CMS Manual System	Department of Health & Human Services (DHHS)		
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)		
Transmittal 1879	Date: July 27, 2017		
	Change Request 10022		

SUBJECT: Common Working File (CWF) to Increase the Next Eligible Date Occurrences for Preventive Services to 99 Occurrences - Analysis

I. SUMMARY OF CHANGES: The purpose of this change request is for CWF to analyze the impacts to the system due to a possible increase of next eligible dates tables for preventative services from current 55 occurrences to 99 occurrences for future use.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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		

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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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) requests CWF provide full analysis of impacts to the system due to a possible increase of next eligible tables for preventative services from 55 occurrences to 99 occurrences.

During the July 2016 release, CWF increased the occurrences from 50 to 55 because all of the occurrences were utilized. Since then, the tables were or are being redesigned under various change requests to group Healthcare Common Procedure Coding System (HCPCS) by categories to provide 12 additional spaces after the increase of the 55 occurrences.

CWF provides next eligible dates for preventative services on the Health Insurance Master Record (HIMR), CWF provider queries (HIQA, HIQH, ELGA, ELGH, and HUQA), and daily extracts for the Medicare Beneficiary Database (MBD) and Next Generation Desktop (NGD). Within CWF, the dates tables are currently defined to contain 55 occurrences with 12 occurrences left for future use. As preventative services are covered by Medicare the remaining spaces on dates tables will be utilized. To avoid running out of available spaces on the CWF next eligible dates tables, CWF proposed to expand from current 55 occurrences to 99 occurrences.

B. Policy: This has no change in policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B	}	D		Sha	red-		Other
		N	MA(\mathbb{C}	M		Sys	tem		
					Е	M	aint	aine	ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10022.1	The contractor shall analyze the impacts to increase								X	
	next eligible date tables for preventative services from									
	current 55 occurrences to 99 occurrences for future									
	use.									
10022.1.1	The contractor shall provide the completed analysis by								X	
	Friday, December 29, 2017.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibili			ility	
			A/B		D	C
		1	MAC	\mathbf{C}	M	E
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): LuAnn Miller, 410-786-4441 or LuAnn.Miller1@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