CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1448	**Date: December 17, 2014**
	Change Request 8677

Transmittal 1429, dated October 1, 2014, is being rescinded and replaced by Transmittal 1448, dated December 17, 2014, to update Business Requirement 8677.6 to remove reference to 51/5052 and corrected HICN. All other information remains the same.

SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues

I. SUMMARY OF CHANGES: In June, 2011, the three shared system maintainers, HPES (MCS and FISS), GDIT (VMS) and Acentia (CWF) conducted a summit with CMS management representing a number of components. The maintainers collaborated to present improvement ideas, with the end goal of finding efficiencies that would enable the CMS to get the greatest benefit from the programming hours contracted each quarter. The maintainers proposed to consolidate the FFS eligibility functionality (currently residing in 4 different systems) into one shared service, accessible at the beginning of the claims adjudication process. This new service would be used by all 4 systems to eliminate duplicate or unnecessary processing. Subsequent discussions have taken place between the group of maintainers and CMS.

This change request is for the shared system maintainers to perform updates to operational issues from the initial implementation of Phase I of the Beneficiary Data Streamlining (BDS) into the Fee For Service (FFS) claims processing environment.

Cross reference CRs 7548, 7611, 7712, 7895, 8091, 8285 and 8603.

EFFECTIVE DATE: January 1, 2015
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 5, 2015

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	

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 obliged 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: 1448	Date: December 17, 2014	Change Request: 8677

Transmittal 1429, dated October 1, 2014, is being rescinded and replaced by Transmittal 1448, December 17, 2014, to update Business Requirement 8677.6 to remove reference to 51/5052 and corrected HICN. All other information remains the same.

SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS) Updates to Operational Issues

EFFECTIVE DATE: January 1, 2015
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 5, 2015

I. GENERAL INFORMATION

A. Background: Beneficiary eligibility encompasses Medicare data and business logic within the Medicare FFS environment that is accessed multiple times by multiple stakeholders throughout a claim's lifecycle. Beneficiary eligibility is checked at a minimum:

- By FFS Shared System (SS) prior to processing the claim using local files.
- By the Common Working File (CWF) system prior to determining utilization of benefits.

In June, 2011, at the request of senior CMS officials, the three shared system maintainers, HPES (MCS and FISS), ViPS (VMS) and 2020 (CWF) conducted a summit with CMS management representing a number of operating divisions. The maintainers collaborated to present numerous improvement ideas, with the end goal of finding efficiencies that will enable CMS to get the greatest benefit from the programming hours contracted each quarter.

One of the improvement ideas put forward was the development and use of a common eligibility service that would occur earlier in the claims lifecycle than the current CWF eligibility check. The maintainers proposed to consolidate the FFS eligibility functionality (currently residing in 4 different systems) into one shared service, accessible at the beginning of the claims adjudication process. This new service will be used by all 4 systems to eliminate duplicate or unnecessary processing. The BDS Phase I was implemented in production with the October 2013.

As part of BDS Phase II, the Shared Systems maintainer and MACs will transition the retrieving of beneficiary data from the shared system local beneficiary data (LBD) stores to BDS. These modifications will eventually lead to the elimination of the storing of the beneficiary data locally within the shared systems. There are several updates that will be required to the BDS system which are prerequisite to BDS Phase II implementation. These updates are based on operational issues that were identified after BDS was implemented with the October 2013 release. These modifications will be implemented via this change request.

B. Policy: There is no policy change associated with this change request.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8677.1	The Part B/DME query shall include a new payment process code 'DD' to identify a 'deleted line' for BDS. These "delete" action code claim lines can often have incomplete data resulting in BDS consistency edits. This causes the remainder of the claim to not get beyond the consistency editing within BDS. BDS shall bypass all editing associated with the claim line where payment process code of 'DD' is set.							X	X	
8677.2	The Part A BDS query shall use the from date to determine if a home health claim is for Part A or B to set home health claim entitlement edits for 5210 and 5220.					X			X	
8677.3	CWFM shall replace the BDS abbreviated MSP trailer (copybook CUTRLX3A) with the CWF full MSP trailer (copybook CABCMSP). The full MSP trailer is required by the shared systems for downstream processing of MSP edits returned by BDS.					X	X	X	X	
8677.4	CWF shall create a one-timer to remove incorrect TNIF records from the CWF host TNIF files. Several incorrect TNIF records were identified in CWF after the BDS software was implemented in production. These TNIF records did not contain the Host ID or corrected Health Insurance Claim (HIC) to identify the beneficiary's location.								X	
8677.5	CWF shall modify HIMRHOST access to allow real-time OSA testing in BDS. Connectivity data shall be removed from the hard coded copybook to a VSAM table. CWFM, STC BETA and UAT shall modify the table to enter their respective CICS region connection information to allow OSA processing.								X	
8677.6	VMS shall implement modifications to allow downstream BDS process, similar to downstream CWF process, for the following edits: • 54/5052 – XREF HICN – When this error is received from CWF, a Trailer 01 is also							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	returned with the cross-reference HICN. The VMS batch cycle updates the claim and the VMS Beneficiary Master file with the cross-reference HICN information. When this error is received via BDS, the operator working the claim is not allowed to update the Beneficiary Master file. The update request must then be sent to a different department before the claim can be worked. • UR/538H – Incarcerated Beneficiaries- the VMS batch looks at the trailer 32 data returned by CWF to determine which line to fire the CWF edit based on the incarceration time period and the date of service on the claim. The VMS online BDS interface does not have this logic for this edit. • UR/5232 – The batch logic in VMS for this edit is different than the logic for the VMS online BDS interface. The contractor shall also update the date comparison logic in the VMS online to match the batch logic.									
8677.7	CWF shall modify copybooks and documentation to reflect Beneficiary race code '2' as 'Black' per White House directive number 15, dated May 12, 1977, Section 1.C.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Rich Kociszewski, 410-786-7615 or Richard.Kociszewski@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0