CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12273	**Date: September 27, 2023**
	Change Request 13202

Transmittal 12160 issued July 27, 2023, is being rescinded and replaced by Transmittal 12273, dated September 27, 2023, to make updates to the attachment, and make revisions to BRs 13202.1, 13202.1.2 and 13202.2.

BR 13202.1 – Update the requirement to state: The Fiscal Intermediary Shared System (FISS) shall create a daily report of finalized hospice elections Type of Bill 8X (A, B, C, D) received through Direct Data Entry (DDE), paper, or electronic claim.

BR 13202.1.2 FISS shall create one file per VDC that is a combination of all MAC workloads. The report shall be sorted by MAC Jurisdiction, MAC workload number, and date of receipt.

BR 13202.2 – Remove the note as there is no current process where the FISS/VDCs have sent data to the Part D contractor: "Note: This process is currently in place for Part D to receive other data reports from FISS. This CR would use the same process." All other information remains the same.

SUBJECT: Report of Hospice Election for Part D

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create a report to alert Medicare Part D when a beneficiary enrolls in hospice for elections.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

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: 12273	Date: September 27, 2023	Change Request: 13202

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SUBJECT: Report of Hospice Election for Part D

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to create a report to provide timely notification when a beneficiary enrolls in hospice so that Medicare Part D may enact edits that deny payment of drugs under Part D when appropriate.

The Health and Human Services Office of Inspector General ("OIG") published a report indicating that Medicare Part D paid for prescription drugs in 2016 that should have been paid for under the Medicare Part A hospice benefit -
https://oig.hhs.gov/oas/reports/region6/61708004.pdf.

In the report, OIG stated that Medicare Part D paid $422.7 million for prescription drugs for beneficiaries enrolled in hospice in 2016 that should have been paid for under Medicare Part A. OIG recommended that oversight be performed by the CMS, to ensure drugs covered under the hospice per diem are not paid by Medicare Part D.

To minimize the Part D payments, Part D plans need timely notification when a beneficiary enrolls in hospice to enact appropriate edits that deny payment of drugs under Part D where appropriate.

B. Policy: 42 CFR Part 418 [CMS–1733–F] RIN 0938–AU09

Medicare Program; FY 2021 Hospice, Wage Index and Payment Rate Update

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	
13202.1	The Fiscal Intermediary Shared System (FISS) shall create a daily report of finalized hospice elections Type of Bill 8X (A, B, C, D) received through Direct Data Entry (DDE), paper, or electronic claim.					X				
13202.1.1	FISS shall include the following data elements for each hospice transaction record: • National Provider Identifier (NPI) • Medicare Beneficiary Identifier (MBI) • Beneficiary Date of Birth • Beneficary Last Name • Beneficiary First Name • DDE Data Entry date • Claim Date of Receipt • Notice of Election (NOE): StartDate • NOE-correction: StartDate, OldStartDate • Notice of Termination/Revocation (NOTR): StartDate, EndDate • NOTR-correction: StartDate, EndDate (could be blank), OldEndDate • Notice of Change (NOC): StartDate • NOC-correction: StartDate, OldStartDate • NOE/NOC Cancellation: StartDate					X				
13202.1.2	FISS shall create one file per VDC that is a combination of all MAC workloads. The report shall be sorted by MAC Jurisdiction, MAC workload					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	number, and date of receipt.									
13202.2	FISS and the Virtual Data Center (VDC) shall push the report to a mainframe file location nightly for retrieval by the Medicare Part D team. FISS will create the new file and coordinate with the VDCs to determine where they want the file sent. The VDCs will coordinate with CMS (Medicare Part D Team) for retrieval. VDC shall send the files beginning April 1, 2024.					X				CMS, VDC
13202.3	Contractors shall participate in up to four (4) testing calls to coordinate testing with Medicare Part D. CMS will schedule the testing call (Medicare Part D team) once the file transfer process is in place.			X		X				CMS, VDC
13202.3.1	MACs shall enter 15-20 hospice elections to create test data during User Acceptance Testing (UAT), using a mix of transaction types.			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): Joscelyn Lissone, 410-786-5116 or Joscelyn.Lissone@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

REPORT FORMAT

Field Name	Null	Description	Type	Min/Max	Format	Value
Record Type	N	Denotes record type.	String	3/3		DTL – Detail TRL - Trailer
MAC Jurisdiction	N	MAC Jurisdiction	String	1/3		
MAC Workload	N	MAC Intermediary Number	String	1/5		
Claim Number	N	Claim Number (if 837 =CLM01)	String	1/38		Assigned by submitter
NPI	N	Billing NPI	String	2/80		
MBI	N	Patient Medicare Beneficiary ID	String	2/80		
Patient Date of Birth	N	Patient Date of Birth	String	8/8	CCYYMMDD	
Patient Last Name	N	Patient Last Name	String	1/60		
Patient First Name	N	Patient First Name	String	1/35		
Claim Date	N	Claim Date (if 837 = BHT04)	String	8/8	CCYYMMDD	
Date Received	N	Received date (837 receive date)	String	8/8	CCYYMMDD	
Date 1	N	Primary date. Usage differs with Event Type.	String	8/8	CCYYMMDD	
Date 2	Y	Secondary date. Usage differs with Event Type.	String	8/8	CCYYMMDD	
Date 3	Y	Tertiary date. Will be used to convey Admission/transfer Date on a Correction NOTR	String	8/8	CCYYMMDD	
Event Type	N	Event Type	String	3/6		Code Type NOE Notice of Election (8xA) NOE-C Notice of Election (8xA) Correction NOTR Notice of Termination (8xB) NOTR-C Notice of Termination (8xB) Correction NOC Notice of Change (8xC) NOC-C Notice of Change (8xC) Correction CANCEL Cancellation of Election/Transfer (8xD)

For population of Date 1, Date 2 and Date 3 see “Event Date Mapping” table on the following pate.

Event Date Mapping

Code	Type	NPI Submitted	Event Date 1	Event Date 2	Event Date 3
NOE (8xA)	Notice of Election	Hospice NPI	Admission Date	n/a	n/a
NOE-C (8xA)	Notice of Election – Correction	The NPI of the NOE being corrected	Corrected Admission Date	Original Admission Date	n/a
NOTR (8xB)	Notice of Termination/Revocation	Hospice NPI	Termination Date	Admission Date	n/a
NOTR-C (8xB)	Notice of Termination/Revocation – Correction	Hospice NPI	Corrected Termination Date	Original Termination Date	Admission/ transfer date
NOC (8xC)	Change of Provider Notice	Transfer in NPI	Transfer/enrollment date	n/a	n/a
NOC-C (8xC)	Change of Provider Notice – Correction	Transfer in NPI	Corrected transfer/enrollment date	Original transfer/enrollment date	n/a
CANCEL (8xD)	CANCEL	Hospice NPI	Admission/transfer date being cancelled	n/a	n/a

Transfer in NPI = the hospice NPI that the patient is transferring to

How to provide the information:

Please provide the information in a delimited file so the data can be imported into an automated process.

File would be named: `<CUSTID>-RHP_DDE_YYYYMMDD.dat` where YYYYMMDD represents the date for which the encapsulated data was received. If aggregating claims over days, then this would be the date the file was generated on the sender-side.

File will be TAB delimited (ASCII CHR(09) 0x09), and will have MS Windows-style End Of Line terminators (CRLF). The trailer record may, or may not have an End Of Line terminator.

The data will be human readable text (no binary values), and consist of detail records followed by a trailer record which lists the number of detail records in the file. Data must be scrubbed to exclude special characters such as embedded commas, punctuation, symbols, trailing and leading spaces, single and double quotations, etc. Exception, the Event Type Code, may contain a dash. Unless specifically needed, text must not contain lowercase and should be all uppercase.

Trailer Record

Field	FieldName	Desc	Format
1	Trailer Record Indicator		"T"
2	Record Count	Number of records/lines/claims in the file excluding the trailer record.	0 indicates no claims sent in this file. 1 indicates one claim sent in the file, etc.