| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| Pub 100-19 Demonstrations | Centers for Medicare & Medicaid Services (CMS) |
| **Transmittal 12412** | **Date: December 19, 2023** |
| | **Change Request 13045** |

**NOTE: This Transmittal is no longer sensitive and is being re-communicated March 4, 2024. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: Accountable Care Organization (ACO) REACH PY2023 Part Five – Implementation**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to create a new benefit enhancement, and to change an existing benefit enhancement, to be offered in the ACO Realizing Equity, Access, and Community Health (REACH) Model. ACO REACH is a five (5)-year value-based payment model designed to test changes that can inform the Medicare Shared Savings Program (MSSP) and future models. ACO REACH is a successor to the model to the Global and Professional Direct Contracting (GPDC) Model (CR 11768). All payment mechanisms and benefit enhancements under GPDC should remain in effect for the duration of ACO REACH.

In response to Administration priorities, commitment to advancing health equity, stakeholder feedback, and participant experience, CMS redesigned and renamed the GPDC Model to ACO Realizing Equity, Access, and Community Health REACH Model (ACO REACH). The first Performance Year of the redesigned model will begin on January 1, 2023 and will run for four Performance Years: Performance Year 2023 (PY2023) through PY2026. As such, PY2021 – PY2022 only applies to the GPDC Model and PY2023 – PY2026 only applies to the ACO REACH Model.

This CR is specifically designed to expand the services where a Nurse Practitioner (NP) or Physician Assistant (PA) can certify, order, and refer certain Medicare services.

Note, the Primary Care First (PCF) Model implemented the diabetic shoe benefit enhancement, which ACO REACH intends to also offer through this CR.

For more information on ACO REACH, please visit: https://innovation.cms.gov/innovation-models/aco-reach

**EFFECTIVE DATE: October 1, 2023**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: July 3, 2023 - Analysis, Design, and Coding for FISS, VMS, CWF, and MCS; October 2, 2023 - Coding, Testing, and Implementation for FISS, VMS, CWF, and MCS**

***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**

# Attachment - Demonstrations

| Pub. 100-19 | Transmittal: 12412 | Date: December 19, 2023 | Change Request: 13045 |
|---|---|---|---|

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**SUBJECT: Accountable Care Organization (ACO) REACH PY2023 Part Five – Implementation**

**EFFECTIVE DATE: October 1, 2023**
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## I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to create a new benefit enhancement, and to change an existing benefit enhancement, to be offered in the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model. ACO REACH is a 5-year value-based payment model designed to test changes that can inform the Medicare Shared Savings Program (MSSP) and future models. ACO REACH is a successor to the model to the Global and Professional Direct Contracting Model (CR 11768). All payment mechanisms and Benefit Enhancements (BE) under GPDC should remain in effect for the duration of ACO REACH.

This CR is specifically designed to expand the services where a Nurse Practitioner or Physician Assistant can certify, order, and refer certain Medicare services.

For more information on ACO REACH, please visit: https://innovation.cms.gov/innovation-models/aco-reach

**B. Policy:** Section 1115A of the Social Security Act (the Act) establishes the Center for Medicare & Medicaid Innovation (CMMI) to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and CHIP spending while maintaining or improving the quality of beneficiaries' care. Section 1115A(d)(1) of the Act authorizes the Secretary to waive such requirements of Title XVIII of the Act, as may be necessary solely for purposes of carrying out the testing by CMMI of certain innovative payment and service delivery models, including the ACO REACH Model.

## 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 | |
| 13045.1 | Contractors shall use the Medicare Demonstration Special Processing Number (demo code herein) of '92' to identify ACO REACH claims. | | | | | X | X | X | X | |
| 13045.2 | The ViPS Medicare System (VMS) shall process Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) claims, and append demo code '92' as ACO REACH claims when:<br><br>• The claim-line has an aligned referring / ordering provider (iNPI) **only** AND<br>• The claim-line has a beneficiary aligned to the same ACO REACH Entity Identifier as the provider AND<br>• The DOS on the claim is on or within the Beneficiary's Effective Start Date and the Beneficiary's Effective End Date with that ACO REACH ACO as indicated on the ACOB Auxiliary File AND<br>• The DOS on the claim-line is on or within the Provider's Effective Start Date and Provider's Effective End Date of affiliation with that ACO*<br><br>**Note**: *<br><br>• For VMS claims, the referring / ordering provider is used for this evaluation. The demo code is appended if at least one claim-line meets the criteria.<br>• The beneficiary is participating in the ACO REACH model for the date of service and the ordering or referring NPI is aligned with the beneficiary in the ACO REACH Provider file.<br>• GPDC / ACO REACH Model participants can be identified by 'D####' | | | | | | | X | | |
| 13045.3 | The ACO-OS Contractor shall transmit a recurring Provider Alignment File to Multi-Carrier System at the Perspecta Virtual Data Center (VDC). This file is referred to as the ACO-OS to Part A/Part B Direct | | | | | | X | | | ACO OS, CMS, VDC |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | Contracting Provider Record Detail in Table 57 of the ICD.<br><br>Note:<br><br>• The Provider Alignment File will be sent on a monthly basis initially beginning on or about March 2021, but based on business need, an ad-hoc file may be sent more frequently, e.g. weekly, biweekly, etc.<br>• GPDC / ACO REACH Model participants can be identified by 'D####'<br>• MCS is currently not editing based on the Provider Type | | | | | | | | | |
| 13045.4 | The Medicare Integrated System Testing (MIST) and the MACs shall provide to CMS the data to create the test file on or about 7/01/2023. To assist with the creation of the test file, the MIST and MACs shall:<br><br>• Provide a list of at a minimum 5 to 15 providers as indicated by TIN-oNPI-CCN for Part A MACs and TIN-iNPI for Part B MACs Provide a list of 5 to 15 beneficiaries as indicated by their HICN/MBI<br>• These sample Providers and Beneficiaries shall be provided in a spreadsheet file using Table 38 and Table 33 in the ICD, respectively.<br>• CMS will email the secure BOX link to the MAC's designated contact in time for testing. If the MACs have any questions, they may contact CMS at ACO-OIT@cms.hhs.gov.<br><br>Note:<br><br>• MIST is requesting CMS return the test data to MIST by 08/01/2023 to coincide with the beta testing period which starts in August. We are requesting CMS return the test data to MIST prior to the last week of July, to coincide with the beta testing period which starts in August. | X | X | | X | | | | | ACO OS, MIST, VDC |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | | | | | | | | | | |
| 13045.4.1 | This business requirement has been deleted. | | | | | | | | | VDC |
| 13045.4.2 | The Virtual Data Centers (VDCs) shall run the jobs to load the test files. | | | | | | | | | VDC |
| 13045.4.3 | The CMS specialty/operations contractor, ACO-OS, shall deliver the initial provider participant and beneficiary alignment production files via electronic file transfer (EFT) to the BDC no later than 10/01/2023. ACO-OS shall deliver the provider and beneficiary alignment files to MIST no later than 8/1/2023 for Beta Testing. | | | | | | | | | ACO OS |
| 13045.4.4 | The contractors shall participate in UAT testing during the October 2023 release timeframe.<br><br>Note: UAT will begin on or about November 2023. | X | X | | X | | | | | |
| 13045.4.4.1 | Contractors shall test that the hospice benefit enhancement 'J' when FISS delivers changes for C13045A on or about 10/26. | | | X | | | | | | |
| 13045.4.5 | The Contractors shall attend an hour UAT Kickoff call to be scheduled by CMS on or around 08/14/2023. Please send an invite for these calls to MIST_SYSTEMS@Sparksoftcorp.com. | X | X | | X | X | X | X | | ACO OS, IDR, NCH |
| 13045.4.6 | The Contractors shall participate in a maximum of four one-hour UAT Weekly calls, one per week, setup by CMS. Please send an invite for these calls to MIST_SYSTEMS@Sparksoftcorp.com. | X | X | | X | X | X | X | | ACO OS, IDR, NCH |
| 13045.5 | The existing GPDC demo code precedence hierarchy shall remain in effect. For more information, please see 11768.11 and 11768.11.1. | | | | | X | X | | | |
| 13045.5.1 | The Contractors shall follow these demo code precedence rules for deciding the position of demo code '92' on a VMS claims: | | | | | | | X | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • If demo code '30', is present in the first position on the claim, (Lung Volume Reduction Surgery (LVRS) or National Emphysema Treatment Trial (NETT) Clinical Study), move demo code '92' to the first position, and move the remaining codes down one position. **ACO REACH has precedence**<br>• If demo code '92' is in the first position, and demo code '31', (Veteran's Medicare Remittance Advice (VA MRA) project), is present on the claim, move demo code '31' to the first position and move the remaining demo codes down one position. **VA MRA has precedence.**<br>• If demo code '70', in present in first position on the claim, (Electrical Workers Insurance Fund), move demo code '92' to the first position, and move the remaining demo codes down one position. **ACO REACH has precedence**<br>• If demo code '71', in present in first position on the claim, (Intravenous Immunoglobulin (IVIG)), move demo code '92' to the first position, and move the remaining demo codes down one position. **ACO REACH has precedence**<br>• If demo code '96', in present in first position on the claim, (Primary Care First), move demo code '92' to the first position, and move the remaining demo codes down one position. **ACO REACH has precedence** | | | | | | | | | |
| 13045.6 | Effective with Dates of Service (DOS) October 1, 2023 or after, the contractor shall add the following new BE indicators for the ACO REACH Model (Demonstration (Demo) code 92):<br><br>• 'A' - Diabetic Shoes<br>• 'K' - Cardiac and Pulmonary Rehabilitation<br>• 'H' - Home Infusion Therapy<br>• 'I' - Medical Nutrition Therapy<br>• 'J' - Hospice Care Certification | | | | | X | X | X | X | NCH |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | Note:<br>• The Diabetic Shoes benefit enhancement exists under the Primary Care First today. Please see FFS CR 11897 | | | | | | | | | |
| 13045.6.1 | The Contractor shall process Benefit indicators for claims with Demo 92 as the following:<br>• Hospice – BE indicator 'J'<br>• HUBC (Part B) – BE indicator 'K', 'I', 'H'<br>• HUDC (DMEPOS) – BE indicator 'A'<br>• HUOP (Outpatient) - BE indicators 'K' and 'I' | | | | | | | | X | IDR, NCH |
| 13045.6.2 | The SSMs (VMS/MCS/FISS) shall send the ACO ID, demo code and benefit enhancement indicators when applicable to CWF and the IDR. CWF shall send the ACO ID, demo code and benefit enhancement indicators to NCH. | | | | | X | X | X | | IDR, NCH |
| 13045.6.3 | CWF shall receive the BE indicator 'A' value on HUDC claims.<br>**Note**:<br>• CWF will receive the ACO ID ten-byte field in the header on all Part A, Part B, and DME claim types<br>• 5 1-byte fields will be carried in the detail | | | | | | | | X | FPS |
| 13045.7 | Effective with dates of service on or after October 1, 2023, the contractor shall apply BE indicator 'K' on cardiac and pulmonary rehabilitation professional claims when:<br>• The claim-line referring or ordering provider includes an aligned provider using the | | X | | | | X | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | Individual National Provider Identifier (iNPI) **only** AND<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider<br>• The aligned Provider elected the BE indicator 'K' as indicated on the Provider Alignment File<br>• The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the Accountable Care Organization Beneficiary (ACOB) Auxiliary File AND<br>• The From date on the claim-line is on or within the Provider's Effective Start Date and Provider's Effective End Date<br>• Present on the claim-line is one of the following Healthcare Common Procedure Coding System (HCPCS):<br>  • G0237<br>  • G0238<br>  • G0239<br>  • 94625<br>  • 94626<br>  • 93797<br>  • 93798<br>  • G0422<br>  • G0423 | | | | | | | | | |
| 13045.7.1 | Effective with dates of service on or after October 1, 2023, the contractor shall apply BE indicator 'K' on cardiac and pulmonary rehabilitation Outpatient claims when:<br>• The claim-header includes an aligned provider (using the oNPI-CCN)<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider<br>• The aligned Provider elected the BE indicator 'K' as indicated on the Provider Alignment File | X | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the Accountable Care Organization Beneficiary (ACOB) Auxiliary File AND<br>• The From date on the claim-header is on or within the Provider's Effective Start Date and Provider's Effective End Date<br>• Present on the claim-line is one of the following Healthcare Common Procedure Coding System (HCPCS):<br>  • G0237<br>  • G0238<br>  • G0239<br>  • 94625<br>  • 94626<br>  • 93797<br>  • 93798<br>  • G0422<br>  • G0423<br><br>Note:<br><br>• All FISS NCD processing will remain unchanged. HCPCS included in NCDs will medically deny if the appropriate diagnosis codes are not on the claim. | | | | | | | | | |
| 13045.8 | Effective with dates of service on or after October 1, 2023, the contractor shall process and pay for BE indicator 'H' on home infusion therapy professional claims when:<br><br>• The claim-line rendering provider includes an aligned provider (using the Individual National Provider Identifier (NPI) only<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider | | X | | | | X | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • The aligned Provider elected the BE indicator 'H' as indicated on the Provider Alignment File<br>• The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the ACOB Auxiliary File AND<br>• The From date on the claim-header is on or within the Provider's Effective Start Date and Provider's Effective End Date<br>• Present on the claim-line is one of the following HCPCS:<br>  • G0068<br>  • G0069<br>  • G0070<br>  • G0088<br>  • G0089<br>  • G0090 | | | | | | | | | |
| 13045.8.1 | The Contractors shall allow specialties 50 and 97, in addition to D6, to be paid for home infusion therapy professional claims, regardless of whether the claim has a demo '92' present. | | X | | | | | | | |
| 13045.9 | Effective with dates of service on or after October 1, 2023, the contractor shall apply BE indicator 'I' on medical nutrition therapy Outpatient claims when:<br><br>• The claim-header includes an aligned provider (using the oNPI-CCN)<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider<br>• The claim-header includes an aligned provider (using the oNPI-CCN combination) AND<br>• The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the ACOB Auxiliary File AND<br>• The From date on the claim-header is on or within the Provider's Effective Start Date and Provider's Effective End Date | X | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • Present on the claim-line is one of the following HCPCs:<br><br>• 97802<br>• 97803<br>• 97804<br>• G0270<br>• G0271<br><br>Note:<br><br>• All FISS NCD processing will remain unchanged. HCPCS included in NCDs will medically deny if the appropriate diagnosis codes are not on the claim. | | | | | | | | | |
| 13045.10 | Effective with dates of service on or after October 1, 2023, the contractor shall apply BE indicator 'A' on diabetic shoe order professional claims when:<br><br>• The claim-line certifying provider includes an aligned provider (using TIN-iNPI combination) AND<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider<br>• The aligned Provider elected the BE indicator A, as indicated on the Provider Alignment File<br>• The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the ACOB Auxiliary File AND<br>• The From date on the claim-line is on or within the Provider's Effective Start Date and Provider's Effective End Date<br>• Present on the claim-line is one of the following HCPCs:<br>• A5500<br>• A5501<br>• A5503<br>• A5504 | | | | | | | X | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • A5505<br>• A5506<br>• A5507<br>• A5508<br>• A5510<br>• A5512<br>• A5513<br>• A5514<br><br>Note:<br><br>• Dates of services are processed at the line-level by VMS | | | | | | | | | |
| 13045.10.1 | For line items billing a HCPCS identified in requirement above, DME MACs when performing medical review shall not deny the line based on the name and referring/ordering NPI of an NP or PA when demo code '92' is present on the claim. | | | | X | | | | | |
| 13045.10.2 | The Common Working File (CWF) shall modify consistency edit '0014' to allow DEMO Code '92' on (Durable Medical Equipment (DME) HUDC claim and forward the value to National Claim History (NCH) when present. | | | | | | | | X | |
| 13045.11 | Effective with dates of service on or after October 1, 2023, the contractor shall apply BE indicator 'J' on Hospice Notice of Election (Type of Bill (TOB) 8XA) claims when:<br><br>• The Type of Bill is a 81A/82A<br>• The attending provider on the Hospice Notice of Election includes an aligned provider (the billing provider CCN and NP/PA NPI) AND<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider<br>• The aligned Provider elected the BE indicator 'J', as indicated on the Provider Alignment File | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | • The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the ACOB Auxiliary File AND<br>• The From date on the claim-header is on or within the Provider's Effective Start Date and Provider's Effective End Date<br><br>**Notes:**<br><br>• CMS will work with FISS to determine potential adjustments to this requirement to achieve its policy goal. No 'J' codes will be submitted on the Provider Alignment File.<br>• In the event the provider on the NOE does not match, the Contractor shall treat the NOE as it would under Traditional Medicare. | | | | | | | | | |
| 13045.12 | Contractors shall display MSN Message 63.10 on ACO REACH claims where BE indicator 'A', 'K', 'H', 'I', or 'J' is present on the claim-header or claim-detail.<br><br>**English** - You received this service from a provider who coordinates your care through an organization participating in a CMMI Model. For more information about your care coordination, talk with your doctor or call 1-800-MEDICARE (1-800-633-4227).<br><br>**Spanish -** Recibió este servicio de un proveedor que coordina su cuidado a través de una organización que participa en el Modelo CMMI. Para obtener más información sobre la coordinación de su cuidado, hable con su médico o llame al 1-800-MEDICARE (1-800-633-4227). | X | X | | | X | X | | | |
| 13045.13 | Contractors shall display MSN Message 63.11 on ACO REACH claims where BE indicator '4' is present on the claim header. | X | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | **English** - Your Accountable Care Organization (ACO) may have made it possible for you to stay at this nursing facility, without first having to stay in a hospital for 3 days. Ask your doctor to tell you more about your ACO or call 1-800-MEDICARE (1-800-633-4227).<br><br>**Spanish** - Su Organización de Atención Responsable (ACO, por sus siglas en inglés) puede haber hecho posible que usted permanezca en este centro de enfermería, sin tener que permanecer primero en un hospital durante 3 días. Pídale a su médico que le informe más sobresu ACO o llame 1-800-MEDICARE (1-800-633-4227) | | | | | | | | | |
| 13045.14 | The contractors' Medical Review Departments shall have access to the list of NPs and PAs who have elected the BE indicator 'J' on Hospice Notice of Election, via the Demo Screen, in order to make eligibility determinations. | X | | | | | | | | |
| 13045.15 | The ACO-OS Contractor shall transmit a recurring Provider Alignment File to VMS at the Perspecta Virtual Data Center (VDC). This file is referred to as the *ACO-OS to Part A/Part B ACO REACH Provider Record Detail for VMS* of the ICD.<br><br>Note:<br><br>• ACO-OS will outline the file naming convention in the FFS CMMI ICD<br>• The Provider Alignment File will be sent on a monthly basis initially beginning on or about October 2023, but based on business need, an ad-hoc file may be sent more frequently, e.g. weekly, biweekly, etc.<br>• GPDC / ACO REACH Model participants can be identified by 'D#### | | | | | | | X | | ACO OS, VDC |
| 13045.15.1 | The Contractor shall send a response file back to ACO-OS upon ingesting the updated Provider | | | | | | | X | | ACO OS, VDC |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| | Alignment File. | | | | | | | | | |
| 13045.16 | Effective with dates of service on or after October 1, 2023, the contractor shall apply BE indicator 'I' on medical nutrition therapy professional claims when:<br><br>• The claim-line referring provider includes an aligned provider (using TIN-iNPI combination) AND<br>• The claim-header includes an aligned beneficiary aligned to the same ACO REACH Entity Identifier as the provider<br>• The aligned Provider elected the BE indicator 'I' as indicated on the Provider Alignment File<br>• The From date is on or within the Beneficiary Effective Start Date and 90-days after the Beneficiary Effective End Date, as indicated on the ACOB Auxiliary File AND<br>• The From date on the claim-header is on or within the Provider's Effective Start Date and Provider's Effective End Date<br>• Present on the claim-line is one of the following HCPCs:<br><br>  • 97802<br>  • 97803<br>  • 97804<br>  • G0270<br>  • G0271 | | X | | | | X | | | |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | CEDI |
| | | A | B | HHH | | |
| 13045.17 | Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter. | X | X | | 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: 0**