

of any other government agency permitted by law to audit, evaluate, investigate, or inspect the FFS-CR participant or any other person or entity or their records, data, or information, without limitation.

**§ 512.740 Beneficiary engagement incentives for FFS-CR participant use.**

(a) *General.* FFS-CR participants may choose to provide in-kind patient engagement incentives to beneficiaries in an AMI care period or CABG care period, subject to the following conditions:

(1) The incentive must be provided directly by the FFS-CR participant or by an agent of the FFS-CR participant under the FFS-CR participant's direction and control to the FFS-CR beneficiary during an AMI care period or CABG care period.

(2) The item or service provided must be reasonably connected to medical care provided to a FFS-CR beneficiary during an AMI care period or CABG care period.

(3) The item or service must be a preventive care item or service or an item or service that advances a clinical goal, as listed in paragraph (c) of this section, for a beneficiary during an AMI care period or CABG care by engaging the beneficiary in better managing his or her own health.

(4) The item or service must not be tied to the receipt of items or services outside the AMI care period or CABG care period.

(5) The item or service must not be tied to the receipt of items or services from a particular provider or supplier.

(6) The availability of items or services must not be advertised or promoted except that a beneficiary may be made aware of the availability of items or services at the time the beneficiary could reasonably benefit from them.

(7) The cost of the item or service must not be shifted to another federal health care program, as defined at section 1128B(f) of the Act.

(b) *Technology provided to an FFS-CR beneficiary.* Beneficiary engagement incentives involving technology are subject to the following additional conditions:

(1) Items or services involving technology provided to a beneficiary may not exceed \$1,000 in retail value for any one beneficiary in any one AMI care period or CABG care period.

(2) Items or services involving technology provided to a beneficiary must be the minimum necessary to advance a clinical goal, as listed in paragraph (c) of this section, for a beneficiary in an AMI care period or CABG care period.

(3) Items of technology exceeding \$100 in retail value must—

(i) Remain the property of the FFS-CR participant; and

(ii) Be retrieved from the beneficiary at the end of the AMI care period or CABG care period. The FFS-CR participant must document all retrieval attempts, including the ultimate date of retrieval. Documented, diligent, good faith attempts to retrieve items of technology will be deemed to meet the retrieval requirement.

(c) *Clinical goals of the CR incentive payment model.* The following are the clinical goals of the CR incentive payment model, which may be advanced through beneficiary incentives:

(1) Beneficiary adherence to drug regimens.

(2) Beneficiary adherence to a care plan.

(3) Reduction of readmissions and complications resulting from treatment for AMI or CABG.

(4) Management of chronic diseases and conditions that may be affected by treatment for AMI or CABG.

(d) *Documentation of beneficiary engagement incentives.* (1) FFS-CR participants must maintain documentation of items and services furnished as a beneficiary engagement incentive that exceed \$25 in retail value.

(2) The documentation established contemporaneously with the provision of the items and services must include at least the following:

(i) The date the incentive is provided.

(ii) The identity of the beneficiary to whom the item or service was provided.

(3) The documentation regarding items of technology exceeding \$100 in retail must also include contemporaneous documentation of any attempt to retrieve technology at the end of an AMI care period or CABG care period

**§ 512.745**

as described in paragraph (b)(3) of this section.

(4) The FFS-CR participant must retain and provide access to the required documentation in accordance with § 512.715.

**§ 512.745 Waiver of physician definition for furnishing CR and ICR services to a FFS-CR beneficiary.**

(a) *General.* Section 410.49 of this chapter requires cardiac rehabilitation and intensive cardiac rehabilitation services to be furnished under the direction of a physician as defined in § 410.49(a) of this chapter.

(b) *Waiver of the physician definition.* For a provider or supplier of CR or ICR services to a FFS-CR beneficiary during an AMI care period or CABG care period, as defined in § 512.2. CMS waives the physician definition to allow the functions of supervising physician, prescribing exercise, and establishing, reviewing, and signing an individualized treatment plan for CR or ICR services to be furnished under the direction of—

(1) A physician, as defined in section 1861(r)(1) of the Act; or

(2) A qualified nonphysician practitioner, as defined by CMS.

(c) *Other definitions and requirements.* All other definitions and requirements in § 410.49 of this chapter related to a physician or supervising physician continue to apply.

**42 CFR Ch. IV (10-1-17 Edition)**

**Subparts I-J [Reserved]**

**Subpart K—Model Termination**

**§ 512.900 Termination of an episode payment model.**

CMS may terminate any EPM for reasons including but not limited to:

(a) CMS no longer has the funds to support the EPM; or

(b) CMS terminates the EPM 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.

**§ 512.905 Termination of the CR incentive payment model.**

CMS may terminate the CR incentive payment model for reasons including, but not limited to, one of the following:

(a) CMS no longer has the funds to support the CR incentive payment model.

(b) CMS terminates the CR incentive payment 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.