
CMS Manual System

Pub. 100-01 Medicare General Information, Eligibility, and Entitlement

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 8

Date: JULY 30, 2004

CHANGE REQUEST 3086

I. SUMMARY OF CHANGES: Establish Standard Terminology for Medicare Shared Systems

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005

*IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.) (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Chapter 7/Table of Contents
N	7/40.1/Standardized Terminology for Claims Processing Systems
N	7/40.1.1/Standard Terminology Chart

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment - Business Requirements

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SUBJECT: Standard Terminology for Claims Processing Systems

I. GENERAL INFORMATION

A. Background: Medicare requires implementation of a limited number of shared systems by all Intermediaries and carriers for their claims process and related functions. This eliminates the need for each contractor to repeat development of the basic system. This instruction addresses the need for shared systems maintainers, intermediaries and carriers to use standardized terminology when referring to common systems maintenance elements in all discussions, reporting and documentation. Carriers and their respective maintainers are waived from implementing these business requirements until further notice.

B. Policy: Intermediaries and Carriers shall examine their use of the system status information issued by the Shared System Maintainers to determine if they have internal applications that need to be adjusted to adopt the standardized terminology. If they have internal systems or processes that must be modified to reflect the standardization required by this instruction, they shall make those changes to coincide with the shared system changes.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	R	Car r ier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3086.1	Shared systems maintainers and FIs shall use standard terminology to refer to common systems maintenance elements in discussions, reporting and documentation.	X	X			X			X	
3086.2	FIs shall modify their internal systems or processes to reflect the standardization in table 40.1.1, which is attached to this instruction.	X	X							

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: None

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 Implementation Date: January 3, 2005 Pre-Implementation Contact(s): Karen Allen 410 786-1705 Post-Implementation Contact(s): Appropriate regional office	Medicare Contractors shall implement these instructions within their current operating budgets.
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***Unless otherwise specified, the effective date is the date of service.**

General Information, Eligibility, and Entitlement Manual

Chapter 7 - Contract Administrative Requirements

Table of Contents

(Rev. 18, 07-30-04)

40.1 – Standardized Terminology for Claims Processing Systems

40.1.1 - Standard Terminology Chart

40.1 – Standardized Terminology for Claims Processing Systems

(Rev. 18, Issued 07-30-04, Effective: 01-01-05, Implementation: 01-03-05)

This is a responsibility for both FIs and carriers. Medicare requires implementation of a limited number of shared systems by all FIs and carriers for their claims process and related functions. This eliminates the need for each contractor to repeat development of the basic system.

The shared system maintainers, the carriers and the FIs shall use a standardized terminology to refer to common systems maintenance elements in all discussions, reporting, and documentation. A chart of topics, showing how each system currently refers to them, and what they are called is located at 40.1.2. The list is not exhaustive and both CMS and the maintainers shall add to it, deciding with each addition, the common term we shall use to describe it. Carriers and FIs have a stake in this standardization, since many access the Information Management (INFOMAN) databases each system maintainer populates to determine the status of changes of interest to them. Carriers and FIs also participate in discussions with each other, the maintainers, the various testing sites and with CMS, and using a common terminology will minimize confusion and misunderstanding.

FIs and Carriers shall examine their use of the system status information issued by the Shared System Maintainers to determine if they have internal applications that need to be adjusted to adopt the standardized terminology. If they have internal systems or processes that must be modified to reflect the standardization required by this instruction, they shall make those changes to coincide with the shared system changes.

40.1.1 - Standard Terminology Chart

(Rev. 18, Issued 07-30-04, Effective: 01-01-05, Implementation: 01-03-05)

STANDARD TERM	DESCRIPTION	FISS	MCS	VMS	CWF
QUESTION	Request for assistance and/or reported potential system problem	TAR "telephone assistance request"	PCN – telephone assistance request	PROB	PLOG "problem log"
PROBLEM	Confirmed system and/or documentation problems	PAR "project assistance request"	PLOG	PROB	PLOG

STANDARD TERM	DESCRIPTION	FISS	MCS	VMS	CWF
CR	Change Request - Any software modification made to the system as a result of a CMS mandate, user or maintainer initiated action	PAR	CR	CSR	CR "change request" or PLOG depending on CMS direction.
CMS Status	CMS needs to take action by answering a question, finalizing an instruction, etc.	CMS REVCMS MANDATE	CMS	ENT Entered	MCCB or CMS
CONF Status	PLOG, CR or proposed action is under discussion in a functional workgroup	CONF			
NSC Status (non-system change)	CMS CR does not require shared system change. May require FI or carrier maintenance				
RESEARCH Status	The system maintainer completes high level review of required changes by analyzing them and determining the intent of the change request	Research	PREQ	INP In process	ANLZ (analysis)
REQS Status	The system maintainer finalizes the business requirements	TAR - Referred PAR - REVIEW	REQS	INP In process	REQS (requirements)
WALKTHROUGH Status	The system maintainer presents the systems solution to the CR in a structured walkthrough discussion with CMS and Beta testers				
WORK Status	The system maintainer completes technical design, coding and unit testing the system change	PAR - WORK	WORK	DCG Design Control Group Technical Approval	PROG (programming and unit testing)

STANDARD TERM	DESCRIPTION	FISS	MCS	VMS	CWF
<i>ALPHA Testing</i>	<i>Maintainer System Testing</i>	<i>PAR - TEST</i>	<i>QUAL</i>	<i>REL Release Ready</i>	<i>TEST (Alpha testing)</i>
<i>BETA Testing</i>	<i>Testing (Beta)</i>	<i>PAR - BETA</i>	<i>RLSE</i>	<i>REL Release Ready</i>	<i>BETA</i>
<i>UAT</i>	<i>User Acceptance Testing</i>	<i>PAR - RELEASE</i>	<i>LOAD</i>	<i>REL Release Ready</i>	<i>BETA (is for BETA and HOST testing)</i>
<i>USER Status</i>	<i>Back to user to provide more information or examples, assess solution</i>	<i>TAR - CUST PAR - N/A</i>	<i>Status1 (PLOGs)</i>	<i>REL Release Ready</i>	<i>BETA (is for BETA and HOST testing)</i>
<i>SCHEd Status</i>	<i>Scheduled to go out with a release date assigned for implementation</i>	<i>SCHEd</i>	<i>PROD</i>	<i>REL Release Ready</i>	<i>NDM</i>
<i>RESOLVED</i>	<i>PLOG or INQUIRY has been resolved: question answered, potential system anomaly explained or correction identified and scheduled for release</i>				
<i>RELEASE</i>	<i>Quarterly Release</i>	<i>Release</i>	<i>Quarterly release</i>	<i>Release</i>	<i>Quarterly Release</i>
<i>FOLLOW-UP</i>	<i>What Maintainers send out to augment a release or correct PLOGs directly related to a newly-installed release</i>				
<i>EMER Release</i>	<i>What Maintainers send out to fix Priority 1, 2, and urgent PLOGs</i>	<i>Release</i>	<i>Emergency release</i>	<i>Emergency Elevate</i>	<i>Priority or Emergency NDM 'network data mover' old name for Connect:Direct</i>
<i>OFF-QTR RELEASE</i>	<i>What Maintainers send out to fix non-urgent PLOGs between releases or to prepare for an upcoming release (e.g., update provider profile data)</i>	<i>Release</i>	<i>Priority release</i>	<i>Weekly / Off-Release Elevate</i>	<i>Special release NDM</i>

STANDARD TERM	DESCRIPTION	FISS	MCS	VMS	CWF
<i>Test Case</i>	<i>A description of an input situation and of the expected results associated with a specific test objective. (a Test Case may optionally include test steps provide to additional granularity)</i>	<i>Test Script</i>	<i>Test Script</i>	<i>Test Case</i>	<i>Test Case</i>
<i>Test Set</i>	<i>A group of test cases with a common goal (e.g., a test set to validate a specific CR, a regression test set)</i>	<i>?</i>	<i>?</i>	<i>?</i>	<i>?</i>