CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2285	Date: May 3, 2019
	Change Request 11277

SUBJECT: Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send all Hospice periods to Support HIPAA Eligibility Transaction System (HETS)

I. SUMMARY OF CHANGES: Currently, CWF passes Total Hospice Occurrence Number information through an extract file to MBD for HETS. However, following the redesign of hospice data CWF implemented in July 2018, HETS had several production tickets opened for incorrect hospice occurrence counts being returned. In this Change Request (CR), CMS requests that CWF separate the data from HOEP Auxiliary(AUX) and HOSP AUX. CMS requests that CWF send all Hospice Benefit Periods for a beneficiary on the CABEMBD extract irrespective of when it happened so that the provider can see all Hospice periods and make correct decisions of when to do face-to-face evaluation.

EFFECTIVE DATE: October 1, 2019
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: October 7, 2019

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: Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send all Hospice periods to Support HIPAA Eligibility Transaction System (HETS)

EFFECTIVE DATE: October 1, 2019
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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, CWF passes HOSP-COUNT on the CABEMBD extract file for HETS. This data is stored on the CME CWF Other Data table and intended to represent a total count of hospice occurrences for a beneficiary. When MAPD2628 was implemented to add the data to the CME CWF Other Data table for HETS, there was an assumption that the Total Hospice Occurrence Number would be an accurate representation of the total count of Hospice Occurrences. There was an assumption that the Occurrence Count would never reset, even if the Hospice Coverage is revoked and the beneficiary goes back into Hospice care at a later time.

However, following the redesign of hospice data CWF implemented in July 2018, HETS had several production tickets opened for incorrect hospice occurrence counts being returned. Through analysis done with CMS, CWF, MBD, and HETS for the production tickets as well as for CMS CR10975, the root cause of these data discrepancies was determined to be as follows:

- The CWF Hospice Redesign required the MACs to convert all existing hospice benefit periods into the new election period and benefit period format if the revocation date on the benefit period was blank (current elections) or was 4 years old or less. Older benefit periods were to remain in Medicare systems unchanged. All new hospice elections received on or after July 2, 2018 created periods in the new formats. The removal of data more than 4 years old caused some occurrences to not be included in the HOSP-COUNT passed on the CABEMBD file.
- The CWF Hospice Redesign added a new Hospice Election Period to the CWF System to carry election-related information. The existing Hospice Benefit Period Screens remained, but election-related fields on those screens (revocation indicators, NOE receipt dates) are no longer used. This modification caused NOEs to be included in the total count of hospice occurrences for a beneficiary although the beneficiary had not yet entered a hospice benefit period.
- CWF does not return a new Election Period to MBD if the HOSP Auxiliary file already exists for a Beneficiary. Once the Hospice claim is received, the HOSP Auxiliary file will be updated with the new Benefit Period and sent to MBD. Only if no HOSP Auxiliary file is present does CWF send to MBD the HOSP occurrence with no Term Date established based on the HOEP Election Period.

After discussing the issues identified and completing analysis for CMS CR10975, CWF has made the following recommendations to mitigate the issues identified above:

- The data from the Hospice Election Period (HOEP AUX) and the data from Hospice Benefit Period (HOSH900) shall be separated and sent as two different occurrences and no longer combined into HOSP data on the CABEMBD Extract File.
- CWF should always provide the Hospice Benefit Periods count from the HOSP Auxiliary file even if no update is made.
- CMS to determine if NGD should be updated along with the Provider Inquiry Screens.
- CMS needs to identify how many occurrences for HOEP is needed since CWF carries up to 180 or 50 based on this analysis.
- CMS to determine if no update to the HOEP Auxiliary file and existing Hospice Election Period is established, if CWF also needs to send count for HOEP as requested for HOSP when no update is applied.

As part of this Change Request (CR), CMS requests that CWF separate the data from HOEP Auxiliary and HOSP Auxiliary. CMS requests that CWF send all Hospice Benefit Periods for a beneficiary on the CABEMBD extract irrespective of when it happened.

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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11277.1	CWF shall expand the CABEMBD extract file to separate Hospice Election Period data from Hospice Benefit Period data.								X	MBD
11277.2	CWF shall send to MBD on the CABEMBD extract file Hospice Election Period data from the HOEP Auxiliary file, including provider information, election date, the NOE receipt date, the revocation date, and the revocation indicator.								X	MBD
11277.3	CWF shall send total hospice occurrence count including HOEP Flag to MBD on the CABEMBD extract file.								X	MBD
11277.4	CWF shall send to MBD an initial file containing all hospice benefit periods up to 50 occurrences for all beneficiaries who have no date of death, or a date of death less than 49 months from current date.								X	MBD
11277.5	CWF shall send to MBD all hospice benefit periods up to 50 occurrences for beneficiaries who have no date of death, or a date of death less than 49 months from current date.								X	MBD

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): Ada Sanchez, 4107869466 or Ada.Sanchez@cms.hhs.gov , Rupinder Singh, 4107867484 or Rupinder.Singh@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