

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1843	Date: May 5, 2017
	Change Request 10050

SUBJECT: Analysis for Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes for Detailed Skilled Nursing Facility Data to Support HIPAA Eligibility Transaction System (HETS)

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to perform analysis for modifying the Common Working File (CWF) to Medicare Beneficiary Database (MBD) extract file to separate Medicare Part A spell data into its component stays to facilitate the reporting of Medicare beneficiary eligibility benefit details via the HIPAA Eligibility Transaction System (HETS).

EFFECTIVE DATE: October 1, 2017

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

IMPLEMENTATION DATE: October 2, 2017

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	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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SUBJECT: Analysis for Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes for Detailed Skilled Nursing Facility Data to Support HIPAA Eligibility Transaction System (HETS)

EFFECTIVE DATE: October 1, 2017

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IMPLEMENTATION DATE: October 2, 2017

I. GENERAL INFORMATION

A. Background: The Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) is the Centers for Medicare & Medicaid Services (CMS) system that receives and processes Medicare Eligibility requests and returns Medicare Eligibility and Benefit details to users within the Medicare Provider community. The HETS system retrieves the data it returns from the Integrated User Interface database, which is fed with data that is initially sourced from the Common Working File (CWF), Enrollment Database, and Medicare Advantage Prescription Drug database. Beneficiary detail information is passed from CWF to the Medicare Beneficiary Database (MBD) via an extract file.

Currently, the CWF to MBD extract file sends Medicare Part A spell data as an aggregate of both Hospital and Skilled Nursing Facility (SNF) care, without distinguishing what amount of time or what providers were involved in the beneficiary's stay.

HETS has a need to return additional Part A spell information, separated into its component stays. Spell information contained within the CWF to MBD extract (CABEMBD) file today (Date of Earliest Billing Activity (DOEBA), Date of Latest Billing Activity (DOLBA), deductible amount, and coinsurance days) would continue to be sent at the Spell level and should be sent down exactly as it is today. But with the addition of the new data, any periods would be distinguishable within the entire Spell. These periods would be accompanied by the billing National Provider Identifier(s) (NPI(s)) as well. Currently, HETS users have no mechanism for requesting only Hospital or SNF data, although the Accredited Standards Committee X12 inquiry guidelines have distinct service type codes that should allow these data types to be requested separately.

As part of this Change Request (CR), CMS requests that CWF shall perform analysis to determine a proposed solution and level of effort for sending to MBD all Part A Spell Hospital and SNF period details for spells that are open or have ended within the last 15 months. HETS users are able to receive Part A data for up to 15 months prior to HETS' receipt of their eligibility inquiries for claims adjustment and audit recovery purposes. This change will enable HETS to send its users detailed dates of service for each type and provider of Part A services when requested, instead of identifying entire Part A spells as a single span of time identified only by DOEBA through DOLBA. Each service period would also include its servicing NPI.

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.

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	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): Rupinder Singh, 410-786-7484 or rupinder.singh@cms.hhs.gov , Ada Sanchez, 410-786-9466 or ada.sanchez@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