CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 11041	Date: October 21, 2021	
	Change Request 12407	

Transmittal 10953, dated August 19, 2021, is being rescinded and replaced by Transmittal 11041, dated, October 21, 2021 to correct a typo in the Policy section for Fee-for-Service (FFS) N&AH Payments. All other information remains the same.

SUBJECT: Update to Nursing and Allied Health (N&AH) Education Medicare Advantage (MA) Payment Rates - Calendar Year (CY) 2019

I. SUMMARY OF CHANGES: This CR provides the MACs with the rates for computing the Calendar Year 2019 nursing and allied health Medicare Advantage add-on payments.

EFFECTIVE DATE: November 19, 2021

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

IMPLEMENTATION DATE: November 19, 2021

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20 Transmittal: 11041 Date: October 21, 2021 Change Request: 12407

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SUBJECT: Update to Nursing and Allied Health (N&AH) Education Medicare Advantage (MA) Payment Rates - Calendar Year (CY) 2019

EFFECTIVE DATE: November 19, 2021

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IMPLEMENTATION DATE: November 19, 2021

I. GENERAL INFORMATION

- **A. Background:** Change Request (CR) 11642, transmittal 10315, issued August 21, 2020, titled "Updates to Nursing and Allied Health Education Medicare Advantage Payment Policies," provided the MACs with instructions on how to compute and/or reconcile nursing and allied health Medicare Advantage add-on payments for CY 2002 through 2018. This CR provides the MACs with the rates for computing the CY 2019 nursing and allied health Medicare Advantage add-on payments.
- **B.** Policy: All policy in this CR remains the same as in CR 11642; MACs shall refer to CR 11642 for instructions on how to implement the CY 2019 nursing and allied health Medicare Advantage add-on payments. Following is a table containing the rates for the CY 2019 nursing and allied health Medicare Advantage add-on payments.

CY 2019

MA N&AH POOL: \$60,000,000

Fee-for-Service (FFS) N&AH Payments: \$262,043,840

FFS INPATIENT DAYS: 62,649,285

MA INPATIENT DAYS: 8,481,459

(FFS N&AH/FFS INPATIENT DAYS) X MA INPATIENT DAYS: 35,475,490

PERCENT REDUCTION TO MA DIRECT GRADUATE MEDICAL EDUCATION DGME PAYMENTS: 4.07%

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		MAC		M	M System					
					Е	Maintainers			ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
12407.1	MACs shall refer to CR 11642 for instructions on how	X								
	to implement the CY 2019 nursing and allied health									
	Medicare Advantage add-on payments.									
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III. PROVIDER EDUCATION TABLE

Number	Requirement	R	Responsibility			
			A/B		D	С
			MAG	\mathbb{C}	M	Е
					Е	D
		A	В	Н		I
				Н	M	
				Н	Α	
					С	
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Miechal Kriger, miechal.kriger@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