CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1148	**Date: November 2, 2012**
	Change Request 8091

SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS)

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 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 detail analysis, design, requirements, development, testing and implementation for a system change that allows the introduction of the Beneficiary Data Streamlining (BDS) into the Fee For Service (FFS) claims processing environment.

Cross reference CRs 7548, 7611, 7712 and 7895.

EFFECTIVE DATE: April 1, 2013 (Analysis, Requirements and Design for FISS, MCS and VMS); July 1, 2013 (Development, Testing and Implementation for CWF); July 1, 2013 (Development and Alpha Testing with CWF for FISS, MCS and VMS); October 1, 2013 (Testing and Implementation for FISS, MCS and VMS)

IMPLEMENTATION DATE: April 1, 2013 (Analysis, Requirements and Design for FISS, MCS and VMS); July 1, 2013 (Development, Testing and Implementation for CWF) July 1, 2013 (Development and Alpha Testing with CWF for FISS, MCS and VMS);; October 7, 2013 (Testing and Implementation for FISS, MCS and VMS)

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 Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 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

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

Attachment - One-Time Notification

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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 Company (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.

Subsequent discussions took place between the maintainers, CMS and two A/B MACs also participated in the discussions, which further defined the Eligibility Service and ideas for a phased implementation.

Results from the research and analysis done as part of CMS CR 7548, 7611 and 7712, 'Fee For Service Common Eligibility Services Conference Calls and Research', are presented in Attachment 'A' Modified Options Paper.

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

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8091.1	REQUIREMENTS FOR APRIL 2013											N/A
8091.2	Contractors shall develop a design document for Beneficiary Data Streamlining (BDS) Phase-1 implementing high profile FFS Eligibility and Entitlement Edits.							X	X	X		
8091.3	Contractors shall review internal processes for using beneficiary eligibility files.							X	X	X		
8091.3.1	Contractors shall review local and non-base processes for using beneficiary eligibility files.	X	X	X	X	X	X					
8091.4	Contractors shall attend up to 4 conference calls with the CMS to discuss the BDS requirements, design and connectivity.							X	X	X	X	CWF Host
8091.4.1	Contractors shall attend up to 2 conference calls with the CMS to discuss the BDS requirements, design and connectivity.	X	X	X	X	X	X					EDCs
8091.5	Contractor shall create a desk procedure for notification of new edits, specifically if the edit should be included in the new eligibility module. Note: This shall be provided in the POC review checklist, technical walkthrough documentation, etc.										X	
8091.6	Contractors shall review CMS CR 7895 to perform analysis, design and detail requirements to implement BDS based on detailed requirements in CWF CR 28874 and BDS options paper.							X	X	X		
8091.7	The contractor shall finalize the high profile Eligibility and Entitlement Edits identified in the BDS Options Paper as of the April 2013 release. See Attachment ‘B’ BDS Phase 1 Edit Error Descriptions.										X	
8091.8	REQUIREMENTS FOR JULY 2013											N/A

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8091.9	Contractor shall establish BDS input record formats for Part A and Part B/DME eligibility interfaces.										X	
8091.10	Contractor shall establish BDS output record formats for Part A and Part B/DME eligibility interfaces.										X	
8091.11	Contractor shall develop BDS software addressing interfaces, subroutines and internal modules.										X	
8091.12	Contractor shall finalize the high profile Eligibility and Entitlement Edits identified in the BDS Options Paper as of the July 2013 release. See Attachment 'B' BDS Phase 1 Edit Error Descriptions.										X	
8091.13	Contractors shall accept the modified CWF input record formats for Part A and Part B/DME eligibility interfaces.							X	X	X		
8091.14	Contractors shall accept the modified CWF output record formats for Part A and Part B/DME eligibility interfaces.							X	X	X		
8091.15	Contractors shall accept the modified CWF software addressing interfaces and subroutines for Part A and Part B/DME eligibility interfaces.							X	X	X		
8091.16	Contractors shall establish connectivity between CWF and FISS, MCS, and VMS Test and UAT environments.							X	X	X	X	EDCs
8091.17	Contractors shall attend up to 4 conference calls with the CMS to discuss the BDS development and connectivity.							X	X	X	X	CWF Host
8091.17.1	Contractors shall attend up to 2 conference calls with the CMS to discuss the BDS development and connectivity.	X	X	X	X	X	X					EDCs

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8091.18	REQUIREMENTS FOR OCTOBER 2013											N/A
8091.19	Contractors shall perform a 'Pilot Test' to determine capacity and threshold at a selected CWF Host site to evaluate resource utilization.							X	X	X	X	EDCs
8091.20	Contractor shall finalize the high profile Eligibility and Entitlement Edits identified in the BDS Options Paper as of the October 2013 release. See Attachment 'B' BDS Phase 1 Edit Error Descriptions.										X	
8091.21	Contractors shall update the software to address all issues pertaining to the 'Pilot Test' and UAT.							X	X	X	X	
8091.22	Contractors shall attend up to 4 conference calls with the CMS to discuss the BDS requirements, design and connectivity.							X	X	X	X	CWF Host
8091.22.1	Contractors shall attend up to 2 conference calls with the CMS to discuss the BDS requirements, design and connectivity.	X	X	X	X	X	X					EDCs
8091.23	Contractors shall disable the existing eligibility edits in their software that is being performed by the BDS.							X	X	X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	CR's 7548, 7611, 7712 & 7815

Section B: All other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contact(s): Sylvia Sampson, Sylvia.Sampson@cms.hhs.gov

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:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Attachment A – Beneficiary Data Streamlining Architecture

This document is a summary of the recommendations made as part of CMS CR 7548 'Fee For Service Common Eligibility Services Conference Calls and Research' that examined multiple options to implement a consolidated and centralized Beneficiary Data Streamlining (BDS) formerly known as 'Common Eligibility Service (CES)' to support all FFS eligibility processing for the Medicare FFS Systems. This document outlines the assumptions and constraints, overview of the current eligibility processing at the Shared Systems and CWF, and the proposed technical architecture for BDS.

1. ASSUMPTIONS

- The primary objective of this project is to provide a single service to determine the eligibility of a beneficiary during the FFS claims processing.
- There is sufficient network capacity and processing to handle eligibility inquiry and response transmissions within the FFS network.
- Changes to the FFS legacy systems to incorporate the BDS are acceptable.
- An increase in the utilization of CPU resources in claims processing due to the provision of a single service is acceptable.
- The BDS will conform to the CMS Technical Reference Architecture.
- The BDS will be considered as an integral part of the claims processing subsystems and thereby must not hinder any of the maintainer and operational SLAs.
- The BDS architecture must support multiple users using both online and batch queries.

2. CONSTRAINTS

- Target Performance Constraints:
    - BDS will process and return each eligibility inquiry in a real time mode. The BDS hardware and software architecture will be developed in accordance with this constraint.
    - It is anticipated that the Shared Systems' and CWF average processing time per claim (i.e., time per cycle / number of claims processed in the cycle) may increase after BDS implementation.
- The BDS must comply with the CMS Security guidelines.

3. OVERVIEW OF CURRENT CLAIMS ELIGIBILITY

This Section describes the current Medicare FFS systems that will utilize the BDS for determining eligibility during claims processing.

3.1 COMMON WORKING FILE (CWF) ELIGIBILITY PROCESSING OVERVIEW

CWF has multiple online and batch processes for checking beneficiary eligibility**.** CWF claims processing performs two eligibility checks during the cycle, which are listed below. The eligibility logic reads the CWF beneficiary file and several CWF auxiliary files. The CWF beneficiary files carry current beneficiary information. Updates to the CWF beneficiary files are received daily from CMS Enrollment Database (EDB) and Coordination of Benefits (COBC) system. The CWF auxiliary files contain information pertaining to other beneficiary entitlements such as MSP, ESRD and MCO. At the end of each day's cycle, an eligibility extract file is created and sent to Common Medicare Environment (CME) and Next Generation Desktop (NGD).

1. **CWF Daily Cycles** - CWF performs eligibility checks within the nightly claims processing cycles on all Part A and Part B/DME claims and maintainer transactions received from the MACs and legacy contractors. The nine CWF host sites process more than four million claims per night which result in over four million batch eligibility checks.

2. **HELG –** This Part B Eligibility System allows Part B MACs and legacy contractors to request beneficiary eligibility through a batch process executed in the daily CWF cycles. This system provides limited eligibility information, that includes HICN, name, gender, entitlement, deductible and HMO enrollment information, to contractors who request eligibility on a beneficiary. The batch HELG system maintains information on up to 10 contractors who previously requested eligibility on the beneficiary and automatically sends an eligibility response if deductibles or HMO entitlements change. At this time the HELG transaction response is not accessed by the Shared Systems.

3.2 FISS PART A ELIGIBILITY PROCESSING OVERVIEW

The FISS system stores beneficiary eligibility data on ten internal FSSFBEN* VSAM files. When a claim for a new beneficiary is processed, a shell record is created for initial processing. Once the claim is transmitted to CWF, this shell record is updated from the CWF response to contain the current eligibility information. Certain fields on this shell file can be updated by MAC clerks, such as beneficiary address, but CWF claim responses are currently the only way eligibility data from CWF is updated on these files. Therefore, the eligibility data stored on the FISS internal files is only as current as the last adjudicated claim. For this reason, most

eligibility editing has been removed from the FISS system, which now relies on CWF for accurate eligibility editing.

The internal eligibility files are also accessed for a variety of batch functions, such as generating internal reports, MSNs, COBC, HIGLAS and IDR extracts, CFO reporting, and the ECPS batch editing process.

3.3 MCS PART B ELIGIBILITY PROCESSING OVERVIEW

MCS retains an internal eligibility file and Medicare Secondary Payer file. These internal files are used in the preliminary editing for both online and batch processing. They are updated and retain the most current information received from CWF during each cycle from claims data and other trailer information.

Internal eligibility file information is accessed to send to HIGLAS, to populate the MSN beneficiary address, and to correct local information not yet received from CWF for current claim processing.

While MCS does utilize these internal files for initial processing, once the claims are transmitted to and processed by CWF, the CWF eligibility information is subsequently applied on the claims. The internal MCS files are used to identify potential errors in submission and entry earlier in the process, but ultimately it is CWF data that drives eligibility determination for each claim processed.

3.4 VMS DMEPOS ELIGIBILITY PROCESSING OVERVIEW

VMS also retains an internal beneficiary master VSAM file. Within the current VMS system, beneficiary eligibility is checked early in the on-line editing process of the claim using this beneficiary master File. The file contains the information related to the beneficiary that is current as of the last time a claim was sent to CWF on behalf of this beneficiary. Therefore, the information is not as current as the data that resides at CWF for a given beneficiary. In addition, if the beneficiary is new to this jurisdiction, the DME MAC will have no record to verify against and assumes the beneficiary is eligible. Carriers/MACs do however have the ability to update a beneficiary's date of eligibility, birth, and date, as well as, their address in response to a call from the beneficiary.

Once the claim is processed through the VMS on-line edits and all edits have been resolved, it is processed by the nightly batch cycle. During the cycle, the claim is processed against the current claim history file for additional beneficiary editing and utilization. When all editing and utilization processing is complete, a query is created to be sent to CWF for processing. Once CWF makes a decision on the claim, a reply is created and sent back to VMS for processing and updates to the local VMS beneficiary master file. During the next nightly batch cycle, after processing the reply from CWF, the claim will either be finalized or, based upon CWF edits, reprocessed.

3.5 CURRENT SHARED SYSTEM CYCLE BENCHMARKS

Adding "service requests" to any system has the potential to impact the overall throughput of the system. In the case of a shared system BDS, there will be many edits that are moved from one or more of the Shared Systems into the BDS. There will be network latency, as illustrated in Figure 1 below, when the Shared Systems make the requests for those edits at runtime. Processing will be dropped from the Shared Systems, and processing will be added to BDS. Ideally, the latency will be minimal, and the processing changes will offset one another.

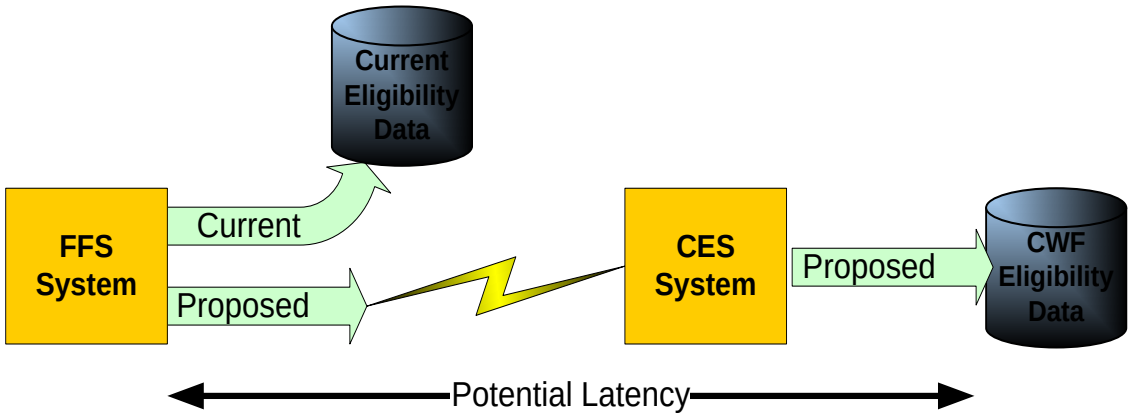

Figure 1: Potential Network Latency

A well-designed implementation plan will include a benchmark that is tested before and after the new software is introduced into each environment in order to assess the latency. To this end, the FFS SSM Workgroup together decided to use the metric "claims per second" as a benchmark for comparison, and identify the components within each system to measure for that benchmark.

It should be noted that each system will measure "claims per second" by measuring runtime within the modules that are impacted by the applicable eligibility edits, and that the placement of those modules varies from system to system. As a result, the metrics cannot be compared across the three Shared Systems – they will only be useful as a metric to determine latency within a given Shared System. In practice, the measurements will be captured before and after cycles in the FFS "TEST" environments.

3.6 SUPPORT JUSTIFICATION FOR CHANGE

It is necessary for a claim to go through one or more iterations of eligibility checks throughout its lifecycle. Within the FFS process, the claim is subjected to multiple redundant eligibility-checking systems that utilize various other redundant data resources (e.g., entitlement, MSP). This has resulted in multiple interpretations and instances of eligibility business logic and multiple beneficiary eligibility files across the FFS systems where CWF-returned data is used to

populate those local files. Additionally, eligibility and other beneficiary data in these files is updated by Carrier/MAC staff if the beneficiary calls to have certain fields changed. (e.g., address, Date of Birth, Date of Death).

To maintain consistent information throughout the claims lifecycle and save resources, the following features are needed:

- A common data repository that the Shared Systems can query for determining beneficiary eligibility;
- A consolidated set of logic conditions that determine beneficiary eligibility; and
- An architecture that provides a shared eligibility service that can easily fit within the FFS claims processing system without negatively impacting the daily cycles.

4. PROPOSED TECHNICAL ARCHITECTURE

Based on the assumptions and constraints listed, the BDS will be hosted as a z/OS-based IBM mainframe system that will control the flow of all data and eligibility edit transactions from the Shared Systems with the possibility of additional users in the future. The architecture as shown in the Figure 2 below is being proposed by the team to allow the MAC daily cycles to communicate directly with the CWF host sites to perform eligibility edits at multiple points in the lifecycle of each claim.

4.1 SERVICE COMMUNICATION ARCHITECTURE

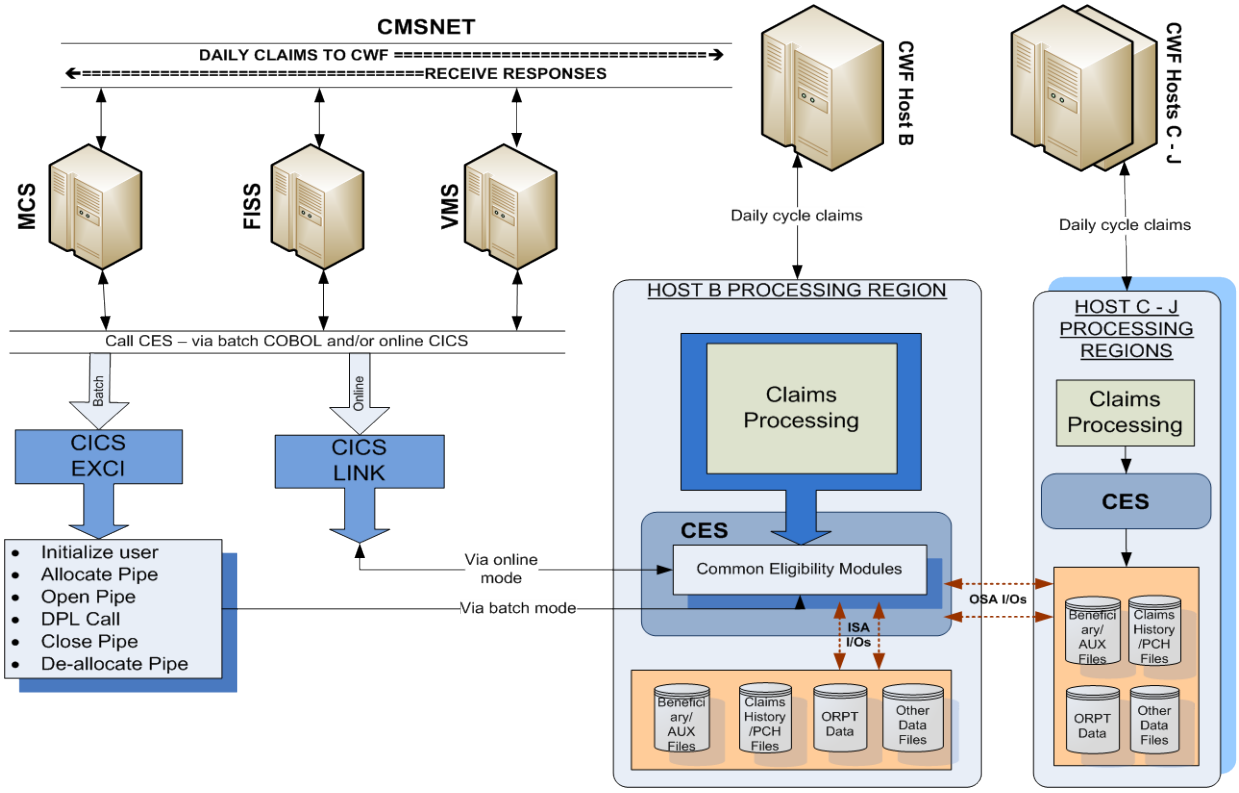

Figure 2: BDS EXCI Communication

The proposed architecture will use the CWF host sites to execute the common eligibility services. The method of communication between client(s) and server (or "consumer and service") will initially be via CICS EXCI and LINK commands. EXCI refers to the External CICS Interface. This interface for batch has been around for a long time and it allows a non-CICS program to call a CICS program, and pass information back and forth via the program's COMMAREA. The non-CICS program (often a batch program) is considered the "client", and the CICS program is considered the "server."

The EXCI CALL interface uses following six commands:

- Initialize User, Allocate Pipe, Open Pipe, DPL Call, Close Pipe, De-allocate Pipe

A standard CICS LINK will be used to link to the program in the CICS region for online eligibility queries.

Eventually, the CICS EXCI and CICS LINK commands can be wrapped with web service and/or messaging calls.

4.2 BDS SOFTWARE ARCHITECTURE

The BDS software will be structured as a mainframe COBOL/CICS query system that can return a variety of information to the Shared Systems. The BDS will be architected to perform two main functions as depicted in Figure 3 below:

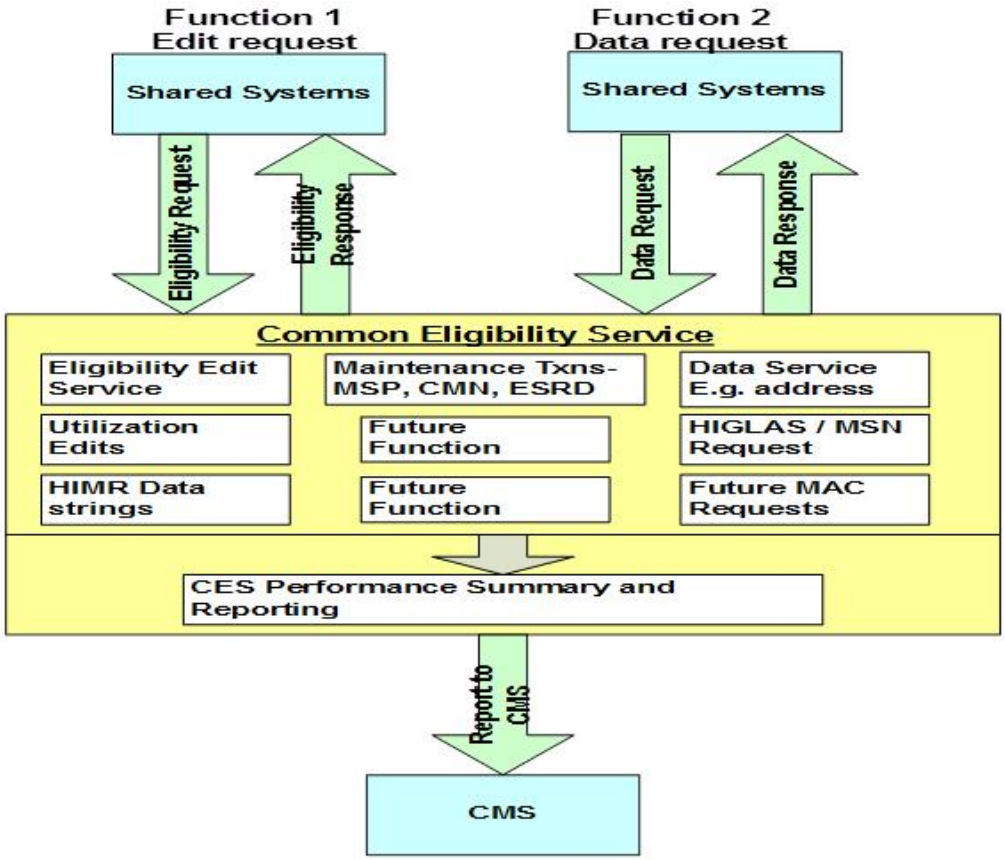

Figure 3: BDS Software Architecture

Function 1 – Edit request

1. The Shared System can request the BDS to perform a set of edits such as eligibility and entitlement. The BDS will perform the edits and return a response along with pre-determined data elements back to the Shared Systems.

2. The BDS edit request/response format will be flexible enough so that a Shared System has the option to request in either batch or online mode that:

    a. BDS perform a single type of edit (e.g. eligibility only)

b. BDS perform a group of edits (e.g. eligibility & utilization)

c. BDS return only the CWF disposition code and error code

d. BDS return CWF disposition code, error code and specific trailer or all trailer data such as MSP, or HMO, or Hospice data

Function 2 – Data request

1. The Shared System can request the BDS to provide beneficiary or other data that will be utilized in the Shared System adjudication processing by providing a HICN and optional processing data. The BDS will retrieve beneficiary and/or auxiliary/claim data from the CWF data files and return in a pre-determined format back to the Shared Systems.

2. The BDS data request input format will be flexible so that a Shared System has the option to request non-adjudication data specific to their need in a batch or online mode, such as:

    a. Specific auxiliary data, such as beneficiary address, representative payee data, MSP, HMO, CMN or other.

    b. Specific combinations of data such as start and end dates for MSP entitlement, Hospice periods, HH episodes, etc.

The BDS will have a modular structure with a design strategy in which the software components are composed of relatively small and autonomous routines that fit together. At a high level, the BDS System will consist of three main functions to receive queries, process queries and send query responses back to the Shared Systems. Temporary storage queues will be used to manage query data within the host environments. Functional routines such as consistency edits, eligibility edits, data requests, and response creation will be independent of each other.

Once an edit is coded in BDS, all areas of CWF that perform the edit logic will call the appropriate BDS module to perform the same function, thereby eliminating duplication in existing CWF code.

The BDS will be structured to be scalable to ensure that it can process more workload, with a proportional increase in system resource usage. All processing will be done in a real-time or pseudo real-time (batch) mode where transactions that are sent via EXCI or LINK are responded to without human intervention for scheduling batch jobs.

For each phase of implementation, CWFM, with input from the Shared Systems maintainers and CWF Host Operations will review the CWF host CICS resource allocation and expected usage and recommend resource or operational adjustments.

The BDS System modules will access the Common Working File (CWF) data stored on the CWF Hosts at the Tulsa, OK EDC. The Shared Systems will direct the query to the MAC

primary host site by entering the "Host ID" on the input record. If Host ID is not provided on the input record, CWF will identify the location of beneficiary data at remote Hosts based on information available in the local Host's "True Not in File" (TNIF) records. The query will then be transferred to the appropriate host determined by the TNIF record. BDS will not initially perform any updates to the CWF master files.

BDS will capture statistics for the transactions processed on a daily basis and provide periodic reporting to CMS.

BDS functions will be implemented in phases that will span one or more FFS quarterly releases. Each phase will undergo a full CMS system lifecycle process from planning what is required by the Shared System, providing CMS with the business case, generating a change request through development, testing and implementation.

4.3 INCORPORATION OF BDS INTO EXISTING BUSINESS/SYSTEM FUNCTIONS

The Shared Systems maintainers and CWFM will implement new code for creating and accessing the BDS in a manner that is most optimal for each system and which best reduces any potential latency or unnecessary processing. The information required by Shared Systems and data layouts for generating the Shared Systems' call to the BDS shall be agreed upon between all the maintainers during the analysis and requirements development phases of BDS implementation.

Each Shared System utilizes eligibility in several facets of processing which shall require interfacing with the BDS at intermediate points during processing. The team's adopted approach will drive the interface points required for each of the Shared System function to be implemented in phases.

This process is defined as Phase-1 beneficiary eligibility edits using BDS, as shown in Figure 4, and will be the first set of edits implemented with the creation of the BDS.

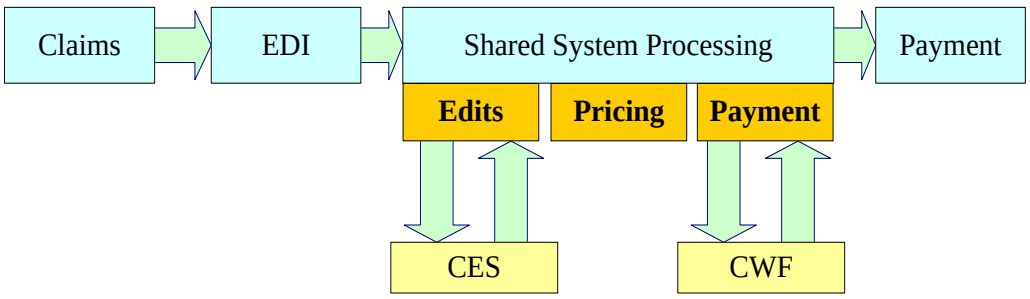

Figure 4: Phase-1 Shared Systems business process

The transition to sole use of the BDS (i.e., a state in which all beneficiary edits and data have been moved from Shared Systems to the BDS) is a large undertaking and will require a phased transition of processes to use of that service. Until complete transition occurs, Shared Systems shall retain and maintain their internal eligibility file so that the processes which will not be included in Phase-1 will still function as before.

Based on resources available and volume of transactions, each Shared Systems will access BDS via batch and/or online modes. Each system will optimize their process to minimize the number of calls to BDS.

CWF performs consistency, eligibility and entitlement, utilization, Part A and Part B crossover and duplicate checking on each claim, in that order. The CWF is updated by the latest information in the Enrollment Database (EDB) which contains the most current enrollment, entitlement and utilization information on the beneficiaries. CWF executes daily batch cycles that are run in a pseudo real-time mode using CICS for each Contractor. To adapt to the BDS:

- The CWF system will utilize the BDS software to perform all eligibility edits that are incorporated in BDS for claims processed in a daily cycle. Existing hardcoded and duplicated eligibility edit logic within the CWF software will be consolidated at BDS.

- The CWF batch cycle will call BDS after performing consistency edits to access edits for each phase. The edits shall be inclusive for all claims transactions types.

- CWF Modules for each claim type will have a pre-defined common-area to call BDS via CICS LINK.

- For claims that passed the BDS edits and sent to CWF for approval, CWF will re-execute all eligibility edits performed by the Shared Systems at BDS during the nightly batch cycle. Reprocessing at CWF ensures that the daily EDB, MSP, ESRD and CMN maintenance updates are taken into consideration while processing the claim at CWF.

- CWF modules for each claim type will receive a pre-determined response from BDS and continue to respond to the claim. When queries to BDS are returned with a ‘failed’ response, CWF will continue to generate the appropriate errors. When queries to BDS are returned with a ‘passed’ response, CWF will continue its normal processing path to perform utilization, duplicate checking, etc. to approve the claim.

- The CWF Daily cycle claims that are processed within the same CICS Region as BDS will have high priority over the BDS transactions from Shared Systems. This priority will ensure that CWF cycles are completed within schedule and responses returned to the Shared Systems for further processing on a timely basis.

- CWF Host will follow the existing problem reporting process when problems are encountered with BDS during operations.

ATTACHMENT B – CR 8091 BDS PHASE-1
CWF ELIGIBILITY EDIT ERROR CODES

NO	CWF EDIT	DISP CODE	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	EDIT TYPE	BDS RESP TRLRS	Edit Description
1	5050	50	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary Record has been deleted by CMS.
2	5052	51 53 55	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	1, 8, 10	Beneficiary Identification Incorrect - The name and/or claim number shown on the Bill is incorrect or claim number is not in file
3	5053	50	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary is temporarily blocked due to a merge of Beneficiary data mandated by CMS.
4	5054	UR	PARTB	DME			INPT		SNF	BENE	8	Beneficiary GHO Auxiliary record missing and requested from CMS.
5	5055	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary blocked at CWF Host and CMS batch pending clerical update.
6	5056	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary Identification - The Beneficiary number requested by this Claim is not available to the HOST.
7	5057	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary Identification - The Beneficiary Number requested by this Bill is not available to the Host. This record is marked as a skeleton at CMS Central Office and has been purged. The number you are trying to use is possibly an incorrect number and should be investigated through Social Security.
8	5058	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary Identification - The Beneficiary Number requested by this Bill is not available to the Host at this time because the Beneficiary record at CMS central office is blocked (this is done during cross-reference processing).

9	5059	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Beneficiary Identification - The Beneficiary number requested by this Claim is not available to the HOST at this time because the Beneficiary record at CMS central office is frozen (this is done while clerical corrections are being done).
10	5200	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	4, 8	No Entitlement - There is no record of the Beneficiary's Entitlement to the Type of Services shown on the claim.
11	5210	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	4, 8	Services After Benefits Terminated.
12	5211	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	The statement From/Thru Date is greater than the Date of Death on Beneficiary Master Record.
13	5212	UR			HHA	HOSP	INPT	OUTP	SNF	BENE	8	The claim has a patient status of Beneficiary deceased with a Thru Date prior to another claim with a patient status of Beneficiary deceased.
14	5220	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	4, 8	Services Prior to Date of Entitlement.
15	5231	UR					INPT			HMO	5, 8	Services overlap GHO entitlement and no edit is present in the Detail Override Edit Table, or Services overlap CHOICES/ESRD Managed Care Demonstration entitlement and the CHOICES/ESRD Identification Number is not present.
16	5232	UR	PARTB	DME						HMO	5, 8	Services overlap GHO entitlement and no edit is present in the Detail Override Edit Table.OR Services overlap CHOICES/ESRD Managed Care Demonstration entitlement and the CHOICES/ESRD Identification Number is not present.
17	5233	UR			HHA	HOSP	INPT	OUTP	SNF	HMO	5, 8	For PPS claims and claims with Provider Numbers beginning with '210' the Admission Date falls within a risk GHO Paid period but no GHO Paid Code or Condition Code '69' is indicated on the claim OR For Non-PPS Inpatient and SNF claims the Statement Dates fall within or overlap a risk GHO period but no GHO Paid Code or Condition Code '69' is indicated on the claim.

17	5234	UR			HHA		INPT	OUTP	SNF	HMO	5, 8	Beneficiary Master Record with GHO data and incoming claim record is missing GHO Identification Number. (Error does not apply to GHO option one.)
19	5235	UR			HHA		INPT	OUTP	SNF	HMO	8	For PPS claims the Admission Date falls within a risk GHO period the Dates of Service fall within a Hospice Election Period; and Condition Code '07' is not present on the claim.
20	5236	UR			HHA		INPT	OUTP	SNF	HMO	2, 5, 8	For PPS claims the Admission Date is not within a Risk GHO period but the GHO Pay Code on the claim is '1' or the Condition Code '69' is present; the Admission Date falls within a risk GHO period but the Statement Dates fall on or after the Hospice Revocation Date but before the month following the Revocation Date the GHO Pay Code indicated on the claim is other than zero or the Condition Code '69' is present however a risk GHO is not liable for claims during the month of Hospice Revocation; or the Statement Dates are within a Hospice period and the claim has a Condition Code '07' indicating treatment of a non-terminal illness. This includes abbreviated Encounter (TOB '11z') records.
21	5244	UR	PARTB				INPT		SNF	BENE	8	Claim contains a CABG or ACE Demonstration Number but the Beneficiary does not have both Part A and Part B entitlement
22	5245	UR	PARTB				INPT		SNF	BENE	8	RRB Beneficiary contains a CABG or ACE Demonstration Number
23	524Z	UR	PARTB	DME						HOSPICE	2, 8	Service Dates fall within Hospice Period. Bypassed for all CHOICES and ENCOUNTER claims.
24	525Z	UR	PARTB	DME						HOSPICE	8	Service Dates fall within a risk GHO and Hospice Election Period. This edit will be bypassed for all CHOICES claims.
25	538H	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8, 32	Services billed while Beneficiary is incarcerated
26	538K	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8	Information from SSA indicates Beneficiary has been Deported.

27	538Q	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	BENE	8, 35	Services billed while Beneficiary is unlawfully present.
28	6801	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	8	GHP MSP indicated on claim, no MSP Auxiliary file exists. This indicates no file found.
29	6802	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	GHP MSP indicated on claim, no GHP match on auxiliary file exists.
30	6803	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	A GHP MSP Auxiliary record exists, no GHP MSP is indicated on the claim, but the Dates of Service match a GHP occurrence.
31	6805	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	GHP MSP conditional payment claim, but a GHP MSP record with a Validity Indicator equal to 'I' or 'Y' is not present for these Dates of Service.
32	6806	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	MSP Override Code is 'M' or Cost Avoid no GHP MSP record found with overlapping Date of Service.
33	6810	UR			HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	Part A claim was processed and only a Part B (Insurer Type 'K') matching GHP record was found.
34	6811	UR	PARTB	DME						MSP	3, 8	DMEPOS claim was processed, and only a Part A (Insurer Type 'J') matching record was found.
35	6812	UR	PARTB	DME				OUTP		MSP	3, 8, 12	An MCCD/DMD Notice of Election and Medicare is not primary, or MCCD Outpatient (HUOP) record with Demo Number '37' and Medicare is not primary.
36	6815	UR			HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8, 39	Beneficiary has an MSP Type record 'W' on the Auxiliary file and the incoming claim contains payment. (full or conditional)
37	6819	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8, 39	Diagnosis code on the incoming claim matches or is within the family of diagnosis codes to a diagnosis posted for a non-GHP MSP occurrence.
38	6821	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	8	Non-GHP MSP indicated on the claim, no Auxiliary file exists. This indicates no record found.

39	6822	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	Non-GHP MSP indicated on the claim, a non-GHP match does not exist on Auxiliary file.
40	6825	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	Non-GHP MSP conditional payment claim, but a non-GHP MSP record is not present for these Dates of service.
41	6826	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	Claim has MSP Override Code is 'N' and no non-GHP MSP record found with overlapping Date of Service.
42	6830	UR			HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8	Part A claim was processed and only a Part B (Insurer Type 'K') matching non-GHP record was found
43	6831	UR	PARTB	DME						MSP	3, 8	Part B and DMERC claims are processed, and only a Part A (Insurer Type 'J') matching non-GHP record was found.
44	6832	UR	PARTB	DME	HHA	HOSP	INPT	OUTP	SNF	MSP	3, 8, 39	The non-GHP MSP occurrence ('D', 'E', 'H', 'L' or 'W') does not contain a diagnosis code.