CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 10112	Date: May 8, 2020	
	Change Request 11741	

SUBJECT: Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send Hospice DOEBA, DOLBA dates and days used to support HIPAA Eligibility Transaction System (HETS)

**I. SUMMARY OF CHANGES:** CMS requests that CWF start sending the Hospice DOEBA, DOLBA dates and days used in the extract to MBD, as well as sending a one-time extract for all beneficiaries Hospice DOEBA, DOLBA dates and days used for the past 4 years from the implementation date of this CR.

**EFFECTIVE DATE: October 1, 2020** 

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

**IMPLEMENTATION DATE: October 5, 2020** 

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: 10112   Date: May 8, 2020   Change Request: 11741
--

SUBJECT: Common Working File (CWF) to Medicare Beneficiary Database (MBD) Extract File Changes to send Hospice DOEBA, DOLBA dates and days used to support HIPAA Eligibility Transaction System (HETS)

**EFFECTIVE DATE: October 1, 2020** 

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

**IMPLEMENTATION DATE: October 5, 2020** 

#### 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 (IUI) 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 is sending Hospice Election dates, Revocation code, Hospice Periods and National Provider Identifier (NPI) information to MBD via an extract file, but Hospice Date of Earliest Billing Activity (DOEBA) and Date of Latest Billing Activity (DOLBA) dates are not included on the extract file and so HETS is not able to return Hospice DOEBA and DOLBA dates to Medicare Providers. As Medicare guidelines require sequential billing for Hospice, Medicare Providers have to wait until all prior hospice billing from a Provider has completed before submitting the 81C to reflect the patient transfer.

IUI does have Hospice Billing dates and so HETS is missing the billing dates for any previous hospice periods, which makes it difficult for Providers to confirm for hospice sequential billing.

As part of this Change Request (CR), CMS requests that CWF start sending the Hospice DOEBA, DOLBA dates and days used in the extract to MBD, as well as sending a one-time extract for all beneficiaries Hospice DOEBA, DOLBA dates and days used for the past 4 years from the implementation date of this CR.

**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		·		•					·		Shared- System				Other
											Е			aine	ers		
		A	В	Н		F	M		C								
				Н	M	_	C	M									
				Н	A C	S S	S	S	F								
11741.1	CWF shall add Hospice DOEBA/DOLBA dates, days used and Provider data (CCN) for each Hospice Benefit Period in the HOSP AUX extract file and send to MBD.								X	HETS, MBD							
11741.2	CWF shall send to MBD an initial file containing Hospice DOEBA, DOLBA dates, days used and Provider data (CCN) for the past 49 months of all beneficiaries who have no date of death, or have a date of death within 49 months from current date.								X	HETS, MBD							

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		I	MA(	$\mathbb{C}$	M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	None					

## IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

# V. CONTACTS

Pre-Implementation Contact(s): Rupinder Singh, 4432480117 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):** 

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: 0**