

<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>Transmittal 1436</b>	<b>Date: November 6, 2014</b>
	<b>Change Request 8915</b>

**SUBJECT: Fee for Service Beneficiary Data Streamlining (FFS BDS) Phase II Analysis**

**I. SUMMARY OF CHANGES:** This Change Request (CR) is a request for all Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Part A and Part B Medicare Administrative Contractors (A/B MACs), Virtual Data Centers (VDCs) and Shared System Maintainers (SSMs) to perform detail analysis, that allows the introduction of a Beneficiary Data Streamlining (BDS) into the Fee For Service (FFS) claims processing environment eliminating the local files.

Cross reference CRs 7548, 7611, 7712, 7895, 8091, 8285, 8603, 8677 and 8681.

**EFFECTIVE DATE: April 1, 2015**

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

**IMPLEMENTATION DATE: April 6, 2015**

*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	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

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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 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 CR.

## 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		
8915.1	Contractors shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues. The conference calls will take place between January 5, 2015 and April 30, 2015.	X	X	X	X					X	BCRC, HIGLAS, VDC
8915.1.1	Noridian Healthcare Solutions JD, JE, and JF shall attend 2 conference calls with the CMS and CWF to	X	X		X					X	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.									
8915.1.2	Novitas Solutions, Inc (NSI) JH and JL shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X						X	
8915.1.3	Wisconsin Physician Service (WPS) J5 and J8 shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X						X	
8915.1.4	First Coast Service Options, Inc. (FCSO) J9 shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X						X	
8915.1.5	Cahaba Government Benefit Administrators J10 shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X						X	
8915.1.6	National Heritage Insurance Company (NHIC) JA shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.				X				X	
8915.1.7	Palmetto GBA J11, RRB and Home Health shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X	X					X	RRB
8915.1.8	National Government Services (NGS) J6, JB, JK and Home Health shall attend 2 conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X	X	X				X	
8915.1.9	CGS Administrators J15, JC and Home Health shall attend 2 conference calls with the CMS and CWF to	X	X	X	X				X	

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	
	discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.									
8915.2	Contractors shall attend additional conference calls with the CMS to discuss the analysis documents received. The conference calls will take place between January 5, 2015 and April 30, 2015.							X		
8915.2.1	Contractors shall attend up to 2 additional conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.					X	X	X	X	CWF Host, STC, VDC
8915.2.2	Contractors shall attend up to 2 additional conference calls with the CMS and CWF to discuss the CWF Auxilliary Data analysis provided with CMS CR 8681 to address any questions and/or issues.	X	X	X	X	X	X	X	X	CWF Host, STC, VDC

### 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:

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

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Sylvia Sampson, 410-786-6153 or Sylvia.Sampson@cms.hhs.gov , Richard Kociszewski, 410-786-7615 or Richard.Kociszewski@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**