

CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 214

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: FEBRUARY 17, 2006

Change Request 4285

SUBJECT: Procedures for Preventing Duplicate Crossover File Submissions to the Coordination of Benefits Contractor

I. SUMMARY OF CHANGES: Through this change request, CMS will provide contractors and their associated Data Centers with procedures that should help them avoid transmitting duplicate 837 flat files or, in the future, National Council for Prescription Drug Programs (NCPDP) files to the Coordination of Benefits Contractor (COBC) on a daily basis.

NEW/REVISED MATERIAL

EFFECTIVE DATE: March 17, 2006

IMPLEMENTATION DATE: March 17, 2006

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
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III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 214	Date: February 17, 2006	Change Request 4285
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SUBJECT: Procedures for Preventing Duplicate Crossover File Submissions to the Coordination of Benefits Contractor

I. GENERAL INFORMATION

A. Background: Currently, as directed through Transmittal 138, Change Request 3218, Medicare contractors transmit 837 flat files containing processed Medicare contractor claims to the Coordination of Benefits Contractor (COBC) to be crossed over to trading partners that have signed national Coordination of Benefits Agreements (COBAs). Contractors transmit their 837 flat files to the COBC, via a Network Data Mover (NDM) connection, on a daily basis once processed claims have left their payment floor.

The Centers for Medicare & Medicaid Services (CMS) is writing this instruction to provide contractors and their associated Data Centers with two standard procedures that they shall follow to ensure that jobs that they have run to generate 837 flat file and eventually National Council for Prescription Drug Programs (NCPDP) version 5.1 batch standard 1.1 file transmissions to the COBC will not be duplicated.

B. Policy: Contractor Data Centers shall implement one of the two procedures detailed below to ensure that they do not transmit, via NDM, duplicate 837 flat files and, in the future, NCPDP files to the COBC.

Option 1

The contractor Data Center checks to see if the 837 flat file or eventually an NCPDP file created from a cycle is empty (contains no data). If the file contains no data, the contractor Data Center does not initiate a compare process. Instead, the Data Center proceeds with the NDM send of the empty file, as is currently done in association with Change Request 3218.

If the current flat file or NCPDP file contains processed claims data, then the Data Center uses this file and compares it against a back-up file that contains information from the last transmit of the file that contained processed claims data. The Data Center shall compare the files to determine whether the **total claims count and total charges were identical**. If the Data Center matches on all—and only on all—of the fields, the Data Center has identified a duplicate file submission and shall not transmit the 837 flat file or NCPDP file via NDM to the COBC.

Option 2

The COBC will edit out duplicate BHT03 submissions.

The contractor Data Center prevents transmission of duplicate 837 flat files and NCPDP files by adding the following new statement to the existing NDM element: RUN JOB (DSN=SYS3.CA7.JCLLIB (L**JDCBC))PNODE. By adding this new statement, the Data Center will ensure that a new local site specific job L**JDCBC will be triggered by the NDM process upon the successful transmission of the 837 flat file or NCPDP file to the COBC. This job will then backup (BKUP) the dataset name (DSN)=

**J0054.S0147.FSSFCOBC that is transmitted to the COBC and delete it, thereby preventing a duplicate file transmission to the COBC.

An example of an existing local Data Center job that executes the BKUP and Delete process is as follows:

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21 XXSTEP0010 EXEC PGM=IEBGENER
22 XXSYSRINT DD SYSOUT=&SAVRS
    IEFC653I SUBSTITUTION JCL – SYSOUT=S
23 XXXSYSIN  DD DUMMY
24 XXSYSUT1  DD DSN=&REPLIES
    XX      DISP=(OLD, DELETE, KEEP)      - delete
    IEFC653I SUBSTITUTION JCL – DSN=AFIN.CWF.REPLIES,DISP=(OLD, DELETE, KEEP)
25 XXSYSUT2  DD DSN=&FILESS.CWF.BKUP.&BKNODE.RPLY(+1), - create bkup
    XX      SPACE=(CYL,(50,50), RLSE),
    XX      DISP=(,CATLG,DELETE),
    XX      DCB=(LRECL=26570,RECFM=VB,BLKSIZE=0)
    XX*
    IEFC3653I SUBSTITUTION JCL – DSN=AFIN.CWF.BKUP.IN00130A.RPLY(+1),SPACE=
    DCB=(LRECL=26570,RECFM=VB,BLKSIZE=0)
  
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II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)					
		F I	R H U	C a *	D M F	Shared System Maintainers	Other

						F I S S	M C S	V M S	C W F	
4285.1	Contractors, or their associated Data Centers, shall implement either Option 1 or 2, as detailed in the “policy” section above, to ensure that they do not transmit duplicate 837 flat files or, in the future, NCPDP files to the COBC.	X	X	X	X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
					F I S S	M C S	V M S	C W F		
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: March 17, 2006</p> <p>Implementation Date: March 17, 2006</p> <p>Pre-Implementation Contact(s): Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)</p> <p>Post-Implementation Contact(s): Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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