CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10449	**Date: November 6, 2020**
	Change Request 11993

SUBJECT: Part A Opt Out Common Working File (CWF) Report

I. SUMMARY OF CHANGES: This CR will provide instructions to shared systems about a beneficiary's status of opting in or out of Medicare Part A benefits (without disavowing entitlement).

EFFECTIVE DATE: April 1, 2021
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 5, 2021

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: 10449	Date: November 6, 2020	Change Request: 11993

SUBJECT: Part A Opt Out Common Working File (CWF) Report

EFFECTIVE DATE: April 1, 2021
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I.   GENERAL INFORMATION

A.   Background: On October 3, 2019, the President signed the Executive Order on Protecting and Improving Medicare for Our Nation's Seniors, which in Section 11(a) directs the Secretary of Health and Human Services ("the Secretary") in coordination with the Commissioner of Social Security to "revise current rules or policies to preserve the Social Security retirement insurance benefits of seniors who choose not to receive benefits under Medicare Part A" within 180 days. Section 11(b) directs that "Within one year, the Secretary shall identify and remove unnecessary barriers to private contracts that allow Medicare beneficiaries to obtain care of their choice and facilitate the development of market-driven prices."

As implemented, the Centers for Medicare & Medicaid Services (CMS) envision only one means for a beneficiary to communicate their disenrollment from Part A. The beneficiary would call 1-800-Medicare, where a customer service representative would use the existing system of Next Generation Desktop (NGD) to intake the beneficiary's election to opt-out of Part A. This would populate a Part A Opt Out Start Date field in Eligibility Enrollment Medicare Online (ELMO), triggering a paper notice to be mailed to the beneficiary memorializing the election. The beneficiary will be counseled that their Part A opt-out status would end if:

1. The beneficiary calls 1-800-Medicare or,

2. If they use their Medicare Part A Hospital benefit, in which case their re-enrollment date would be the date of service for a paid Part A claim. Because the beneficiary will remain <u>entitled</u> to Part A, beneficiaries can still enroll in Medicare Advantage or Part D. Re-enrollment would also trigger a notice sent to the beneficiary. A beneficiary can re-enroll and dis-enroll as many times as they would like. **<u>Under the "current approach" we are pursuing in the present CR, no Part A claim would be denied due to a beneficiary's Part A dis-enrollment status in Part A pursuant to this Executive Order.</u>**

In implementing this executive order, CMS is providing a means for beneficiaries to dis-enroll from Part A, but not a way to disavow entitlement.

CMS notes that Social Security Administration has a process by which beneficiaries can choose to <u>withdraw</u> from Part A through the submission of SSA Form L345. Withdrawal from Part A nullifies the entire period of entitlement and requires repayment of benefits, as stated in SSA's Program Operations Manual System (POMS) GN 00206.020. The Part A withdrawal process is distinct from the opt-out process we are operationalizing pursuant to this Executive Order and will have no systems impact on each other.

CMS envisions a very small number of beneficiaries will elect to opt-out of Part A. With this Change Request CMS will operationalize sending a report to the Common Working File (CWF) identifying beneficiaries who have opted-out of Part A, and CWF shall send back a report with the date of service for the first paid Part A claim on or after the Part A Opt-Out Start Date.

B. **Policy:** Section 11 of Executive Order (E.O.) 13890, titled "Protecting and Improving Medicare for Our Nation's Seniors."

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								Other
		A/B MAC			DME	Shared-System Maintainers				
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
11993.1	The Common Working File (CWF) shall receive a file from the Centers for Medicare & Medicaid Services (CMS) identifying beneficiaries that have opted out of Medicare Part A benefits. The file template is attached. The file will be a mainframe file. A full replacement finder file will be available on the 1st business day of each month. CWF will not need to store each month's finder file; opted out beneficiaries from prior months who have had Part A claims will not appear on future finder files. The file name from EDB to CWF is: Cxx0.CWFy.HBADR.HCFA.PARTA.OPTOUT(+1) Where xx = two char host ID y = M -] UAT, P -] Prod .								X	CMS, EDB
11993.1.1	CWF shall be aware that the data elements will include: First name, Last name, Medicare Beneficiary Identifier (MBI), HICN, and beneficiary Medicare Part A Opt Out Start Date.								X	CMS

Number	Requirement	Responsibility								Other
		A/B MAC			DME MAC	Shared-System Maintainers				
		A	B	HHH		FISS	MCS	VMS	CWF	
11993.1.2	CWF Host shall provide notification to Tammie Hill (Tammie.Hill@cms.hhs.gov) within 5 business days indicating receipt of this report.									CWF Host
11993.2	CWF shall identify all beneficiaries from the CMS finder file that have Medicare Part A claims who have opted out of Part A benefits. Identify all claim types that use the Part A benefit. CWF should not identify non-covered or denied benefits. The claim types are: • Hospital claims: if the From Date is on or after the Part A Opt-out start date • Home health claims: if the Start Date is on or after the Part A Opt-out start date (If it is exclusively the Part B benefit, do not return a Part A claim date). • Hospice claims: if the Start Date is on or after the Part A Opt-out start date • SNF/Swing Bed claims: if the Start Date is on or after the Part A Opt-out start date The bill types are: • Inpatient INP (11x) • Skilled Nursing Facility (21x) • Swing Bed (18x) • Home Health (32x or 33x) • Hospice (81x or 82x)								X	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11993.2.1	CWF shall compare the CMS finder file to all Medicare Part A claims on a monthly basis. Using the attached file template titled Part A Opt Out Report Template. CWF shall return: a) the earliest Part A claim date on or after the "Part A Opt Out Start Date" in column D OR b) No Part A claims date on or after the "Part A Opt Out Start Date" found OR c) Beneficiary cannot be identified. If the beneficiary's MBI is inactive but CWF finds a Part A claim date under an active MBI for that beneficiary, return the claim date. The active MBI number itself does not need to be indicated.								X	
11993.3	For beneficiaries that meet the criteria above, CWF shall provide the first date of service on or after the Part A Opt Out start date, if any. CWF shall look back to the Part A Opt-out start date and will not need to look back prior to that time. CWF shall only need to send one date that is the earliest from the claim types identified and not one from each claim type.								X	

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11993.4	CWF Host shall send the completed Part A Opt Out Report to CMS within two weeks of receiving the report (if on a federal holiday, the next business day) at: PartAOptOut@cms.hhs.gov.									CWF Host
11993.5	CMS shall provide a test finder file to the STC for testing two months prior to production.									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:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Rosemary McCann, 410-786-2182 or Rosemary.McCann@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

Part A Opt Out List for (Month)					
First Name	**Last Name**	**MBI**	**HICN**	**Part A Opt Out Start Date**	**Part A Claim Date**

Notes:

1. ELMO/EDB will provide the information in the blue columns: First Name, Last Name, MBI, and Part A Opt Out Start Date. CWF will return a) the earliest Part A claims date on or after the "Part A Opt Out Start Date" in column D OR b) No Part A claims date on or after the "Part A Opt Out Start Date" found OR c) Beneficiary cannot be identified. If the beneficiary's MBI is inactive but CWF finds a Part A claim date under an active MBI for that beneficiary, return the claim date. The active MBI number itself does not need to be indicated.

2. The data in column F should never pre-date column E.

3. Column F should identify all claim types that use the Part A benefit (Hospital, home health, hospice, and SNF/Swing beds). We want only the first date of service on or after the opt-out date. Dates of non-covered or denied benefits should not appear on this report.

Inpatient INP (11x)
• Skilled Nursing Facility (21x)
• Swing Bed (18x)
• Home Health (32x or 33x)
• Hospice (81x or 82x)