updated Table 16: ACO-OS to CEC Beneficiary Record Detail Updated Table 18: CEC Beneficiary File Trailer
6.0	09/05/2018	Team Halfaker/ Subhaker Chigurula	• Updated Table 10: ACO-OS to Part A/Part B NGACO/VT APM Provider Record Detail Baselined as Final for the September 2018 release.
6.1	10/19/2018	Team Halfaker/ Subhaker Chigurula	For December 2018 Release: • Updated Appendix B: Pass-Through File • Updated NGACO Beneficiary File for FFS SSMs • Added VT APM Beneficiary File for FFS SSMs
7.0	12/06/2018	Team Halfaker/Kristina Kriss	Baselined as Final for the December 2018 release.
7.1	10/08/2019	Team Halfaker/ Subhaker Chigurula	Appendix: Pass-Through File section was updated for HICN/MBI changes.
8.0	10/22/2019	Team Halfaker/ Subhaker Chigurula	Baselined as Final for the October 2019 release.

Version	Date	Organization/POC	Description of Changes
8.1	04/09/2020	Softrams/ Raajita Tangirala	Added new Payment models for June 2020 release: • Comprehensive Kidney Care Contract Beneficiary File • Kidney Care First Beneficiary File • CKCC/KCF Provider File • Direct Contracting Beneficiary File • Direct Contracting Provider File
8.2	04/21/2020	Softrams/ Raajita Tangirala/ Lakiesha Stanley	Updated per feedback from CMMI, including adding appendices for CKCC and KCC Pass-Through Files.
8.3	05/04/2020	Softrams/ Lakiesha Stanley	Updated CKCC/KCF BE language, glossary terms, and Direct Contracting file details based on feedback from CMMI. Also added updates based on new model (PCF).
8.4	06/18/2020	Softrams/ Lakiesha Stanley/ Hema Parasuramuni	Updated the document based on Business Owner comments on V8.3. For PCF: Added the Diabetic Shoe order component benefit enhancement code as “A” in a new file DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File that will be sent to VMS. Appendix A Response Codes are distinguished to apply to beneficiary or provider or both.
8.5	06/11/2020	Softrams/ Hema Parasuramuni	Updated the document based on PCF Business Owner comments on V8.4. For KCC AMCP Benefit Enhancement Code G must be removed per KCC business owners.

Version	Date	Organization/POC	Description of Changes
8.6	06/19/2020	Softrams/ Hema Parasuramuni	• Per KCC Business Owner's feedback, updated the valid values for ETC and QCP to indicate Blank/Y instead of 0/1 • Per DC Business owner comments removed "missing" in TIN Error and CCN Error in Appendix A. Added Appendix F Direct Contracting and KCC weekly AIPBP Reduction File Layout.
8.7	08/11/2020	Softrams/ Hema Parasuramuni	• Added notes to descriptions for error codes 22 and 24. • Global change: Removed TCC for KCC
8.8	10/09/2020	Softrams/ Hema Parasuramuni	Incorporated the comments from KCC Business owners to remove ETC Indicator and "APMC" where applicable.
9.0	10/21/2020	Softrams/Kristina Kriss	Baselined as Final for October 2020 Release.
9.1	02/25/2021	Softrams/ Hema Parasuramuni/ Lakiesha Stanley	• Section 5.13: Added the file name for the DME (Diabetic Shoe Order by Nurse Practitioner) PCF Provider File and updated the delivery by April 2021 instead of December 2020. • Updated Appendix to consolidate the Direct Contracting and KCC Weekly Claims Reduction Files. • Modified Direct Contracting Weekly Claims Reduction EFT filename. Original name too long for processing.

Version	Date	Organization/POC	Description of Changes
9.2	03/19/2021	Softrams/ Hema Parasuramuni	• Updated “Direct Contracting” references to “Global and Professional Direct Contracting (ACO REACH)” due to the Model name change. • Updated the description of QCP indicator to remove “indicates ESRD beneficiary” and “indicates CKD beneficiary” in Section 5.6 and 5.7 CKCC Beneficiary and KCF Beneficiary File layouts. • Updated the Error code description of 31 per CWF’s feedback. • Updated the File name of ACO REACH claim reduction file name to include “R” per CWF’s recommendation.
9.3	06/04/2021	Softrams/ Hema Parasuramuni	• Per CR: 12362, updated the Part A/Part B CKCC/KCF Provider File section (removed the references to base record of 0 per MCS request and “Part B Percentage Reduction” has been updated to “Part B Percentage Adjustment”). • Added the CWF KCC Reduction File to include CKCC “A5” and KCF “A4” in the QCP reduction field. • Updated the field names for columns the CKD/ACO REACH Weekly Reduction File Quarterly Capitated Payment to Quarterly Capitation Payment Zeroed Amount • Added PCF Provider Part B file to include Telehealth indicator of “2” in Table 69.
9.4	10/14/2021	Softrams/ Hema Parasuramuni	Per CR 12404, added PBA to KCC Provider file and KCF Beneficiary File.
9.5	11/16/2021	Softrams/ Hema Parasuramuni	Per CWF team’s request updated the KCF and CKCC beneficiary files to include the Population Indicator (which is only applicable to PCF and so is always blank for KCF and CKCC).

Version	Date	Organization/POC	Description of Changes
9.6	02/23/2022	Softrams/Hema Parasuramuni	CWF updates to Appendix C to reflect the Weekly ACO REACH/KCC Reduction File for Production version till March 2022 CWF updates per CR 12372 for Appendix D to reflect the Weekly ACO REACH/KCC Reduction File for Production version from April 2022
10.0	03/03/2022	Softrams/Kristina Kriss	Baselined as Final.
10.1	1/20/2023	Softrams/Hema Parasuramuni	Removed Provider and Beneficiary file layouts for NGACO (except for the references of weekly AIPBP filename) and CEC Beneficiary and Provider Files as the Models closed out and these files are no longer required for transmission to FFS SSMs. The references of NGACO AIPBP file will remain until 2023. Deleted the Appendices B, C, D file Layouts for Weekly Reduction files for VTAPM, ACO REACH and KCC as per the decision by OIT, CMMI. The file layouts will be maintained by CWF and will be communicated by CMMI to end users. Updated the VTAPM FFS Provider Part A and Part B to remove the BE code instances of PBP (code of 1) and Care Managements Home Visit (code of 7). As these were only applicable to NGACO and not for Vermont. The combined file will now only show Vermont data Added CHART Model updates

Version	Date	Organization/POC	Description of Changes
10.2	05/02/2023	Softrams/Hema Parasuramuni/Kristi Kriss	Note added for split for FFS processing of open-end date records (KCC Beneficiary Files and PCF Provider, Beneficiary Files) Updated model name GPDC to ACO REACH. Removed NGACO and CEC models which have sunset. Removed CHART model changes per CMMI/OIT's suggestion as the model roll out is on hold as of the time of this version.