| CMS Manual System | **Department of Health & Human Services (DHHS)** |
|---|---|
| Pub 100-20 One-Time Notification | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 2342** | **Date: August 9, 2019** |
| | **Change Request 11376** |

**SUBJECT: Supplemental to Change Request (CR) 10829 Medicare Appeals System (MAS) Data Collection Web Services Pilot (DCP) Additional Appeals Reporting Requirements for the Pilot Jurisdictions (JD and J15)**

**I. SUMMARY OF CHANGES:** As a result of the Medicare Appeals System (MAS) Data Collection Pilot (DCP) requirements gathering sessions to define the Part B and Durable Medical Equipment (DME) data elements for appeals workload (Business Requirement 10829.1), CMS has determined additional data reporting requirements for the two pilot jurisdictions. The MAS DCP work currently underway under Change Request (CR) 10829 shall continue with its goal to establish web service connections between the MAC contractors (Jurisdiction D and Jurisdiction 15, referenced as 'Pilot Contractors') and the Medicare Appeals System (MAS). The purpose of this CR is to mandate the required appeals data elements for Part B and DME as well as increase the required frequency of reporting. The data elements are specified in Attachment A. The MACs shall be responsible for collecting all required data elements, working with CMS and CGI to incorporate these data elements into the work begun under CR 10829 to develop and connect to web services with the purpose of transferring the required data elements into MAS on a daily basis for CMS and MAC reporting purposes. These reporting requirements apply only to the Pilot Contractors. The Part B and DME MAS reporting established under this pilot shall be used for data validation purposes at this time and shall not impact current Quality Assurance Surveillance Plan Reporting (QASP) reporting requirements until further direction from CMS.

**EFFECTIVE DATE: November 12, 2019**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: November 12, 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

| Pub. 100-20 | Transmittal: 2342 | Date: August 9, 2019 | Change Request: 11376 |
|---|---|---|---|

**SUBJECT: Supplemental to Change Request (CR) 10829 Medicare Appeals System (MAS) Data Collection Web Services Pilot (DCP) Additional Appeals Reporting Requirements for the Pilot Jurisdictions (JD and J15)**

**EFFECTIVE DATE: November 12, 2019**
**Unless otherwise specified, the effective date is the date of service.*
**IMPLEMENTATION DATE: November 12, 2019**

## I. GENERAL INFORMATION

**A. Background:** The Medicare Appeals System (MAS) is an integral part of CMS' management and oversight the appeals process and appeals data and reporting. Access to appeals data in a single system of record allows CMS to closely monitor workload trends. Currently, MAS is the appeals system of record for Level 1 Part A, all Level 2, and all Level 3 appeals. Expanding MAS to include Level 1 Part B and DME data for the selected J15 and JD contractors shall provide additional data elements for future reporting, greater ease of future reporting for CMS, an electronic appeals case file at Level 1 in a CMS appeals system of record. This pilot is a step toward achieving consistent appeals data collection across Level 1 appeals data.

**B. Policy:** As a result of the Medicare Appeals System (MAS) Data Collection Pilot (DCP) requirements gathering sessions to define the Part B and Durable Medical Equipment (DME) data elements for appeals workload (Business Requirement 10829.1), CMS has determined additional data reporting requirements for the two pilot jurisdictions. The MAS DCP work currently underway under Change Request (CR) 10829 shall continue with its goal to establish web service connections between the MAC contractors (Jurisdiction D and Jurisdiction 15, referenced as 'Pilot Contractors') and the Medicare Appeals System (MAS). The purpose of this CR is to mandate the required appeals data elements for Part B and DME as well as increase the required frequency of reporting. The data elements are specified in Attachment A, please review each tab of Attachment A for all required appeals data elements. The MACs shall be responsible for collecting all required data elements, working with CMS and CGI to incorporate these data elements into the work begun under CR 10829 to develop and connect to web services with the purpose of transferring the required data elements into MAS on a daily basis for CMS and MAC reporting purposes. These reporting requirements apply only to the Pilot Contractors. The Part B and DME MAS reporting established under this pilot shall be used for data validation purposes at this time and shall not impact current Quality Assurance Surveillance Plan Reporting (QASP) reporting requirements until further direction from CMS.

After the pilot is live, CMS and the pilot MACs shall run reports to validate the data requested in Attachment A to ensure data consistency amongst MAS reporting (Cognos), what is reported in CROWD, as well as the MAC internal systems. If the pilot is determined to be successful, expansion shall occur to other MAC jurisdictions using this web service approach. Quality Assurance Surveillance Plans (QASPs) reporting for the Pilot Contractors shall continue to be conducted utilizing CROWD data until specified by CMS.

## 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 | |
| 11376.1 | Pilot Contractors (Jurisdiction D and Jurisdiction 15) shall validate the complete list of data elements provided in Attachment A to determine readiness. | | X | | X | | | | | |
| 11376.1.1 | Pilot Contractors shall develop and provide CMS with a schedule for how and when the data element will be operationalize and send within 10 days, if the data elements are not currently captured by their internal system(s). | | X | | X | | | | | |
| 11376.1.1.1 | Pilot Contractors shall email the schedule to michael.torrisi@cms.hhs.gov and Lekeisha.Johnson@cms.hhs.gov. | | X | | X | | | | | |
| 11376.2 | Pilot Contractors shall be ready to begin reporting the data elements in Attachment A no later than 90 business days after issuance of this CR. | | X | | X | | | | | |
| 11376.2.1 | The Pilot Contractors shall be aware that instructions on when to begin reporting specific data elements shall be provided by CMS in collaboration with the MAS Maintainer. | | X | | X | | | | | |
| 11376.2.2 | Pilot Contractors shall assume they are responsible for providing all of the attached data elements. As the MAS Maintainer develops their technical requirements, some data elements may be able to be provided by MAS or by MAS communicating with other source systems. Also, some data elements may be removed at CMS direction due to complexity. | | X | | X | | | | | |
| 11376.3 | The Pilot Contractors shall work with the MAS Maintainer to build out and provide the data elements to be incorporated into the following MAS Web Services:<br><br>1. Closed<br>2. Create<br>3. Reopen<br>4. Post Close/Update/Additional Info | | X | | X | | | | | |
| 11376.3.1 | The Pilot Contractors shall be aware that the specified data elements for each web service shall be provided by the MAS maintainer. | | X | | X | | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | A/B MAC | | | DME MAC | Shared-System Maintainers | | | | Other |
| | | A | B | HHH | | FISS | MCS | VMS | CWF | |
| 11376.3.1.1 | The Pilot Contractors shall be aware that the development order and deliverable dates for the web services shall be determined as project schedule is developed. | | X | | X | | | | | |
| 11376.3.1.2 | The Pilot Contractors shall be aware that the Closed web service shall include the complete case file including all pieces of documentation and attachments. | | X | | X | | | | | |
| 11376.3.1.3 | The Pilot Contractors shall be aware that the Create web service should include minimum basic elements to create an appeal in MAS. | | X | | X | | | | | |
| 11376.3.1.4 | The Pilot Contractors shall be aware that the Reopen web service should include elements and attachments related to a reopening. | | X | | X | | | | | |
| 11376.3.1.5 | The Pilot Contractors shall be aware that the Post Close web service should provide any updates to data to the appeal since it was closed. | | X | | X | | | | | |
| 11376.3.1.6 | The Pilot Contractors shall be aware that the Additional Info web service should include additional attachments added to the appeal as is it developed on a daily basis. | | X | | X | | | | | |
| 11376.4 | Pilot Contractors shall transmit the web services between the Pilot Contractors and MAS at a daily frequency. | | X | | X | | | | | |
| 11376.4.1 | The Pilot Contractors shall be aware that the Level 1 Part B and DME data should appear in MAS at the same frequency as Level 1 Part A data. | | X | | X | | | | | |
| 11376.5 | The Pilot Contractors shall collaborate with the MAS system maintainer for any further understanding of MAS fields and refining of data element definitions. | | X | | X | | | | | |
| 11376.6 | The Pilot Contractors shall notify CMS and the MAS maintainer of any modifications to the CR 10829 project schedule based on the impact of the incorporation of the requirements under this new CR within 60 days of issuance of this CR. | | X | | X | | | | | |

## 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.*

| 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):** Michael Torrisi, 410-786-6319 or michael.torrisi@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: 1**

# WEB SERVICE

| | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** | | | |
|---|---|---|---|
| Web Service | | | |
| **Area** | **Field** | **Definition within MAS** | **List of Values** |
| N/A | Consumer ID | A unique organization-based value that is used to establish trust between the web service consumer and provider. | |
| | Jurisdiction | A value used to tell the web service provider the jurisdiction the web service request is intended for. | |

# APPEAL

| | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Appeal |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| Appeal General | Appeal Workflow Type | The classification of the path an appeal record will take or has taken (General, Dismissed, Misrouted, Misfiled, No Count/Inquiry) | General<br>Dismissed<br>Misrouted<br>Misfiled<br>No Count/Inquiry |
| Appeal General | Creation Source | Identifies the source responsible for the creation of the appeal record. | Adj Org<br>Manual<br>Portal |
| Appeal General | External Appeal # | The value for the same appeal record in the adjudicating organization's internal system. This allows the cases to be tied together. | |
| Appeal Intake | Request Rec'd Date | The date the request was received by the adjudicating organization. This is used as the start date when calculating adjudication timeliness. | |
| Appeal Intake | Medicare Type | The classification of the type of Medicare the appeal record represents (FFS-Part A only, FFS-Part B of A, FFS-Part B only). | FFS-Part B only |
| Appeal Intake | Appeal Category | The classification of the type of service the appeal record represents (Office-based Lab/X-ray, Medical/Surgical Supplies, etc.). | 03-Acute Inpatient Hospital<br>04-Office-based Lab/X-Ray<br>05-Nursing Home<br>06-Outpatient Therapies / CORF<br>07-Ground Transportation<br>08-Home Health<br>11-Hospice<br>12-Non-Medicare Benefit<br>21-Out of Area<br>24-Skilled Nursing Facility<br>26-Air Ambulance<br>30-Pathology/Laboratory<br>31-Imaging/Radiology<br>32-Drugs<br>33-Vision Services<br>34-Chiropractic<br>35-Dental<br>39-AC Dismissal<br>41-Outpatient Hospital / ASC<br>42-Acute Inpatient Rehab<br>43-Acute Inpatient Psych<br>44-Outpt Psych/Com Mental Hlth<br>45-Partial Psych Hosp<br>46-Intermediate Care<br>47-Long Term Care Hospital<br>48-Rual Health Clinic<br>49-ESRD Facility |

| | | | |
|---|---|---|---|
| Appeal Intake | Appellant Type | The classification of the type of appellant the appeal record is for (Provider, Beneficiary, Representative, etc.). | Advocacy Group<br>Attorney<br>Authorized Rep - Beneficiary<br>Authorized Rep - Provider<br>Beneficiary<br>Congress Member<br>Estate<br>Family<br>Non-Contract Provider<br>Non-participating Provider<br>Other<br>PTAN Provider<br>Pharmacy/Pharmacist<br>Plan<br>Plan Contact<br>Prescribing Physician<br>Provider<br>Provider Contact<br>Representative<br>State Medicaid Agency |
| Appeal Intake | AC/QIO # | The number for the Affiliated Contractor/Quality Improvement Organization (i.e. contract #) associated to the appeal record. | |
| Appeal Intake | Init Det Date | The oldest paid date out of the claim(s) associated to the appeal record. | |
| Appeal Intake | Untimely Filed | A flag indicating whether or not the appeal record was filed untimely. | Y<br>N |
| Appeal Intake | Misrouted Appeal Rec'd From | The MAC organization who sent the misrouted appeal record to your MACs office. | |
| Appeal Intake | Request Notes | Tracks notes from the adjudicating organization about the appeal record (up to 256 characters). | |
| Special Appeal Types | RAC | The name of the Recovery Audit Contractor (RAC) who reviewed one or more of the claims associated to the appeal record. | |
| Special Appeal Types | ZPIC/UPIC | The name of the Zone Program Integrity Contractor/Unified Program Integrity Contractor (ZPIC/UPIC) who reviewed one or more claims associated to the | |
| Special Appeal Types | MSP | The name of the Medicare Secondary Payer (MSP) who reviewed one or more of the claims associated to the appeal record. | |
| Special Appeal Types | Other Special Appeal Types | The classification of a type of contractor/program/other that is not a RAC, ZPIC/UPIC, or MSP but is affiliated with one or more claims associated to the appeal record. | FPS<br>GAO<br>OIG<br>PCR<br>Pre Pay MR<br>Prior Auth<br>QIO<br>SMRC<br>Other |

| | | | |
|---|---|---|---|
| Special Appeal Types | Overpayment | A flag indicating whether or not an overpayment occurred for one or more of the claims associated to the appeal record. | Y<br>N |
| Special Appeal Types | Extrapolation | A flag indicating whether or not extrapolation occurred for one or more of the claims associated to the appeal record. | Y<br>N |
| Special Appeal Types | Jimmo | Identifies whether or not the appeal record is involved with the CMS Therapy case. | Y<br>N |
| Special Appeal Types | CERT | A flag indicating whether or not one or more claims associated to the appeal record have been reviewed by the Comprehensive Error Rate Testing (CERT) program. | Y<br>N |
| Appeal Processing | Good Cause | A flag indicating whether or not the appeal record involves good cause. | Y<br>N |
| Appeal Processing | Extension | A flag indicating whether or not a 14 day extension has been added to the appeal record's deadline. | Y<br>N |
| Appeal Processing | Deadline Extended Date | The date the deadline of the appeal record was extended in MAS. | |
| Decision | Decision Issued Date | The date a decision was issued for an appeal record. This is used as the end date when calculating adjudication timeliness. | |
| Decision | Dismissal Reason | The reason why the appeal record is being dismissed. | Party Fail to Make Valid Appeal Req<br>Appt of rep if Incomplete or Absent<br>Failure to File Timely<br>No Right to Appeal<br>Withdrawn |
| Decision | No Count/Inquiry Reason | Identifies the reason why the appeal record has been classified as a no count or an inquiry. | Duplicate<br>Inquiry<br>Internal Routing Error<br>Medical Review Reopening<br>Other |
| Claims/Parties Info | Date of Service - From | The date the services for the appeal record started. | |
| Claims/Parties Info | Date of Service - To | The date the services for an appeal record ended. | |
| Misroutes/Misfiles | Appeal Sent To | The name of the MAC, QIC, or ALJ organization that the misrouted or misfiled appeal record/case file was sent to. | |
| Misroutes/Misfiles | Appeal Sent Date | The date the misrouted or misfiled appeal record/case file was sent to the appropriate MAC, QIC, or ALJ organization. | |
| Request Add Info | Requested Date | The date addition information was requested for an appeal record. | |
| Request Add Info | Requested From | The classification of the type of party that the additional information was request from (Beneficiary, Provider, Contractor) for an appeal record. | Beneficiary<br>Provider<br>Contractor |

| | | | |
|---|---|---|---|
| Initial Det Reopening | Initial Det Reopening Indicator | A flag indicating whether or not the appeal record is an initial determination reopening or a redetermination. | Y<br>N |
| Initial Det Reopening | Init Det Reopen Reason | The reason why the initial determination is being reopened (Contractor Error vs Provider Error) | Contractor Error<br>Provider Error |
| Initial Det Reopening | Initiated By | The classification of who initiated the initial determination reopening (Claimant Initiated vs Own Motion). | Claimant Initiated<br>Own Motion |
| Initial Det Reopening | Init Det Reopen Type | The classification of the type of initial determination reopening (Clerical vs Non Clerical). | CER - Init Determination<br>Non-CER - Init Determination |
| | | | |

| CLAIMS | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Claims |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| Claims | Claim # | The number used to identify the claim from one of the Medicare claim source systems. | |
| Claims | PTAN # | The Provider Transaction Access Number (PTAN) which is a Medicare-only number issued to providers by Medicare Administrative Contractors (MACs) upon enrollment to Medicare. | |
| Claims | Provider/Supplier Type | The classification of the type of work the Provider/Supplier provides (Ambulance, Medical Supplies Dealer, Durable Med Eqp. Dealer, etc.). | Ambulance<br>Ambulatory Surgical Center<br>Anesthesia Assistant<br>Audiologist<br>Chiropractor<br>Clinical Psychologist<br>Clinical Social Worker<br>Community Mental H. Ctr<br>CORF<br>Dentist<br>Durable Med Eqp. Dealer<br>Free Standing Clinic<br>Free-Standing Birthing Center<br>H. Based Indp Renal Dia. Ctr<br>Home Health Agency<br>Hospice<br>Hospital<br>Hospital Emergency Room<br>Hospital Outpatient Department<br>Independent laboratory<br>Indp Diag. Test Facility<br>Mammography Screening Center<br>MCO<br>Med Doctor (MD, Osteopath)<br>Medical Supplies Dealer<br>Nurse<br>Occupational Therapist |
| Claims | HIC # | The unique Health Insurance Claim Number (HICN) assigned to an individual for the purpose of identifying him/her as a Medicare beneficiary. | |
| Claims | MBI | The unique Medicare Beneficiary Identifier (MBI) assigned to an individual for the purpose of identifying him/her as a Medicare beneficiary. This number was created to replace the HIC #. | |
| Claims | NPI | The unique Nation Provider Identifier (NPI) assigned to a covered health care provider. | |

| DECISIONS | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Decisions |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| Claim Disposition | Disposition | A derived field that stores the logical roll up of dispositions for the claim record. | Favorable<br>Partially Favorable<br>Unfavorable |
| Claim Disposition | Clinician Review Notes | Notes relating to the claim that a Clinician would like to track. | |
| Claim Disposition | Original Liability | The classification of the liable party when the claim was received. | Bene - ABN<br>Bene - Non Covered Services<br>Medicare<br>No Liability<br>Provider<br>Provider - Non Covered Services<br>Shared Liability |
| Claim Disposition | End Liability | The classification of the liable party after a decision has been made for the claim. | Bene - ABN<br>Bene - Non Covered Services<br>Medicare<br>No Liability<br>Provider<br>Provider - Non Covered Services<br>Shared Liability |
| Claim Disposition | Reversal Reason | The reason why the original liability is different from the end liability for a claim. | 1 - Found new documentation/evidence persuasive<br>2- Interpreted/applied law or Medicare policy differently<br>3 - Applied different law or Medicare policy<br>4 - Found CMS contractor did not meet procedural requirements<br>10 - Other |
| Claim Disposition Line Item | Disposition | The decision made on the claim line item. | Favorable<br>Partially Favorable<br>Unfavorable |
| Claim Disposition Line Item | Explanation | Additional notes related to the decision for the claim line item that a user would like to track. | |
| Claim Disposition Line Item | Disposition Date | The date the disposition was entered into MAS. | |

| BENEFICIARY | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Beneficiary |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| Representative | Relationship | The relationship the representative has with the beneficiary. | Bene is Policy Holder<br>Cadaver Donor<br>Employee<br>Foster Child<br>Grandchild<br>Grandparent Dependent<br>Handicapped Dependent<br>Injured Plaintiff<br>Life Partner<br>Minor Depndnt of Minor Depndnt<br>Natrl Chld Insrd no Fnancl Rsp<br>Natrl Chld, Insurd Fnancl Resp<br>Niece/Nephew<br>Organ Donor<br>Parent<br>Sponsored Dependent<br>Spouse<br>Stepchild<br>Unknown<br>Ward of the Court |
| Representative | Rep Type | The classification of the type of representative the person is for the beneficiary. | Appointed Representative<br>Authorized Representative<br>Rep Payee |

# PARTIES

| | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Parties |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| Contacts | Party Representing | The classification of the type of party the contact is representing (Beneficiary, Attorney, etc.). | Advocacy Group<br>Attorney<br>Beneficiary<br>Estate<br>Family<br>Provider<br>State Medicaid Agency<br>Other |
| Contacts | Requestor | Identifies who requested the appeal. | Y<br>N |
| Contacts | Power of Attorney | Individual who may make official decisions on behalf of the appellant. | Y<br>N |
| Contacts | Appointed Representative | Indicator noting the person will represent dealings with the contractor. | Y<br>N |
| Contacts | Appointment of Rep Form | Indicator noting who the individual, including an attorney, to act as his/her representative in dealings with the contractor. | Y<br>N |
| Contacts | Rep Appointment Date | The date the party representative scheduled the appointment | |
| Organizations | Org Contact | Individual who is the point of contact for the organization. | |
| Organizations | Requestor | Identifies who requested the appeal | Y<br>N |
| Organizations | Appointed Representative | Indicator noting the organization will represent dealings with the contractor. | Y<br>N |
| Organizations | Representative Appointment Date | The date the party representative scheduled the appointment. | |

# DOCUMENTS

| | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Documents |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| General | Checksum | The MD5 algorithm hash function value of a file that is used to verify the data integrity of a file received by MAS. | |
| General | Document Name | The file name of the document. | |
| General | Document Type | The classification of the type of the document. | Appeal Case File Batch<br>Appeal Request and Additional Documentation<br>Post Decision Correspondence/Inquiry<br>MAC Correspondence, Documentation, and Decision<br>Post MAC Correspondence, Documentation, and Decision<br>Additional Information Request Document<br>Effectuation Notice |
| General | HIC#/MBI | The document is related to the beneficiary with this unique beneficiary identifier (HICN or MBI). | |
| General | Claim # | The document is related to the claim with this claim #. | |
| General | Description | Description of the document. | |
| General | Date Received | The date the document was received by the organization. This is manually entered by a user. | |

# NOTES

| | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** | | | |
|---|---|---|---|
| Notes | | | |
| **Area** | **Field** | **Definition within MAS** | **List of Values** |
| General | Appeal Notes | Notes a user would like to track related to the appeal. | |

# EFFECTUATIONS

| | |
|---|---|
| **Date Reviewed:** | |
| **Reviewers:** | |

| **Entity** |
|---|
| Effectuations |

| Area | Field | Definition within MAS | List of Values |
|---|---|---|---|
| General | Effectuation Instructions | Instructions a user enters explaining what needs to happen to effectuate a claim stemming from a Level 1 appeal record. | |
| General | Effectuation Paid Date | The date the paid was issued for the effectuated claim. This is used as the end date when calculating effectuation timeliness. | |
| General | Effectuation Notice Rec'd Date | The date the effectuation notice for a claim was received from the QIC or ALJ. | |
| General | No Action Needed | A flag indicating whether or not effectuation needed to occur for the claim. Records with this flag are not included in claim effectuation counts. | Y<br>N |
| General | Effectuation Assignment | The user ID of the individual assigned to the effectuation record. | |
| General | Effectuation Start Date | The start date when calculating effectuation timeliness. | |
| General | Medicare Reimbursement Amount | The amount of money for Medicare reimbursement. | |
| General | Provider Reimbursement Amount | The amount of money for Provider reimbursement. | |
| General | Extrapolation | A flag indicating whether or not the claim is involved with extrapolation. | Y<br>N |