

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:

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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

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Wolfgang Guggemos

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Federal Register ,2014 **Long-Term 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 Physician certifications and recertification Presumption of coverage Understanding practical matter criteria for nursing home placement Impact of a leave of absence on eligibility MDS 3 0 Assessments Sections and Selection Oh My Brief history of MDS 3 0 Types of MDS assessments The assessment schedule Items to consider Importance of timing Review of each care related section of the MDS 3 0 Proper Communication During the Part A Stay Medicare meeting Timinng Agenda What to discuss for each resident Ending skilled services Notification requirements Discharging Other notification requirements and communication Other Important Things to Know Medicare myths Consolidated billing Medical review Audience Administrators CFO CEOs directors of nursing MDS coordinators directors of rehab therapy directors PT OT ST DONs **Understanding Hospital Billing and Coding** Debra P. Ferenc,2013-02-26 A basic guide to hospital billing and reimbursement Understanding Hospital Billing and Coding 3rd Edition helps you understand complete and submit the UB 04 claim form that is used for all Medicare and privately insured patients It describes how hospitals are reimbursed for patient

care and services showing how the UB 04 claim form reflects the flow of patient data from the time of admission to the time of discharge Written by coding expert Debra P Ferenc this book also ensures that you understand the essentials of ICD 10 CM and develop skills in both inpatient coding and outpatient ambulatory surgery coding UB 04 Claim Simulation on the companion Evolve website lets you practice entering information from source documents into the claim form Over 300 illustrations and graphics bring important concepts to life Detailed chapter objectives highlight what you are expected to learn Key terms acronyms and abbreviations with definitions are included in each chapter Concept Review boxes reinforce key concepts Test Your Knowledge exercises reinforce lessons as you progress through the material Chapter summaries review key concepts Practice hospital cases let you apply concepts to real life scenarios Updated Claim Forms chapter covers the UB 04 claim form Updated information covers diagnosis and procedural coding with guidelines and applications Updated claim forms and names are used throughout

PROP - Coding Systems Custom E-Book Anthem,2014-04-25 *PROP Coding Systems Custom E Book*

Master Medicare Guide Wolters Kluwer Law & Business,2015-02-25 The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government The 2015 Edition includes Over 500 explanation summaries for all aspects of the Medicare program coverage eligibility reimbursement fraud and abuse and administration Highlights of the Protecting Access to Medicare Act of 2014 P L 113 93 and the Improving Medicare Post Acute Care Transformation Act of 2014 P L 113 185 the most recent physician fee schedule reimbursement fix A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare including accountable care organizations and a tighter link between the quality of health care and Medicare reimbursement All discussions include cross references to relevant laws regulations CMS manual sections administrative and judicial decisions and more

Medicare and Medicaid Guide ,2006

Master Medicare Guide 2015 Wolters Kluwer Law & Business Health Editorial,2015-02-25 The 2015 Master Medicare Guide is a one volume desk reference packed with timely and useful information for providers attorneys accountants and consultants who need to stay on top of one of the most complex programs maintained by the federal government

Acute and Chronic Wounds - E-Book Ruth Bryant,Denise Nix,2023-05-18 *Acute Telehealth and Wound Management Quality Tracking Across the Continuum and Medications and Phytotherapy Impact on Wounds* provide evidence based coverage of these important topics UPDATED Consolidated pressure injuries content puts everything you need to know into one chapter Expanded full color insert includes 50 new images for a total of 95 color plates with more than 160 images that visually reinforce key concepts New information presents the latest developments in biofilm assessment and management topical oxygen therapy skin manifestations related to COVID 19 and strategies to enhance engagement as well as updated product photos and more authors who are clinical experts and providers

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