

<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 12518</b>	<b>Date: February 22, 2024</b>
	<b>Change Request 13348</b>

**Transmittal 12331 issued October 26, 2023, is being rescinded and replaced by Transmittal 12518, dated February 22, 2024, to add a new business requirement (13348.5) for the MACs to send data needed to create the test file and a business requirement (13348.6) to return the file back to the MAC for testing, by Monday March 4th and to add a new attachment (Test Data Needed from the MACs). All other information remains the same.**

**SUBJECT: Report of Hospice Election for Part D (Response File)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to define the response file related to CR 13202.

**EFFECTIVE DATE: April 1, 2024**

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

**IMPLEMENTATION DATE: April 1, 2024**

*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 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**



Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13348.3	CMS shall work with the VDC to develop the daily response file naming standard and transmit format.  This includes setup and testing of file exchanges.									CMS, VDC
13348.4	Contractors shall participate in up to four (4) testing calls to coordinate testing with Medicare Part D. CMS will schedule the testing call (Medicare Part D team) once the file transfer process is in place.			X		X				CMS, VDC
13348.5	The MACs shall send the requested data (see attachment-test data needed from MACs file) by February 23, 2024. Test data should be sent to the VDCs. The VDCs shall send their files to EFT. EFT shall send the files to RelayHealth.			X						CMS, VDC
13348.6	CMS shall create the UAT test file and send it to the MACs on or around Monday, March 4, 2024.									CMS

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
---------------------------------	---

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

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Joscelyn Lissone, 410-786-5116 or Joscelyn.Lissone@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: 2**

## **ATTACHMENTS: 1**

### **Attachment**

#### **1. Response File Format and Content**

Return messages will be generated for each file sent to RelayHealth from CMS. This file will summarize either successful intake or detailing errors in the file. CMS will work with the VDCs to develop mutually agreed upon content, format, and file naming.”

#### **2. Intake Data Edits and Outcomes**

Each response file will either state a successful parse of file, partial success (i.e. only impacted records failing for the particular failed edit are rejected and all other valid records are accepted) or full rejection of the entire file for each submitted hospice intake file.

Items that may produce data edit exceptions:

- 1) Incoming file does not meet the agreed upon file format standards = full file rejection
- 2) Incoming file does not have a trailer record, thus RelayHealth cannot positively ascertain that all submitted notifications are included in the file = full file rejection
- 3) Incoming file Record Count vs Trailer Record Count mismatch = full file rejection
- 4) Event Type and Date1/Date2/Date3 mismatch = partial rejection
- 5) Date Format not per agreed upon file format standards = partial rejection
- 6) Unknown event type = partial rejection

Where possible, RelayHealth will indicate the filename, sender unique reference number, and line number from the incoming file when identifying data edit exceptions to allow CMS to research and resend the failed records.

## Test Data Needed from MACs

### Event Date Mapping

Code	Type	NPI Submitted	Event Date 1	Event Date 2	Event Date 3
NOE (8xA)	Notice of Election	Hospice NPI	Admission Date	n/a	n/a
NOE-C (8xA)	Notice of Election – Correction	The NPI of the NOE being corrected	Corrected Admission Date	Original Admission Date	n/a
NOTR (8xB)	Notice of Termination/Revocation	Hospice NPI	Termination Date	Admission Date	n/a
NOTR-C (8xB)	Notice of Termination/Revocation – Correction	Hospice NPI	Corrected Termination Date	Original Termination Date	Admission/transfer date
NOC (8xC)	Change of Provider Notice	Transfer in NPI	Transfer/enrollment date	n/a	n/a
NOC-C (8xC)	Change of Provider Notice – Correction	Transfer in NPI	Corrected transfer/enrollment date	Original transfer/enrollment date	n/a
CANCEL (8xD)	Cancellation of Election/Transfer	Hospice NPI	Admission/transfer date being cancelled	n/a	n/a