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| <b>CMS Manual System</b>                | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-20 One-Time Notification</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
|   | <b>Date: August 03, 2012</b>                              |
| Transmittal: 1108                       | <b>Change Request 7895</b>                                |

**SUBJECT: Fee For Service Common Eligibility Services (FFS CES) - Common Working File (CWF) Detail Analysis, Design and Requirements**

**I. SUMMARY OF CHANGES:** Request for Common Working File to perform detail analysis, design and requirements for a system change that allows the introduction of a Common Eligibility Service (CES) into the FFS claims processing environment.

**EFFECTIVE DATE: January 1, 2013**

**IMPLEMENTATION DATE: January 7, 2013**

*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.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|---|
| N/A          |   |

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**

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

|             |                   |                       |                      |
|-------------|-------------------|-----------------------|----------------------|
| Pub. 100-20 | Transmittal: 1108 | Date: August 03, 2012 | Change Request: 7895 |
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**Effective Date: January 1, 2013**

**Implementation Date: January 7, 2013**

## **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 four systems to eliminate duplicate or unnecessary processing.

Two subsequent discussions took place between the maintainers and CMS. Two A/B MACs also participated in a third discussion, which was a day-long workgroup that further defined the Eligibility Service and ideas for a phased implementation. CMS has requested that the maintainers continue to collaborate and develop an alternative analysis paper, exploring at least two options for implementing the Common Eligibility Service (CES).

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

### **B. Policy:**

There is no policy change associated with this CR.

## II. BUSINESS REQUIREMENTS TABLE

| Number | Requirement   | Responsibility (place an "X" in each applicable column) |             |        |                                 |                  |                           |             |             |             |       |                    |
|--------|---|---|-------------|--------|---------------------------------|------------------|---------------------------|-------------|-------------|-------------|-------|--------------------|
|        |   | A<br>/<br>B   | D<br>M<br>E | F<br>I | C<br>A<br>R<br>R<br>I<br>E<br>R | R<br>H<br>H<br>I | Shared-System Maintainers |             |             |             | OTHER |                    |
|        |   |   |             |        |                                 |                  | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |                    |
| 7895.1 | Contractor shall develop requirements document for CES Phase-1 implementing high profile FFS Eligibility and Entitlement Edits.   |   |             |        |                                 |                  |                           |             |             |             | X     |                    |
| 7895.2 | Contractor shall develop design document for CES Phase-1 implementing high profile FFS Eligibility and Entitlement Edits.   |   |             |        |                                 |                  |                           |             |             |             | X     |                    |
| 7895.3 | Contractor shall finalize the high profile Eligibility and Entitlement Edits identified in the CES Options Paper. See Attachment 'B' CES Phase 1 Edit Error Descriptions. |   |             |        |                                 |                  |                           |             |             |             | X     |                    |
| 7895.4 | Contractor shall establish CES input record formats for Part A and Part B eligibility interfaces.   |   |             |        |                                 |                  |                           |             |             |             | X     |                    |
| 7895.5 | Contractor shall establish CES output record formats for Part A and Part B eligibility interfaces.  |   |             |        |                                 |                  |                           |             |             |             | X     |                    |
| 7895.6 | Contractors shall establish connectivity between CWF and FISS, MCS, and VMS maintainer test environments.   |   |             |        |                                 |                  | X                         | X           | X           | X           |       | EDC                |
| 7895.7 | Contractor shall develop CES software addressing interfaces, subroutines and internal modules.  |   |             |        |                                 |                  |                           |             |             |             | X     |                    |
| 7895.8 | Shared System Maintainers shall attend up to 8 conference calls with the CMS to discuss the CWF CES requirements, design and connectivity.                                |   |             |        |                                 |                  | X                         | X           | X           | X           |       | EDC<br>CWF<br>Host |

## III. PROVIDER EDUCATION TABLE

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

## IV. SUPPORTING INFORMATION

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

| <b>X-Ref Requirement Number</b> | <b>Recommendations or other supporting information:</b> |
|---------------------------------|---|
|                                 | None.   |

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

## **V. CONTACTS**

**Pre-Implementation Contact(s):** For processing questions, please contact Sylvia Sampson at [Sylvia.Sampson@cms.hhs.gov](mailto: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)*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within 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 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.