

## Centers for Medicare & Medicaid Services, HHS

## § 512.2

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- 512.610 Waiver of SNF 3-day rule.
- 512.615 Waiver of certain post-operative billing restrictions.
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- 512.900 Termination of an episode payment model.
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AUTHORITY: Secs. 1102, 1115A, and 1871 of the Social Security Act (42 U.S.C. 1302, 1315(a), and 1395hh).

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### Subpart A—General Provisions

#### § 512.1 Basis and scope.

(a) *Basis.* This part implements the test of episode payment models under section 1115A of the Act. Except as specifically noted in this part, the regulations under this part must not be con-

strued to affect the payment, coverage, program integrity, or other requirements (such as those in parts 412 and 482 of this chapter) that apply to providers and suppliers under this chapter.

(b) *Scope.* This part sets forth the following:

- (1) The participants in each episode payment model.
- (2) The episodes being tested in each episode payment model.
- (3) The methodology for pricing and payment under each episode payment model.
- (4) Quality performance standards and quality reporting requirements.
- (5) Safeguards to ensure preservation of beneficiary choice and beneficiary notification.

#### § 512.2 Definitions.

For the purposes of this part, the following definitions are applicable unless otherwise stated:

*ACO* means an accountable care organization, as defined at § 425.20 of this chapter, that participates in the Shared Savings Program and is not in Track 3.

*ACO participant* has the meaning set forth in § 425.20 of this chapter.

*ACO provider/supplier* has the meaning set forth in § 425.20 of this chapter.

*Actual episode payment* means the sum of Medicare claims payments and certain non-claims-based payments for items and services that are included in the episode in accordance with § 512.210(a), excluding the items and services described in § 512.210(b).

*Alignment payment* means a payment from an EPM collaborator to an EPM participant under a sharing arrangement, for the sole purpose of sharing the EPM participant's responsibility for making repayments to Medicare.

*AMI* means acute myocardial infarction, an event caused by diminished blood supply to the heart leading to irreversible heart muscle cell damage or death.

*AMI care period* means a period of AMI care that would meet the requirements to be an AMI model episode in accordance with all provisions in subpart B of this part if the FFS-CR participant were an AMI model participant.

*AMI model* means the EPM for AMI.