

Appendix 1 – BPOC Systems List

1. **Medicare Common Working File (CWF):** CWF is a claims validation system which uses databases maintained by designated contractors called “hosts.” Medicare claims processing contractors use the data pertinent to each beneficiary in CWF to process and pay claims. The COBC is the ultimate arbiter of CWF’s MSP records.
2. **Medicare Beneficiary Database (MBD):** The MBD is a database suite that provides an enterprise-wide, comprehensive, authoritative source of demographic and entitlement information on Medicare beneficiaries. It is the main repository for beneficiaries’ Part D information, but beyond that it contains a complete “beneficiary insurance profile” reflecting each individual’s Medicare enrollment (including demonstration project enrollment). Unlike CWF, MBD is not involved in claims processing. The COBC shall maintain connectivity with MBD and shall, on a daily basis, use MBD to verify an individual’s entitlement to/enrollment in Medicare. The COBC shall also perform daily MBD additions, updates, and deletions of beneficiaries’ other insurance coverage both primary and supplemental to Part D. Unlike with Parts A and B, CMS needs information on Part D supplemental payers for proper administration
3. **Electronic Correspondence Referral System (ECRS):** ECRS allows authorized users at the Medicare contractor sites and at authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, and inquiries concerning possible MSP coverage. ECRS is used to communicate information or updates specific to potential recoveries in the form of:
 - changes to existing MSP information;
 - inquiries concerning possible MSP coverage; and
 - requests for copies of certain documents.

The transactions are automatically stored on the COBC’s system and requests are read and processed each evening in a batch process. The COBC develops the MSP leads status on each transaction.

The MSPRC shall use ECRS to send MSP recovery lead information to the COBC for further development or for creation of a MSP record. When addressing a voluntary/unsolicited refund from an entity within the scope of the MSPRC’s contract, the MSPRC shall send an ECRS inquiry to the COBC for further development.

4. **Beneficiary Automated Status and Inquiry System (BASIS):** A system utilized by voluntary data sharing agreement (VDSA) partners to obtain Medicare beneficiary entitlement and enrollment information. VDSA partners are able to get more frequent updates via remote or dial-in access to an automated program called the Beneficiary Automated Status and Inquiry System (BASIS).
5. **Workers’ Compensation (WC) Case Control System (WCCCS):** The WCCCS is a reporting and tracking system for Workers’ Compensation Medicare Set-aside Arrangement (WCMSA) cases. Cases are created from documentation received at GHI and then passed to the WCRC for evaluation and creation of a recommendation. After the recommendation has been completed, cases are passed to the appropriate Regional Office for final dispositioning. The application interfaces with the COB batch application to create HUSP records when the case is created and when the final disposition of the case has been effected. Letters to the various parties are

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created during case processing by United Systems of Arkansas. Letters are mailed on Mondays and Wednesdays.

6. **The Recovery Management and Accounting System (ReMAS):** Currently housed at the CMS Data Center, ReMAS is used to identify and track leads/cases of mistaken and conditional Medicare payments for recovery by CMS through effective interfaces with CWF, the (MBD), and the Data Extract System. ReMAS allows CMS to consolidate potential MSP debts for recovery on a national basis and provides uniform case management and tracking data. ReMAS is used to support the MSP claim and debtor identification efforts and to interface data to the MSPRC's AR tracking system and letter generation software necessary to initiate demand activities while supporting the validity of the debt.
7. **ReMAS Mod- Recovery Management Accounting System (NGHP):** This application is used by the MSPRC staff to review, work and tracks recoveries.
8. **ReMAS Legacy- Recovery Management Accounting System (GHP):** This application is used by the MSPRC staff to review, work and tracks recoveries.
9. **MSPRC BATCH Cycles:** This application processes the leads sent to the MSPRC for recoveries. Gathers claims data and organizes the leads for recovery if required.
10. **MSP Accounts Receivables:** The MSPRC shall use HIGLAS as its accounts receivable system of record. The MSPRC shall maintain the legacy accounts receivable systems, SMART and MARTI, for reference purposes until all debts converted from these legacy systems are resolved.
11. **The Debt Collection System (DCS):** The DCS is the database currently used by CMS to refer debts to Treasury for cross-servicing. The MSPRC shall use DCS to refer debts to Treasury, update the status and balance of referred debts, and to recall debts when appropriate (see IOM Pubs. 100-6, Chapter 4 and 100-5, Chapter 7, Section 60). The MSPRC shall also follow instructions in the IOM related to DCS and use DCS to appropriately reflect any status or balance change to a transitioned debt initially referred to Treasury for cross-servicing by a Medicare claims processing contractor.
9. **The Contractor Reporting of Operational Workload Data System (CROWD):** The CROWD system reports all MSP savings associated with recoveries (see IOM Pub. 100-06, Chapter 6). The CROWD system is housed at the CMS Data Center and is used to provide CMS with a timely way to monitor each Medicare Contractor's performance in processing claims, and paying bills. The system contains workload reporting capabilities that allow the data to be used for estimating budgets, defining operating problems, comparing performance among contractors, and determining regional and national workload trends.
10. **CCORS:** The COB Correspondence System (CCORS) is a letter generating application used by COBC personnel to create and track miscellaneous correspondence relating to MSP development.
11. **The Contractor Administrative Budget and Financial Management System (CAFM):** The CAFM system is used for reporting all financial activities and complying with reporting timeframes and requirements within Pub. 100-6 Chapter 5. CAFM serves as the vehicle for reporting AR

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activities. The CAFM is housed at the CMS Data Center and is used to track all benefit payments, banking information and CFO data.

12. **CHAPS:** The CWF HUSP Automated Processing System (CHAPS) is an internal application utilized by COBC personnel to monitor, control and report on file transmissions from and responses to Voluntary Data Sharing Agreement partners.
13. **CHAMPS - COBA and HUSP Automated Monitoring and Processing System:** CHAMPS is an internal application utilized by COBC personnel to monitor the exchange of eligibility and claims data between the Trading Partners, Medicare contractors and the Common Working File.
14. **CRaFT - COBA Receivable and Financial Transactions:** CRaFT is an internal application utilized by COBC personnel to handle all of the invoicing, adjustments, approval and disbursement processing for COBA.
15. **MIRA:** The Mandatory Insurer Reporting Application (MIRA) is an internal secure web application utilized by COBC personnel to capture and record Section 111 registration submissions in addition to monitoring and controlling MMSEA 111 file submissions.
16. **DTS - Dispute Tracking System:** DTS is an internal application utilized by COBC personnel to track and process Trading Partner disputes for invalid and duplicate claims.
17. **Coordination of Benefits Secure Website (COBSW) Data Match:** The COBSW Data Match is a Web-based application that allows employers to report the group health plan insurance they provide for their Medicare eligible workers and workers' spouses via online data entry or Electronic Media Questionnaire (EMQ) file transfers.
18. **Coordination of Benefits Secure Website (COBSW) MRA Section 111:** Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L.110-173) adds new mandatory reporting capability for group health plan (GHP) arrangements and for Liability Insurance (including Self-Insurance), No-Fault Insurance, and Workers' Compensation.
19. **Coordination of Benefits Secure Website (COBSW) EDI Application:** The Electronic Data Interchange (EDI) Application is used by COBC personnel to manage user accounts and settings for the COBSW, MRA Section 111, WCMSAP and ECRS websites.
20. **Coordination of Benefits Secure Website (COBSW) Worker Compensation Medicare set-a-Side Portal:** The WCMSAP is a Web-based application that allows attorneys, beneficiaries, claimants, insurance carriers, representative payees, and WCMSA vendors to create, submit and review the status of cases.
21. **COB SSO Portal:** The COB Single Sign-On (SSO) Portal allows COBC personnel to login and access multiple internal applications through one entry point. Administrative users can grant access to the various applications to other individual users within the application.
22. **HEW - HIPPA Eligibility Wrapper:** This software takes in a request file in the current submission format and translates or “wraps” it into a HIPAA 270 compliant transaction for transmission to the COBC. The application also will convert or “un-wrap” the HIPAA 271 transaction into the

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current response file format. This process is used for both the COB and COBA systems.

- 23. COBFTP - FTPs files from Server to Mainframe:** Custom software to automate the ftp of data from the PC to the mainframe.
- 24. CRaFT Converter:** The CRaFT Converter is a sub part of the CRaFT application. Its function is to convert files from and to the mainframe and Windows.
- 25. Zipper:** This application runs daily to put all of the letters generated in the last 24 hours via CCORS into a .ZIP file. This makes the file easily downloadable for United Systems of Arkansas so the letters may be printed.
- 26. eMailer:** This application runs periodically throughout the day to generate and send email messages to file submitters about statuses and error conditions.
- 27. BIL:** This application provides a Graphical User Interface to the legacy CICS COB Onlines, simplifying and automating common tasks.
- 28. COB CICS ONLINES/BATCH:** The online system allows entry and correction of MSP data based on phone calls from beneficiaries, attorneys, insurers, providers, etc. The Coordination of Benefits Contractor also has the ability to research and correct data via the online screens. The batch system processes flat files and questionnaires from various entities in order to make Coordination of Benefit MSP decisions for both Medical and Rx coverage. These decisions are made to keep CWF (Medical) and MBD (Rx) records up to date to ensure proper Medicare claim payment.