

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2132	Date: August 17, 2018
	Change Request 10650

SUBJECT: User CR: MCS - Enhance H9 Screen to Hold Information After Claim Finalizes

I. SUMMARY OF CHANGES: The purpose of this CR is to retain beneficiary query information from Beneficiary Data System (BDS) for up to one year to assist MACs with resolving customer service inquiries about the claim, even after it finalizes.

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: January 7, 2019

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

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I. GENERAL INFORMATION

A. Background: When claims go out to Beneficiary Data System (BDS) (The Common Working File's (CWF's) query for beneficiary information and eligibility) and returns with an error code, the H9 screen allows the MAC to view the information sent to BDS/CWF and the responses that were returned, so the MAC can determine if there was a submission error or if BDS/CWF is not working correctly. Once a claim finalizes, this screen is no longer available. By keeping the BDS query information available for one year, the MACs will be able to do research on claims and compare current claims to see how they are processing.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
10650.1	MCS shall retain the information currently displayed on the H9 (BDS query/response) Screen for one year after the claim paid date for BDS and CWF Responses that did not get an "01" response.						X				
10650.1.1	MCS shall continue to purge and no longer display "01" responses after the claim finalizes.						X				
10650.2	MCS shall create a process to purge this data after the claim paid date is past one year.						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	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): Stacey Shagena, 410-786-8208 or Stacey.Shagena@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