CHANGE REQUEST 2317

SUBJECT: MCS Standard System Financial Data Report Requirements for the Production Performance Monitoring System, Pulse System

Background

The production performance monitoring system Pulse, provides real-time analysis of claims processed, providing CMS immediate feedback to critical performance issues for all Medicare contractors. Pulse currently collects workload data from the HCFA 1565/1566, HCFA 1565E/1566E reports, from all contractors. Pulse collects HCFA 1522 financial data from all VMS and FISS standard system contractors. APASS standard system contractors submit a one line financial report identifying daily "Total Benefit Dollars Paid" and "Number of Claims Paid." Pulse does not receive HCFA 1522 financial data from MCS standard system contractors. (The reports still have the HCFA acronym instead of CMS.)

Purpose

In order to better monitor contractor performance, CMS needs to obtain a flat file containing MCS Financial Information from each MCS Standard System Financial cycle for the PULSE Medicare Contractor Process Counts monitor systems.

This document outlines the Part B/DMERC Standard Systems changes required to provide CMS with contractor 1522 claims data via a flat file for loading into the Pulse database. This change will be implemented first by MCS standard system contractors in order to collect the Benefit Dollars Paid information that Pulse is currently receiving from all other Medicare contractors.

Impact on Standard System

The MCS Standard System will be required to create and transmit one flat files to the CMS data center with each financial cycle. The values should represent daily totals.

Assumptions and Constraints

- Files must be included in the current transmission to the CMS data center via CONNECT:Direct® with the current Pulse files

CMS-Pub 60B

File Formats

Field Name	Picture	From	Thru	Initialization
Contractor Information	**GROUP**	**1**	**15**	
Contractor ID	**X(5)**	**1**	**5**	**Spaces**
Record Type	**X**	**6**	**6**	**'2'**
Contractor Type	**X**	**7**	**7**	**Spaces**
Cycle Date - CCYYMMDD	**X(8)**	**8**	**15**	**Spaces**
Filler – Redefines Cycle date	**Group**	**8**	**15**	
Cycle Year	**9(4)**	**8**	**11**	
Cycle Month	**99**	**12**	**13**	
Cycle Day	**99**	**14**	**15**	
Data Center ID	**X(2)**	**16**	**17**	
FILLER	**X(11**	**18**	**28**	
PTB dollars paid information	**GROUP**	**29**	**75**	**0**
Total Benefit Dollars Paid	**S9(11)v99 Comp-3**	**29**	**35**	
Total Claims Paid	**S9(9) Comp-3**	**36**	**40**	
Misc Check Total	**S9(11)v99 Comp-3**	**41**	**47**	
Manual Check Total	**S9(11)v99 Comp-3**	**48**	**54**	
HPSA Dollars Paid	**S9(11)v99 Comp-3**	**55**	**61**	
EFT transactions initiated	**S9(11)v99 Comp-3**	**62**	**68**	
Checks Deposited amount	**S9(11)v99 Comp-3**	**69**	**75**	
FILLER	**X(21)**	**76**	**96**	
Benefits Paid per Entitlement	**GROUP**	**97**	**117**	**0**
Disabled	**S9(11)v99 Comp-3**	**97**	**103**	
ESRD	**S9(11)v99 Comp-3**	**104**	**110**	
Aged	**S9(11)v99 Comp-3**	**111**	**117**	
FILLER	**X(21)**	**118**	**138**	
Interest Received from:	**GROUP**	**139**	**148**	**0**
Offsets	**S9(7)v99 Comp-3**	**139**	**143**	
Refunds	**S9(7)v99 Comp-3**	**144**	**148**	
FILLER	**X(21)**	**149**	**169**	
Interest Paid due to:	**GROUP**	**170**	**179**	**0**
CPT	**S9(7)v99 Comp-3**	**170**	**174**	
Hearings	**S9(7)v99 Comp-3**	**175**	**179**	
FILLER	**X(21)**	**180**	**200**	

DATA ELEMENT DETAIL

Data Element: **Contractor ID**
Definition: Contractor's MCS assigned number.
Validation: Must be a valid MCS Contractor ID
Remarks: N/A
Requirement: Required.
CopyBook: PUL-CONTRACTOR-ID

Data Element: **Record Type**
Definition: Code indicating type of record.
Validation: N/A
Remarks: 1 = Claims Workload record
         2 = 1522 Part B Daily Record
         3= 1522 Part B Wrap Record (MCS Only, end of month 'clean-up')
Requirement: Required.
CopyBook: PUL-RECORD-TYPE

Data Element: **Contractor Type**
Definition: Type of Medicare Contractor
Validation: Must be 'B' or 'D'
Remarks: B = Part B
         D = DMERC
Requirement: Required.
CopyBook: PUL-CONTRACTOR-TYPE

Data Element: **Cycle Date**
Definition: The date under which the data reported is stored in the database. The date of the
                cycle from which the data was produced (Standard System Batch Processing Date).
Validation: Must be a valid date CCYYMMDD.
Remarks:
Requirement: Required.
CopyBook: PUL-CYCLE-DATE

Data Element: **Cycle Date Year**
Definition: Year
Validation: Must be a valid Year CCYY
Remarks:
Requirement: Required.
CopyBook: PUL-CYCLE-YEAR

Data Element: **Cycle Date Month**
Definition: Month.
Validation: Must be a valid month MM.
Remarks:
Requirement: Required.
CopyBook: PUL-CYCLE-MONTH

Data Element: **Cycle Date Day**
Definition: Day
Validation: Must be a valid day for the day DD.
Remarks:
Requirement: Required.
CopyBook: PUL-CYCLE-DAY

Data Element: Data Center ID
Definition: Unique 2 digit ID

Validation: Equivalent to the DC ID submitted in the Pulse Header Record for the 1565
Remarks:
Requirement: Required
CopyBook: PUL-PTB-DCID

Data Element: **Benefit Dollars Paid**
Definition: Total dollars or the sum of all checks for the processing date
Validation:
Remarks: Daily
Requirement: Not Required.
CopyBook: PUL-PTB-TOT-BENE-PD

Data Element: **Total Claims Paid**
Definition: Number of claims that impacted the Benefit Dollars paid value.
Validation: Must be NE to Zero if Benefit Dollars Paid is NE to Zero
Remarks: Daily
Requirement: Not Required.
CopyBook: PUL-PTB-TOT-CLMS-PD

Data Element: **Misc Check Total**
Definition: Total dollars issued on Misc. Checks, or checks that were created by the standard system not associated with a specific claim
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-TOT-MICS-CK

Data Element: **Manual Check Total**
Definition: Total dollars issued on Manual Checks, or checks that were created outside of the standard system, that are tracked in the standard system.
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-TOT-MAN-CK

Data Element: **HPSA Dollars Issued**
Definition: Total dollars paid for HPSA benefit
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-HPSA-AMT-PD

Data Element: **EFT transactions initiated**
Definition: Total dollars issued on EFT transactions
Validation:
Remarks: N/A
Requirement: Not Required
CopyBook: PUL-PTB-EFT-TRANS-AMT

Data Element: **Checks deposited**
Definition: Total dollars received from checks deposited
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-CHECKS-DEP-AMT

Data Element: **Benefits paid per Entitlement Reason – Disabled**
Definition: Total dollars paid on claims with Medicare Entitlement Reason of Disabled
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-BENE-DISABLED

Data Element: **Benefits paid per Entitlement Reason – ERSD**
Definition: Total dollars paid on claims with Medicare Entitlement Reason of ESRD
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-BENE-ESRD

Data Element: **Benefits paid per Entitlement Reason – AGED**
Definition: Total dollars paid on claims with Medicare Entitlement Reason of Aged
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-BENE-AGED

Data Element: **Interest received from offsets**
Definition: Total dollar amount received as a result of offset interest.
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-INT-OFFSETS

Data Element: **Interest received from Refunds**
Definition: Total dollar amount received as a result of refund interest.
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-INT-REFUNDS

Data Element: **Interest paid due to CPT**
Definition: Total dollar amount paid to satisfy CPT interest.
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-INT-CPT

Data Element: **Interest paid due to Hearings**
Definition: Total dollar amount paid in interest as a result of hearings.
Validation:
Remarks: Daily
Requirement: Not Required
CopyBook: PUL-PTB-INT-HEARINGS

The *effective date* for this PM is for claims with dates of service on and after April 1, 2003.

The *implementation date* for this PM is April 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after December 31, 2003.

If you have any questions, contact Gloria Stedding at 410-786-8520 or <u>gstedding@cms.hhs.gov</u> .