

§ 510.620

the physician or nonphysician practitioner has reassigned his or her billing rights.

(c) *Other requirements.* All other Medicare rules for global surgery billing during the 90-day post-operative period continue to apply.

§ 510.620 Waiver of deductible and coinsurance that otherwise apply to reconciliation payments or repayments.

(a) *Waiver of deductible and coinsurance.* CMS waives the requirements of sections 1813 and 1833(a) of the Act for Medicare Part A and Part B payment systems only to the extent necessary to make reconciliation payments or receive repayments based on the NPRA that reflect the episode payment methodology under the final payment model for CJR participant hospitals.

(b) *Reconciliation payments or repayments.* Reconciliation payments or repayments do not affect the beneficiary cost-sharing amounts for the Part A and Part B services provided under the CJR model.

[80 FR 73540, Nov. 24, 2015, as amended at 82 FR 622, Jan. 3, 2017]

Subparts H–J [Reserved]

Subpart K—Model Termination

§ 510.900 Termination of the CJR model.

CMS may terminate the CJR model for reasons including but not limited to the following:

(a) CMS determines that it no longer has the funds to support the CJR model.

(b) CMS terminates the model in accordance with section 1115A(b)(3)(B) of the Act. As provided by section 1115A(d)(2) of the Act, termination of the model is not subject to administrative or judicial review.

PART 512—EPISODE PAYMENT MODEL

Subpart A—General Provisions

Sec.

- 512.1 Basis and scope.
- 512.2 Definitions.

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Subpart B—Episode Payment Model Participants

- 512.100 EPM episodes being tested.
- 512.105 Geographic areas.
- 512.110 Access to records and retention.
- 512.120 EPM participant CEHRT track requirements.

Subpart C—Scope of Episodes

- 512.200 Time periods for EPM episodes.
- 512.210 Included and excluded services.
- 512.230 Beneficiary inclusion criteria.
- 512.240 Determination of the EPM episode.

Subpart D—Pricing and Payment

- 512.300 Determination of episode quality-adjusted target prices and actual episode payments.
- 512.305 Determination of the NPRA and reconciliation process.
- 512.307 Subsequent calculations.
- 512.310 Appeals process.
- 512.315 Composite quality scores for determining reconciliation payment eligibility and effective and applicable discount factors.
- 512.320 Treatment of incentive programs or add-on payments under existing Medicare payment systems.
- 512.350 Data sharing.

Subpart E—Quality Measures, Beneficiary Protections, and Compliance Enforcement

- 512.400 Quality measures and reporting—general.
- 512.411 Quality measures and reporting for AMI model.
- 512.412 Quality measures and reporting for CABG model.
- 512.413 Quality measures and reporting for SHFFT model.
- 512.450 Beneficiary choice and beneficiary notification.
- 512.460 Compliance enforcement.

Subpart F—Financial Arrangements and Beneficiary Incentives

- 512.500 Sharing arrangements under the EPM.
- 512.505 Distribution arrangements under the EPM.
- 512.510 Downstream distribution arrangements under the EPM.
- 512.520 Enforcement authority under the EPM.
- 512.525 Beneficiary engagement incentives under the EPM.

Subpart G—Waivers

- 512.600 Waiver of direct supervision requirement for certain post-discharge home visits.