CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12331	Date: October 26, 2023
	Change Request 13348

SUBJECT: Report of Hospice Election for Part D (Response File)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to define the response file related to CR 13202.

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

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SUBJECT: Report of Hospice Election for Part D (Response File)

EFFECTIVE DATE: April 1, 2024
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I.   GENERAL INFORMATION

A.   Background: The purpose of this Change Request (CR) is to define the response file related to CR 13202 for the Hospice Part D file project to identify records that did not pass RelayHealth intake edits. This also includes the primary data edits that will be applied by RelayHealth during the file intake and validation portion of this process. This information will be helpful to the CMS team that is creating the files for both formatting the records to be sent and researching exception records.

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	
13348.1	The Virtual Data Center (VDC) shall receive a daily response file from the Part D Transaction Facilitator with accepted record counts or details of the records that did not pass the Part D Transaction Facilitator intake edits.									VDC
13348.2	VDC shall receive this daily response file summarizing either successful intake or detailing errors in the file (see attachment 1).									CMS, VDC
13348.3	CMS shall work with the VDC to develop the daily response file naming standard and transmit format. This includes setup and testing of file exchanges.									CMS, VDC

Number	Requirement	Responsibility									
		A/B MAC			DME MAC	Shared-System Maintainers				Other	
		A	B	HHH		FISS	MCS	VMS	CWF		
13348.4	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	

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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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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

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Attachment

1.   Response File Format and Content

Return messages will be generated for each file sent to RelayHealth from CMS. This file will summarize either successful intake or detailing errors in the file. CMS will work with the VDCs to develop mutually agreed upon content, format, and file naming."

2.   Intake Data Edits and Outcomes
Each response file will either state a successful parse of file, partial success (i.e. only impacted records failing for the particular failed edit are rejected and all other valid records are accepted) or full rejection of the entire file for each submitted hospice intake file.

Items that may produce data edit exceptions:

1)   Incoming file does not meet the agreed upon file format standards = full file rejection
2)   Incoming file does not have a trailer record, thus RelayHealth cannot positively ascertain that all submitted notifications are included in the file = full file rejection
3)   Incoming file Record Count vs Trailer Record Count mismatch = full file rejection
4)   Event Type and Date1/Date2/Date3 mismatch = partial rejection
5)   Date Format not per agreed upon file format standards = partial rejection
6)   Unknown event type = partial rejection

Where possible, RelayHealth will indicate the filename, sender unique reference number, and line number from the incoming file when identifying data edit exceptions to allow CMS to research and resend the failed records.