CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11128	Date: November 18, 2021
	Change Request 12492

SUBJECT: ESRD Treatment Choices (ETC) Model Performance Payment Adjustment (PPA) - Facility Component (Implementation CR)

I. SUMMARY OF CHANGES: The End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model is a mandatory model (demo code: 94), for which about a third of the nation's dialysis facilities will be required to participate based on zip code. The model started on January 1, 2021, and ends on June 30, 2027. The model includes, two payment adjustments, the Home Dialysis Payment Adjustment (HDPA) and the Performance Payment Adjustment (PPA), which apply to both the participating ESRD facilities and clinicians managing Medicare fee-for-service beneficiaries with ESRD, referred to as Managing Clinicians. The HDPA is an upward adjustment in home-dialysis related claims and is being implemented through CR 12038. The PPA is an upward and downward payment adjustment made on all dialysis and dialysis-related claims between July 1, 2022 and June 30, 2027. The PPA applies to both participating ESRD facilities and Managing Clinicians and CR 12404 is implementing the PPA for Managing Clinicians, who are paid through the ESRD Monthly Capitation Payment (MCP). Whereas, this CR implements the policy on how to apply the PPA for ESRD Facilities, who are paid through the ESRD Prospective Payment System (PPS).

EFFECTIVE DATE: April 1, 2022 - Begin development FISS; July 1, 2022 - Continue development, testing and implementation FISS; Full implementation of MCS; Full implementation of CWF \*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: April 4, 2022 - Begin development FISS; July 5, 2022 - Continue development, testing and implementation FISS. Full implementation of MCS and CWF

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

# **Internet Only Manual Chapter 1**

Office of The Federal Register, Enhanced by IntraWEB, LLC

#### **Internet Only Manual Chapter 1:**

Code of Federal Regulations, 2010 Special edition of the Federal register containing a codification of documents of general applicability and future effect as of with ancillaries Code of Federal Regulations, Title 42, Public Health, **PT. 400-413, Revised as of October 1. 2011** Office of the Federal Register (U.S.) Staff,2012-01-09 and Monitoring Toolkit HCPro,2007-09 Code of Federal Regulations, Title 42, Public Health, Pt. 400-413, Revised as of October 1, 2009 Office of the Federal Register, 2010-02-18 Code of Federal Regulations, Title 42, Public Health, PT. **400-413**, **Revised as of October 1. 2011** Office of the Federal Register (U S ),2012-01-09 **Title 42 Public Health** Parts 400 to 413 (Revised as of October 1, 2013) Office of The Federal Register, Enhanced by IntraWEB. LLC,2013-10-01 42 CFR Public Health Code of Federal Regulations, Title 42, Public Health, Pt. 400-413, Revised as of October 1, 2010, 2011-01-14 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government Care Skilled Services Elizabeth Malzahn, 2011-04-06 Long Term Care Skilled Services Applying Medicare's Rules to Clinical Practice Avoid common mistakes that compromise compliance and payment Take the mystery out of skilled services and know when to skill a resident based on government regulations Medicare updates the MDS 3 0 and proven strategies Long Term Care Skilled Services Applying Medicare's Rules to Clinical Practice illustrates the role played by nurses therapists and MDS coordinators in the application and documentation of resident care Don t miss out on the benefits and reimbursement you deserve as author Elizabeth Malzahn delivers clear easy to understand examples and explanations of the right way to manage the skilled services process This book will help you Increase your skilled census and improve your facility s reputation with the support of your entire staff Avoid under and overpayments from Medicare with easy to understand explanations of complex rules and regulations Provide necessary skilled services to each resident through a complete understanding of eligibility requirements Accurately document skilled services using proven time saving solutions Properly assess skilled services under the MDS 3 0 Improve communication to increase resident and family satisfaction Reduce audit risk and prove medical necessity through accurate documentation Table of Contents Rules and Regulations Original law Social Security and Medicare Act CMS publications Manuals Transmittals MLN matters National and local coverage determinations RAI User's Manual Hierarchy of oversight CMS MAC FI OIG GAO etc Technical Eligibility for Skilled Services in LTC Eligibility basics Verification of current benefits How enrollment in other programs impacts coverage under traditional Medicare Hospice HMO managed care Medicare Advantage Medicaid Medi Cal Hospital stay requirement 30 Day transfer rule for hospital or SNF Understanding benefit periods Care continuation related to hospitalization How does a denial of payment for new admissions impact Medicare SNF admissions Meeting the Regulatory Guidelines For Skilled Services Skilled services defined Regulatory citations and references Clinical skilled services Therapy skilled services

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Guccione's Geriatric Physical Therapy E-Book Dale Avers, Rita Wong, 2019-10-24 Selected for Federal Register ,2014 Doody's Core Titles 2024 in Physical Therapy Offering a comprehensive look at physical therapy science and practice Guccione's Geriatric Physical Therapy 4th Edition is a perfect resource for both students and practitioners alike Year after year this text is recommended as the primary preparatory resource for the Geriatric Physical Therapy Specialization exam And this new fourth edition only gets better Content is thoroughly revised to keep you up to date on the latest geriatric physical therapy protocols and conditions Five new chapters are added to this edition to help you learn how to better manage common orthopedic cardiopulmonary and neurologic conditions become familiar with functional outcomes and assessments and better understand the psychosocial aspects of aging In all you can rely on Guccione's Geriatric Physical Therapy to help you effectively care for today s aging patient population Comprehensive coverage of geriatric physical therapy prepares students and clinicians to provide thoughtful evidence based care for aging patients Combination of foundational knowledge and clinically relevant information provides a meaningful background in how to effectively manage geriatric disorders Updated information reflects the most recent and relevant information on the Geriatric Clinical Specialty Exam Standard APTA terminology prepares students for terms they will hear in practice Expert authorship ensures all information is authoritative current and clinically accurate NEW Thoroughly revised and updated content across all chapters keeps students up to date with the latest geriatric physical therapy protocols and conditions NEW References located at the end of each chapter point students toward credible external sources for further information NEW Treatment chapters guide students in managing common conditions in orthopedics cardiopulmonary and neurology NEW Chapter on functional outcomes and assessment lists relevant scores for the most frequently used tests NEW Chapter on psychosocial aspects of aging provides a well rounded view of the social and mental conditions commonly affecting geriatric patients NEW Chapter on frailty covers a wide variety of interventions to optimize treatment NEW Enhanced eBook version is included with print purchase allowing students to access all of the text figures and references from the book on a variety of devices

**Medicare Handbook, 2016 Edition** Judith A. Stein, Jr. Alfred J. Chiplin, 2015-12-21 To provide effective service in helping clients understand how they are going to be affected by health care reform and how to obtain coverage pursue an

appeal or plan for long term care or retirement you need the most current information from a source you can trust Medicare Handbook This is the indispensable resource for clarifying Medicare's confusing rules and regulations Prepared by an outstanding team of experts from the Center for Medicare Advocacy Inc it addresses issues you need to master to provide effective planning advice or advocacy services including Medicare eligibility rules and enrollment requirements Medicare covered services deductibles and co payments coinsurance premiums penalties coverage criteria for each of the programs problem areas of concern for the advocate grievance and appeals procedures The 2016 Edition of Medicare Handbook offers expert guidance on Health Care Reform Prescription Drug Coverage Enrollment and Eligibility Medigap Coverage Medicare Secondary Payer Issues Grievance and Appeals Home Health Care Managed Care Plans Hospice Care And more In addition Medicare Handbook will help resolve the kinds of guestions that arise on a regular basis such as How do I appeal a denial of services What steps do I need to take in order to receive Medicare covered home health care What are the elements of Medicare's appeal process for the denial of coverage of an item service or procedure Does my state have to help me enroll in Medicare so that I can get assistance through a Medicare Savings Program When should I sign up for a Medigap plan If I am on Medicare do I have to buy health insurance in the insurance marketplace created by the Affordable Care Act Is it true that I have to show medical improvement in order to get nursing and therapy services for my chronic condition And more The 2016 Medicare Handbook is the indispensable resource that provides Extensive discussion and examples of how Medicare rules apply in the real world Case citations checklists worksheets and other practice tools to help in obtaining coverage for clients while minimizing research and drafting time Practice pointers and cautionary notes regarding coverage and eligibility questions where advocacy problems arise and those areas in which coverage has been reduced or denied And more

Medicare Handbook Judith A. Stein, Jr. Chiplin Alfred J., 2012-11-27 To provide effective service in helping clients understand how they are going to be affected by health care reform and how to obtain coverage pursue anappeal or plan for long term care or retirement you need the latest Medicareguidelines from a source you can trust the 2013 Edition of Medicare Handbook Prepared by experts from the Center for Medicare Advocacy Inc Medicare Handbook covers the issues you need to provide effective planning advice or advocacy services including Medicare eligibility and enrollment Medicare covered services deductibles and co payments Co insurance premiums and penalties Federal coordinated care issues Grievance and appeals procedures Face to face encounter requirements for home health and hospice care Medicare Handbook also provides you with coverage rules for Obtaining Medicare covered services Prescription drug benefit and the Low Income Subsidy LIS The Medicare Advantage Program Durable Medical Equipment DME Preventive services Appealing coverage denials and an understanding of The Medicare Secondary Payer Program MSP The Durable Medical Equipment Prosthetics Orthotics and Supplies DMEPOS Competitive Acquisition Program Income related premiums for Parts B and DThe 2013 Edition has been updated to include information and strategies necessary to incorporate ACA provisions on behalf of

people in needof health care In addition the 2013 Medicare Handbook will also help advocates contest limited coverage under private Medicare Part C plans MedicareAdvantage and understand initiatives to reduce overpayments to MedicareAdvantage Other Medicare developments discussed in the 2013 Medicare Handbookinclude Implementation of important provisions of the Affordable Care ActBeneficiary rights when moving from one care setting to another Developments in the Medicare Home Health and Hospice BenefitsAdditional information regarding preventive benefitsContinued changes in Medicare coverage for durable medical equipment Clinical Evaluation of Medical Devices Karen M. Becker, John J. Whyte, 2007-11-05 The original edition of this text Clinical Evaluation of Medical Devices Principles and Case Studies provided the first overview of key pr ciples and approaches to medical device clinical trials illustrated with a series of detailed real world case studies The book is designed as a resource for clinical professionals and regulatory specialists working in the field of new medical device development and marketing Since the first edition of this text was published in 1997 the rapid pace of inno tion in health care technologies continues to yield exciting and important new products The regulatory landscape has also evolved reflecting some of the changes and needs within the medical device industry The purpose of Clinical Evaluation of Medical Devices Principles and Case Studies Second Edition is to provide an updated and expanded presentation of the scientific methods and regulatory requirements applied to the study of new significant risk medical devices. The text now includes 1 new information on the requirements and process for gaining reimbursement of new products from Medicare and private insurers with case studies of research specifically designed for this p pose as well as health care technology assessment methods 2 infor tion on new statistical methodologies applied to medical device trials and 3 all new case studies including examples of combination pr ucts three phase development models i e feasibility FDA approval Medicare reimbursement and novel study designs

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tips and advice are offered in features such as From the Trenches Coding Shots Stop Caution Check This Out and CMS Rules Sample EHR screenshots in Appendix D show examples similar to the electronic health records you will encounter in the Buck's Step-by-Step Medical Coding, 2022 Edition - E-Book Elsevier, 2021-11-24 Take your first step toward a successful career in medical coding with guidance from the most trusted name in coding education The bestselling Buck s Step by Step Medical Coding is a practical easy to use resource that shows you exactly how to code using all current coding sets To reinforce your understanding practice exercises follow the explanations of each coding concept In addition to coverage of reimbursement ICD 10 CM CPT HCPCS and inpatient coding an Evolve website includes 30 day access to TruCode Encoder Essentials No other book so thoroughly covers all coding sets Theory and practical review questions located at the end of each chapter focus on recalling important chapter information and application of codes A step by step approach makes it easier to build your coding skills and remember the material Learning objective and glossary review questions reinforce your understanding of key chapter concepts and terms 30 day trial to TruCode Encoder Essentials gives you experience with using an encoder plus access to additional encoder practice exercises on the Evolve website UNIQUE Real life coding reports simulate the reports you will encounter as a coder and help you apply coding principles to actual cases Online activities on Evolve provide extra practice with assignments including coding reports More than 450 illustrations help you understand the types of medical conditions and procedures being coded and include examples taken directly from Elsevier's professional ICD 10 and HCPCS manuals UNIQUE Four coding question variations covering both single code questions and multiple code questions and scenarios develop your coding ability and critical thinking skills UNIQUE Coders Index in the back of the book makes it easy to quickly locate specific codes Official Guidelines for Coding and Reporting boxes show the official guidelines wording for inpatient and outpatient coding alongside in text explanations Exercises Quick Checks and Toolbox features reinforce coding rules and concepts and emphasize key information Valuable tips and advice are offered in features such as From the Trenches Coding Shots Stop Caution Check This Out and CMS Rules Sample EHR screenshots in Appendix D show examples similar to the electronic health records you will encounter in the workplace NEW Coding updates include the latest information available promoting accurate coding and success on the job Coverage reflects the latest CPT E M guidelines changes for office and other outpatient codes 2013 HCPCS Level II Professional Edition -- E-Book Carol J. Buck, 2012-12-21 Elsevier and the American Medical Association have partnered to co publish this professional HCPCS Level II reference by Carol J Buck Code more quickly accurately and efficiently and optimize reimbursement with 2013 HCPCS Level II Professional Edition With spiral binding and an easy to use format this full color reference presents the latest Healthcare Common Procedure Coding System HCPCS codes to help you comply with coding regulations and confidently locate information on specific codes manage reimbursement for supplies report patient data code Medicare cases and more Keep current with HCPCS codes with this professional medical billing reference from coding

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setting has its own set of documentation and reimbursement challenges And since client documentation is not the only kind of writing done by speech language pathologists a separate chapter on other professional writing includes information on how to write correspondence avoid common mistakes and even prepare effective PowerPoint presentations Each chapter in Documentation and Reimbursement for Speech Language Pathologists contains activities to apply information learned in that chapter as well as review questions for students to test their knowledge Customizable samples of many types of forms and reports are also available Included with the text are online supplemental materials for faculty use in the classroom Documentation and Reimbursement for Speech Language Pathologists Principles and Practice is the perfect text for speech language pathology students to learn these vital skills but it will also provide clinical supervisors new clinicians and speech language pathologists starting a private practice or managing a department with essential information about documentation coding and reimbursement

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