

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1437	Date: November 6, 2014
	Change Request 8930

SUBJECT: Data Quality Between the Multi Carrier System (MCS) and ViPS Medicare System (VMS) and the Common Working File (CWF)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is for the Multi Carrier System (MCS) and ViPS Medicare System (VMS) to review the analysis provided by the Common Working File (CWF). The analysis contains the data elements currently stored and passed on to the National Claims History (NCH) to determine what is being edited and identifying the source.

EFFECTIVE DATE: April 1, 2015

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

IMPLEMENTATION DATE: April 6, 2015

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 obliged 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: 1437	Date: November 6, 2014	Change Request: 8930
--------------------	--------------------------	-------------------------------	-----------------------------

SUBJECT: Data Quality Between the Multi Carrier System (MCS) and ViPS Medicare System (VMS) and the Common Working File (CWF)

EFFECTIVE DATE: April 1, 2015

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

IMPLEMENTATION DATE: April 6, 2015

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) and the Fee-for-Service (FFS) Summit Workgroup has established a goal to reduce the number of data anomalies between the FFS shared systems, the Common Working File (CWF) and the National Claims History (NCH). The CMS Data User Group (CDUG) and other downstream users of the NCH data have identified several instances where the data was not accurate and therefore not reliable.

The purpose of this Change Request (CR) is for the HPES Multi Carrier System (MCS) and GDIT ViPS Medicare System (VMS) to review the analysis provided by the Common Working File (CWF). The analysis contains the data elements currently stored and passed on to the National Claims History (NCH) to determine what is being edited and identifying the source.

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			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	A S S	S S F		
8930.1	The MCS shall update the 'Base Claim' tab of the Part B Carrier - CABEHUBC spreadsheet with the 'Level of Edits' column and the 'Code Set Source' column used for editing the 'NCH Field Name' column.						X				
8930.2	The VMS shall update the 'Base Claim' tab of the Part B DMERC - CABEHUBC spreadsheet with the 'Level of Edits' column and the 'Code Set Source' column used for editing the 'NCH Field Name' column.							X			
8930.3	Completed analysis document should be submitted to Sylvia.Sampson@cms.hhs.gov and Richard.Kociszewski@cms.hhs.gov, no later than, Friday, January 30, 2015.						X	X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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): Sylvia Sampson, 410-786-6153 or Sylvia.Sampson@cms.hhs.gov, Richard Kociszewski, 410-786-7615 or Richard.Kociszewski@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