

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1772</b>	<b>Date: January 11, 2017</b>
	<b>Change Request 9787</b>

**Transmittal 1724, dated October 7, 2016, is being rescinded and replaced by Transmittal 1772, dated, January 11, 2017, Year to remove BR 9787.3 and to revise the implementation date for design and development April 3, 2017 and testing and implementation July 3, 2017. All other information remains the same.**

**SUBJECT: Common Working File (CWF) Reorganization of Daily Beneficiary Extract Files**

**I. SUMMARY OF CHANGES:** Centers for Medicare & Medicaid Services (CMS) requests that the CWF maintainer, MBD and NGD contractors implement analysis performed under CMS CR 9451.

**EFFECTIVE DATE: July 1, 2017**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 3, 2017 - Design and Development; July 3, 2017 - Testing and Implementation**

*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/revise 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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 1772	Date: January 11, 2017	Change Request: 9787
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## I. GENERAL INFORMATION

**A. Background:** CWF stores all the eligibility and services rendered information related to beneficiaries enrolled in Medicare. CWF exchanges this data daily with Medicare Beneficiary Database (MBD) and Next Generation Desktop (NGD). Per International Business Machines (IBM) Corporation, the maximum record length of each sequential record cannot exceed 32k (32,767) bytes. CWF beneficiary extract records exchanged with MBD and NGD are reaching this limit. Additional data elements, if added, would require each of the data records to be split into multiple records. This would result in major changes by all three systems impacted.

During analysis under CMS CR 9451, all three systems, CWF, MBD, and NGD, agreed to reformat existing data elements and make additional room for future use eliminating the need for splitting each beneficiary extract record into multiple records per beneficiary.

Centers for Medicare & Medicaid Services (CMS) requests that the CWF maintainer, MBD and NGD contractors implement analysis performed under CMS CR 9451.

**B. Policy:** This change implements the analysis and design associated with CR 9451.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								Other
		A/B MAC			D M E	Shared- System Maintainers				
		A	B	H H H		F M V C	M C S S	V M S S	C W F	
9787.1	CWF maintainer shall modify existing MBD daily extract records layout, CABEMBD, to: <ol style="list-style-type: none"> <li>1. change proposed numeric fields including all date fields to COMP-3,</li> <li>2. remove ALIN data table as MBD would get this information directly from Enrollment DataBase,</li> <li>3. change daily extracts to ONLY include table(s) that are modified since last extract based on</li> </ol>								X	

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
	the corresponding 'Last Update Date' to eliminate MBD's data compare process to identify changes, and 4. group individual HCPCS that apply to same service(s) in the next eligible dates table by categories and send next eligible dates based on categories along with documentation updates and generate MBD daily extract records in the new format.									
9787.1.1	MBD shall accept the newly formatted MBD daily extract records from CWF and reduced data content.								MBD	
9787.2	CWF maintainer shall modify existing NGD daily extract records layout, CABENGD, to:  1. change 4-bytes QUALIFIER from each occurrence to only one occurrence at the beginning of each table, 2. change Beneficiary Other Insurer and Hospice tables to carry 10 most recent occurrences, and 3. group individual HCPCS that apply to same service(s) in the next eligible dates table by categories and send next eligible dates based on categories along with documentation updates and generate NGD daily extract records in the new format.							X		
9787.2.1	NGD shall accept the newly formatted NGD daily extract records from CWF.								NGD	
<b>9787.3</b>	<b>This requirement has been deleted.</b>							X		

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C W F	I D E N T I F I C A T I O N
		A	B	H H H			
	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:
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**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@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: 0**