

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1344	Date: February 7, 2014
	Change Request 8603

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), GDIT (VMS) and Acentia (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, for Phase II of the Beneficiary Data Streamlining (BDS) into the Fee For Service (FFS) claims processing environment.

Cross reference CRs 7548, 7611, 7712, 7895, 8091 and 8285.

EFFECTIVE DATE: July 1, 2014

IMPLEMENTATION DATE: July 7, 2014

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	

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

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1344	Date: February 7, 2014	Change Request: 8603
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SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS)

EFFECTIVE DATE: July 1, 2014

IMPLEMENTATION DATE: July 7, 2014

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.

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 MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8603.1	Contractors shall attend up to 14 conference calls every other week beginning February 6, 2014 through August 7, 2014.					X	X	X	X	CWF Host, EDCs
8603.2	Contractors shall attend up to 7 conference calls once a month beginning February 20, 2014 through July 24, 2014.	X	X	X	X					CWF Host, EDCs

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8603.3	<p>Contractors shall start detailed analysis of the attached analysis documents.</p> <p>See the following attachments:</p> <ul style="list-style-type: none"> - CR 8285 Analysis Paper - BDS Final v1.0.docx - Appendix A1 - Beneficiary Master File.docx - Appendix A2 - Beneficiary Address File.docx - Appendix A3 - Beneficiary MSP Data.docx - Appendix A4 - Beneficiary Hospice Data.docx - Appendix A5 - Beneficiary HMO Data.docx - Appendix B - Shared Systems Processing Areas.docx - Appendix C - MAC Non-Base Processing Areas.docx - Appendix D1 - MCS Edits.docx - Appendix D2 - FISS Edits.docx - Appendix D3 - VMS Edits.docx 					X	X	X	X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sri Anne, 410-786-0588 or Sri.Anne@cms.hhs.gov

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

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 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.

Attachments (11)