

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 161	Date: November 4, 2016
	Change Request 9802

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

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services and its predecessor organization, the Health Care Financing Administration, have implemented Medicare fee for service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS and hybrid delivery systems, alternative payment structures and health care delivery systems to achieve value based purchasing, health promotion and disease prevention activities for Medicare beneficiaries, the examination of payment and delivery systems of FFS in acute and long term care, and expanded access and develop infrastructure in underserved areas (rural/inner city areas) or populations with special needs or chronic conditions.

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projects no longer serve a business need and claims processing for the demonstration projects/code that are no longer active. CMS is requesting that contractors archive/remove Medicare demonstration projects/code that are no longer active.

EFFECTIVE DATE: April 3, 2017 - Claims Received

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

IMPLEMENTATION DATE: April 3, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Demonstrations

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	for removing obsolete/inactive demonstration project codes on the attachment via eChimp with the exception of demo codes 16, 17, 19-29, 30, 31, 37, 39 and 40 (as previously analyzed with CR9325 July 2016 release). The estimate shall include the associated Part A, Part B and DME consistency edits, utilization edits and alerts.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Barb Pecoraro, 410.786.6188 or barbara.pecoraro@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

Medicare Demonstration Special Processing Numbers (SPN)

SPN	Project
1	Nursing Home Case Mix and Quality Demo
2	National Home Health Agency Prospective Payment Demo
3	Telemedicine Waiver Demo
4	United Mine Workers of America
5	Medicare Choices Demo
6	Medicare Participating Heart Bypass Center Demo
7	Participating Centers of Excellence
8	Provider Partnership Demo
9	Colorado Integrated Care and Financing Project
10	Community Nursing Organization Demo
11	Consumer Directed DME Demo
12	Competitive Bidding for Clinical Labs (non MMA demo)
13	Competitive Bidding for DME Demo
14	Competitive Pricing Demo (non MMA)
14	Competitive Pricing Demo (non-MMA)
14	Competitive Pricing – Open Enrollment Demo (non-MMA)
15	ESRD Managed Care Demo
16	Graduate Medical Education Demo – Phase I
16	Graduate Medical Education Demo – Phase II
	Utah All Payer Graduate medical Education Demonstration
17	Group Specific Volume Performance Standards
19	Medicaid Working Group Dual Eligibles
20	Minnesota Senior Health Options
21	Municipal Health Services Program
22	New England Dual Eligible Waiver Project
23	PACE
24	Seattle Outlier Pool
25	SHMO II
26	VA Medicare Subvention Demo
27	Wisconsin Partnership Demo
29	On Lok
30 DO NOT DELETE	Lung Volume Reduction (NIH Clinical Trial) non-demo
31 DO NOT DELETE	VA Pricing (not a demo)
32	DoD Medicare Subvention Demo
33	Medical Savings Account (BBA)
34	New York Continuing Care Networks (aka Rochester and Monroe County)
35	Evercare Managed Care for Nursing Home Residents
36	SHMO I
37 DO NOT DELETE	Coordinated Care Demo (BBA)
38	Encounter Data (not a demo)
39 DO NOT DELETE	Flu/Pneumonia Vaccinations Encounter Data
40 DO NOT DELETE	Payment of Physician and Non-physician services in Certain Indian Providers (Rhem Gray)
41	Clinical Trials (never assigned)
42	ESRD DM – Basic ESRD demo bundle
43	ESRD DM – Expanded ESRD demo bundle including venous access procedures
44	Homebound demo (MMA)
45	Chiropractic (MMA)
46	Vision Rehab (2004 appropriation project)
47	Flu Medication Demo
48	Home Health Adult Day Care (s. 703 of MMA)
49	Frequent Hemodialysis Network Clinical Trial
50	Anti-Cancer Colorectal Drugs during Clinical Trials