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Next Generation Accountable Care Organization (NGACO) Model Post Discharge Home Visit HCPCS

MLN Matters Number: MM10907 Revised
Related Change Request (CR) Number: 10907
Related CR Release Date: December 21, 2018
Effective Date: January 1, 2019
Related CR Transmittal Number: R216DEMO
Implementation Date: April 1, 2019

Note: We revised this article on March 7, 2019, to reflect a revised CR10907 issued on December 21, 2018. The CR revisions had no impact on the substance of the article. However, we revised the article to show a revised CR release date, transmittal number, and web address of the CR. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® Article is for providers who are participating in Next Generation Accountable Care Organizations (NGACOs) and submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR10907 makes modifications to the operations of a current benefit enhancement offered by the NGACO Model. Claims for Post Discharge Home Visit Waiver shall be processed for reimbursement and paid when they meet the appropriate payment requirements as outlined in CR10907. Make sure your billing staffs are aware of these changes.

BACKGROUND

The Social Security Act (the Act) (Section 1115A; https://www.ssa.gov/OP_Home/ssact/title11/1115A.htm) added by the Affordable Care Act (Section 3021; 42 U.S.C. 1315a; https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf) authorizes the Centers for Medicare & Medicaid Services (CMS) to test innovative health care payment and service delivery models that have the potential to lower Medicare, Medicaid, and the Child Health Insurance Program (CHIP) spending while maintaining or improving the quality of beneficiaries' care.

The aim of the NGACO Model is to improve the quality of care, population health outcomes, and patient experience for beneficiaries who choose traditional Medicare Fee-for-Service (FFS). The benefit provides greater alignment of financial incentives and greater access to tools that may aid beneficiaries and providers in achieving better health at lower costs.

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In order to emphasize high-value services and support the ability of ACOs to manage the care of beneficiaries, CMS is issuing the authority under Section 1115A of the Act (added by Section 3021 of the Affordable Care Act) to conditionally waive certain Medicare payment requirements as part of the NGACO Model. An ACO may choose not to implement all or any of these benefit enhancements. Applicants will be asked questions specific to their proposed implementation of these benefit enhancements, but acceptance into the NGACO Model is not contingent upon an ACO implementing any particular benefit enhancement.

Participants in the NGACO Model are required to provide implementation information to CMS, which, upon approval, will enable the ACO's use of the optional benefit enhancements. Each optional benefit enhancement will have such an "implementation plan" requiring, for example:

1. Descriptions of the ACO's planned strategic use of the benefit enhancement
2. Self-monitoring plans to demonstrate meaningful efforts to prevent unintended consequences
3. Documented authorization by the governing body to participate in the benefit enhancement

Note: RTI International is the specialty contractor creating the Next Generation ACO provider alignment files.

For dates of service of April 1, 2019, and later, MACs will allow NGACO, including the Vermont (VT) ACO, post discharge home visit claims for licensed clinicians under the general supervision of an NGACO or VT ACO provider when this benefit enhancement is elected by the provider for the Date of Service (DOS) on the claims and only when the claim contains the following HCPCS codes: G2001; G2002; G2003; G2004; G2005; G2006; G2007; G2008; G2009; G2013; G2014; and G2015. This applies to Type of Bill (TOB) 85X, Rev Codes 96X; 97X; and 98X.

The payment rate for these HCPCS codes will be in the annual Medicare Physician Fee Schedule (MPFS). Medicare will reimburse Critical Access Hospital Method II providers billing on TOB 85X with Revenue codes 96X, 97X, and 98X based on the lesser of the billed charge or the MPFS rate.

Note that MACs will reject or return as unprocessable if a claim or if separate claims with the same DOS contains a Post Discharge Home Visit HCPCS code and a Care Management Home Visit HCPCS code.

ADDITIONAL INFORMATION

The official instruction, CR10907, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R216DEMO.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
March 7, 2019	We revised this article to reflect a revised CR10907 issued on December 21, 2018. The CR revisions had no impact on the substance of the article. However, we revised the article to show a revised CR release date, transmittal number, and web address of the CR. All other information remains the same.
November 29, 2018	The article was revised to reflect a revised CR10907 issued on November 28. The CR was revised to show the correct HCPCS codes of G2001 - G2009 and G2013 - G2015 for NGACO Model Post Discharge Home Visits. The article was revised accordingly. Also, the CR release date, transmittal number, and the Web address of the CR are revised in the article. All other information remains the same.
October 29, 2018	Initial article released.