

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1473	Date: February 27, 2015
	Change Request 9080

SUBJECT: Correction of the Maintenance of the Medicare Status Code

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to align changes to the Medicare Status Code (MSC) to pass to downstream systems.

EFFECTIVE DATE: July 1, 2015

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

IMPLEMENTATION DATE: July 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

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

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I. GENERAL INFORMATION

A. Background: The Enrollment Data Base (EDB) maintains data related to beneficiary Medicare status and entitlement reason. There are three factors considered when determining Medicare status and entitlement reason, Social Security Administration's (SSA) determination of Disability Insured Benefits (DIB), End Stage Renal Disease (ESRD) and AGED (65+). The sources of information used to determine a beneficiary's Medicare status are SSA, Railroad Retirement Board (RRB) and Renal Management Information System (REMIS). The EDB maintains three separate tables related to Medicare status:

1. **DIB Entitlement – CME_DIB_ENTL**
2. **Entitlement Reason – CME_ENTL_RSN**
3. **Medicare Status – CME_MDCR_STUS**

The EDB derives the data elements based on SSA and RRB data. Additionally the REMIS application maintains the Medicare Status Code (MSC) for the population of ESRD beneficiaries.

Trend analysis of the MSC by CMS has found that the MSC is not reflecting the actual Medicare status. Issues related to the maintenance of the MSC have been found in EDB processing of SSA and RRB transactions as well as how the REMIS application is maintaining the code.

Using a 10 percent sample of MSC data on the EDB it has been determined that in approximately 10 percent of the cases where SSA or RRB sent a transaction indicating a switch from DIB status to AGED EDB processing is not updating the DIB Entitlement period, Entitlement Reason and Medicare Status Code indicating a shift from DIB to AGED.

Analysis of the MSC related to the ESRD population shows that for approximately 7 percent (total ESRD beneficiaries 2,340,175, of those 166,385 do not have a MSC) of the ESRD population the MSC is not being set, resulting in no MSC data on the beneficiary record. Analysis of the SSA and RRB Combined Exchange Record (CER) transaction indicates an entitlement reason code of ESRD. EDB logic was modified at some point to prevent the initial annotation of the MSC for this population. When the REMIS application does set the MSC, the REMIS application uses the Entitlement Reason Code (ERC) to derive the MSC. In the cases where the EDB application is not switching Entitlement Reason from DIB to AGED, the ESRD statuses for this population are also incorrect.

Further analysis found that in some cases the ERC and MSC are becoming out of sync for the non-aged population. This can occur when SSA/RRB is communicating to the EDB, on the CER, that a beneficiary is ESRD and/or DIB. The ERC and MSC codes and dates are set based on information on the CER transaction. The REMIS application can subsequently receive different information which results in the MSC being updated; however the ERC is not updated to reflect the same status.

B. Policy: The EDB will correct its software which maintains the MSC as well as take over responsibility from REMIS to maintain the MSC related to ESRD.

The EDB will use the information coming from SSA and RRB to derive all ERC and MSC values for the non-aged population. Since SSA and RRB do not send ESRD related data for the aged population, the EDB will implement setting the MSC related to ESRD only for the aged population based on the ESRD coverage periods received from REMIS.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
9080.1	Modify the CWF processing to correctly apply changes to a beneficiary's MSC, Entitlement Reason Code (ERC) and DIB Period.										X	
9080.2	CWF shall pass indicators to NCH.										X	
9080.3	Modify the HIID to carry the MSC .										X	

III. PROVIDER EDUCATION TABLE

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

V. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0