CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1401	Date: August 1, 2014
	Change Request 8681

SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS) - Phase II - Auxiliary Data

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 CMS 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 FFS contractors to perform data analysis to explore auxiliary data such as MSP, HMO etc., received and used by the MACs. This analysis will eventually lead to a fee-for-service enterprise solution that will eliminate redundancy in data along with consolidating functionality.

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 - Analysis

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 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

SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS) - Phase II - Auxiliary Data

EFFECTIVE DATE: January 1, 2015

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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), GDIT (VMS) and Acentia (CWF) conducted a summit with CMS management representing a number of CMS components. The maintainers collaborated to present numerous improvement ideas, with the end goal of finding efficiencies that would 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 1 was implemented with the October 2013 production release.

This change request is for the CWFM and shared system maintainers to perform detail data analysis to explore auxiliary data such as MSP, HMO etc., received and used by the MACs. This analysis will contribute to the enterprise solution that will eliminate the redundancy in data along with consolidating functionalities.

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			D		Sha	red-		Other
		MAC		Μ	System					
						Maintainers				
		Α	В	Η		F	Μ	V	С	
				Н	Μ	Ι	С	Μ	W	
				Η	А	S	S	S	F	
					С	S				
8681.1	Contractors shall review internal processes and the	Χ	Х	Х	Х	Х	Х	Х	Х	CWF Host,

Number	Requirement	Responsibility								
			A/B D Shared					red-		Other
		N	MAC		Μ			tem		
			1	1	E			aine	ers	
		Α	В	Η	N	F	Μ		С	
				H	M A	I	C		W	
				Η	A C	S S	S	S	F	
	various sub-systems and identify usage of auxiliary					2				EDCs
	data provided by Shared Systems and CWF. Auxiliary									
	files include supporting data required to process a FFS beneficiary claim such as MSP, HMO, ESRD, etc.									
	Contractors shall provide information as described									
	below to the CWF Maintainer detailing the functional inventory for each online function or non-base job.									
	Data can be provided in Excel or Word format and is									
	due October 16, 2014.									
	1. Contractor Name and Jurisdiction									
	2. Online function or Non-base Job ID, Name and									
	Description									
	3. System (FISS, MCS, VMS)									
	4. Environment (EDC or Local Data Center)									
	5. Usage (on-line or batch)									
	6. Frequency (daily, weekly, monthly, quarterly, annual, adhoc)									
	7. Files used in the online/non-base job									
	Provide File Name									
	Provide File Description									
	• Provide source of data on file (from shared systems, CWF, CMS or other)									
	• Is file updated by the MAC									
	8. Volume of data processed by the job									
	9. Any other information that can be provided on the file/non-base job									
8681.2	Shared system maintainers and CWFM shall continue analysis of the four BDS alternatives.					X	X	X	X	CWF Host, EDCs
	 Provide a single CWF beneficiary data store at each EDC – CMS would like to see analysis done for both file distribution options. (1) 10 									

Number	Requirement	Re	espo	onsi	bilit	ty									
			A/B												Other
			MAC		E E				•	tem aine					
		A	В	Η		F	M		С						
				H		I S	C S	M S							
				Н	C	S S	3	3	F						
	physical beneficiary files, and for (2) 90 physical beneficiary files split by Beneficiary 9th digit for each host. Continue analysis started with CR 8603.														
	 Other technology that can be made available – this solution could be hosting a single file at the Baltimore Data Center, or utilize the CME data, or other enterprise solutions. 														
	3. Stay in place "As Is". Analyze impacts & risks to the program if systems remained "as is" with no changes. Options to reduce/eliminate updates to the local beneficiary data stores.														
	4. Using Cache to access BDS at CWF. Detail analysis was done as part of CR 8285.														
8681.3	Contractors shall attend 4 conference calls every other week beginning October 16, 2014 through January 8, 2015 to discuss the BDS Phase II auxiliary data detailed analysis.					X	X	X	X	CWF Host, EDCs					
8681.4	Contractors shall attend 2 conference calls once a month beginning November 13, 2014 through December 11, 2014 to discuss the BDS Phase II auxiliary data detailed analysis.	X	X	X	X										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	С
		1	MAG		Μ	Е
					E	D
		Α	В	Η		Ι
				Н	Μ	
				Η	Α	
					С	
	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): Richard Kociszewski, 410-786-7615 or Richard.Kociszewski@cms.hhs.gov

Post-Implementation Contact(s): Contact your Regional Coordinator.

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