

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub. 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0213	Date: January 17, 2008
Planned Web Site Address http://www.cms.hhs.gov/manuals/	Release Planned: 02/01/08

PROGRAM AREA: Common Working File

SUBJECT: BOI Extract for CWF and MBD

APPLIES TO: Contractors

I. SUMMARY OF DOCUMENT: Effective with this instruction, as the Coordination of Benefits Contractor (COBC) sends its HUBO updates to CWF on a bi-weekly or monthly basis, CWF shall include all update actions to both the Medicare Beneficiary Database (MBD) and NGD extracts.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Abby Block (202) 260-1291 CBC
Agency POC	Donovan Waddel (410) 786-2603 CBC/BISG/DCCO

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	Change Request
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment – One-Time Notification

Pub. 100-20	Transmittal:	Date:	Change Request: 5864
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SUBJECT: BOI Extract for CWF and MBD

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

I. GENERAL INFORMATION

A. Background: Currently, the Common Working File (CWF) system sends extracts of its data to a common CWF data mart to facilitate the customer service needs of 1-800 Medicare staff through the Next Generation Desktop (NGD) application and to update the Medicare Beneficiary Database. At present, updates from the CWF auxiliary files are only made through the initiation of four events: submission of a beneficiary claim; through a HICR update; through a CWF cross-reference update; and through an HIIT transaction. The Centers for Medicare & Medicaid Services (CMS) has determined that these events are not sufficient for ensuring that the CWF data mart is kept in synch with CWF’s auxiliary files as they are updated. Therefore, CMS is making a modification to this process through this instruction.

B. Policy: Effective with this instruction, as the Coordination of Benefits Contractor (COBC) sends its HUBO updates to CWF on a bi-weekly or monthly basis, CWF shall immediately transmit all such update actions to both the Medicare Beneficiary Database (MBD) and NGD.

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)											
		A / B M A C	D M M A C	F I M A C	C A R E R	R H I E R	S H I E R	Shared-System Maintainers				O T H E R	
							F	M	V	C			
							S	S	S	W	F		
5864.1	Effective with this instruction, as the Coordination of Benefits Contractor (COBC) sends its HUBO updates to CWF on a bi-weekly or monthly basis, CWF shall include all update actions to both the Medicare Beneficiary Database (MBD) and NGD extracts.										X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)
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		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Donovan Waddell (Donovan.waddell@cms.hhs.gov)

Post-Implementation Contact(s): Donovan Waddell (Donovan.waddell@cms.hhs.gov)

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.