| CMS Manual System | Department of Health & Human Services (DHHS) | | | | | |
|----------------------------------|---|--|--|--|--|--|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) | | | | | |
| Transmittal 1945 | Date: October 27, 2017 | | | | | |
| | Change Request 10326 | | | | | |

SUBJECT: Add Date of Receipt to the Beneficiary Data Streamlining (BDS) Part A Claims Layout

I. SUMMARY OF CHANGES: The purpose of this change request is for the contractors to include 'Date of Receipt' on the BDS Part A claim transmit record.

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

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

Pub. 100-20 | Transmittal: 1945 | Date: October 27, 2017 | Change Request: 10326

SUBJECT: Add Date of Receipt to the Beneficiary Data Streamlining (BDS) Part A Claims Layout

EFFECTIVE DATE: April 1, 2018

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

IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: The BDS is a shared service accessible by the shared systems at the beginning of the claims adjudication process to check for Medicare eligibility and utilization of benefits. The Common Working File (CWF) has several edits in place to check beyond BDS's edits and would require certain fields to be on the BDS Part A transmit record. The Centers for Medicare & Medicaid Services is requesting the contractors to add 'Date of Receipt' of the claim to the BDS Part A transmit record layout to allow CWF to check edits dependent on the date of receipt of the claim.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|-----|----|---|---|------|------|-----|-------|
| | | | A/B | | D | | Sha | red- | | Other |
| | | 1 | MA(| 7) | M | | Sys | tem | | |
| | | | | | E | M | aint | aine | ers | |
| | | Α | В | Н | | F | M | V | С | |
| | | | | Н | M | I | C | M | W | |
| | | | | Н | A | S | S | S | F | |
| | | | | | C | S | | | | |
| 10326.1 | The contractor shall add the 'Date of Receipt' of the claim to the BDS Part A transmit record layout. | | | | | X | | | X | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsib | | | bilit | oility | |
|--------|-------------|-----------|------|---|-------|--------|--|
| | | | | | | | |
| | | | A/B | | D | C | |
| | | N | /IAC | | M | Е | |
| | | | | | E | D | |
| | | Α | В | Н | | I | |
| | | | | Н | M | | |
| | | | | Н | A | | |
| | | | | | C | | |
| | None | | | | | | |

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

| X-Ref | Recommendations or other supporting information: N/A |
|-------------|--|
| Requirement | |
| Number | |

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

V. CONTACTS

Pre-Implementation Contact(s): Vinay Vuyyuru, 410-786-9111 or vinay.vuyyuru@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

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