

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1067	Date: April 26, 2012
	Change Request 7800

SUBJECT: Fee for Service Common Eligibility Services Conference Calls and Research

I. SUMMARY OF CHANGES: In June 2011, the three shared system maintainers, HPES (MCS and FISS), ViPS (VMS) and 2020 (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 four different systems) into one shared service, accessible at the beginning of the claims adjudication process. This new service would be used by all four systems to eliminate duplicate or unnecessary processing.

Two subsequent discussions have taken place between the group of maintainers and CMS. The CMS is requesting that the maintainers continue to collaborate and develop an options paper, exploring at least two options for implementing the Common Eligibility Service

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 1, 2012

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One-Time Notification

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SUBJECT: Fee for Service Common Eligibility Services Conference Calls and Research

Effective Date: October 1, 2012

Implementation Date: October 1, 2012

I. GENERAL INFORMATION

A. Background: In June 2011, the three shared system maintainers, HPES (MCS & FISS), VIPs (VMS) and 2020 (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. One of the concepts put forward was the development and use of a common eligibility service that would occur earlier in the claims process than the current eligibility check at the time claims are first sent to CWF. The maintainers proposed to consolidate the FFS eligibility functionality (currently residing in four different systems) into one shared service, accessible at the beginning of the claims adjudication process. This new service would be used by all four systems to eliminate duplicate or unnecessary processing. Subsequent discussions have taken place between the group of maintainers and CMS. Two A/B MAC’s participated in the latest discussion, which was a day-long workgroup, further defining the ‘what’ of the proposal, as well as delving into the ‘how’ of a phased implementation. The CMS requested that the maintainers continue to collaborate and develop an options paper exploring at least two options for implementing the Common Eligibility Service. A TRB Consult was held on Thursday February 23rd, in which the SS maintainers presented their options paper to CMS stakeholders and the TRB. This CR directs the SS maintainers to continue this analysis.

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

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7800.1	Shared System Maintainers shall attend up to 10 hours of conference calls with the CMS to discuss the eligibility service concept and options.						X	X	X	X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H I I E R	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Erin Michaels (Erin.Michaels@cms.hhs.gov or 410-786-1894) and Katie Wickrowski (Katie.Wickrowski@cms.hhs.gov or 410-786-5084)

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

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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