CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10024	Date: April 1, 2020
	Change Request 11632

Transmittal 2431, dated February 7, 2020, is being rescinded and replaced by Transmittal 10024 dated, April 1, 2020, to revise Business Requirement (BR) 11632.6 and delete BR 11632.7. All other information remains the same.

SUBJECT: Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)

I. SUMMARY OF CHANGES: This Change Request (CR) contains updates/corrections to the SNF PDPM.

EFFECTIVE DATE: July 1, 2020

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

IMPLEMENTATION DATE: July 6, 2020

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	

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

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SUBJECT: Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) implements changes to the Skilled Nursing Facility (SNF) Prospective Payment System (PPS), specifically implementing changes required for the Patient Driven Payment Model (PDPM). This CR is applicable to the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF). SNFs billing on Type of Bill (TOB) 21X and hospital swing bed providers billing on TOB 18X (subject to SNF PPS) will be subject to these requirements. CR 11152 erroneously made modifications to some edits and CMS needs to omit and make corrections to allow for proper claims processing.

The interrupted stay policy is as follows for SNF PDPM and should only apply to SNF PPS providers, if a resident is discharged from a SNF and returns to the same SNF by the end of the third day of the interruption window, the resident's stay is treated as a continuation of the previous stay for purposes of resident classification and the variable per diem adjustment schedule.

B. Policy: No policy changes exist with this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibili				y				
		A/B		D	Shared-				Other	
		N	AA(\mathbb{C}	M		Sys	tem		
]		E	Maintainers				
		Α	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
11632.1	The Medicare contractor shall apply the edit created in								X	
	CR 11152.4 for the SNF interrupted stay policy to									
	SNF PPS providers only effective October 1, 2019.									
11632.1.1	The Medicare contractor shall apply the Informational								X	
	Unsolicited Response (IUR) associated with the edit									
	created under Business Requirement (BR) 11152.4 to									
	SNF PPS providers only effective October 1, 2019.									
	-									

Number	Requirement	Responsibility								
			A/B MA(D M E	System System				Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F	
11632.2	The Medicare contractor shall apply the edit created in CR 11152.5 for interrupted stays to SNF PPS providers only effective October 1, 2019.								X	
11632.3	The Pricer shall add C when AIDS diagnosis code B20 is present on the claim and the 4th character of PDPM (Non-Therapy Ancillary (NTA) code) is F effective October 1, 2019.									SNF Pricer
11632.4	Contractors shall install and pay claims with the updated SNF Pricer.	X				X				
11632.4.1	Contractors shall receive the BETA SNF Pricer on or about March 1, 2020.					X				
11632.5	The contractor shall bypass the SNF PRICER if the claim meets both of these criteria: 1. The statement covers from date is on or after October 1, 2019, and 2. The no pay code = R, N or B or the claim has cost avoided.					X				
11632.6	The Medicare contractor shall not send the revenue code (0022) line to the SNF PRICER if the covered units for that revenue code is zero.					X				
11632.7	This business requirement has been deleted					X				

III. PROVIDER EDUCATION TABLE

Number	umber Requirement		espo	ility		
			A/B	,	D	C
		I	MA(\mathbb{C}	M	Е
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
11632.8	MLN Article: CMS will make available an MLN Matters provider education	X				
	article that will be marketed through the MLN Connects weekly newsletter					
	shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09					
	Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects					
	information to providers, posting the article or a direct link to the article on your					

Number Requirement		Re	spoi	ility		
			A/B		D	C
		1	MAC		M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	website, and including the article or a direct link to the article in your bulletin or					
	newsletter. You may supplement MLN Matters articles with localized					
	information benefiting your provider community in billing and administering the					
	Medicare program correctly. Subscribe to the "MLN Matters" listsery to get					
	article release notifications, or review them in the MLN Connects weekly					
	newsletter.					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
2	The edit is 7127
1	The edit is 7126

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

V. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter, 410-762-8652 or valeri.ritter@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0