

CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 220

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: APRIL 21, 2006

Change Request 5014

SUBJECT: Addition of Data Elements to Common Working File (CWF) Database Extract into Next Generation Desktop (NGD) Datamart

I. SUMMARY OF CHANGES: CWF to add additional data elements to the current daily Eligibility/Utilization Extract file into the Next Generation Desktop (NGD) Datamart. This CR also requires CWF to create a new copybook for the NGD extract and remove it from the NGD/NHIC/WPS record copybook.

NEW/REVISED MATERIAL

EFFECTIVE DATE: October 1, 2006

IMPLEMENTATION DATE: October 2, 2006

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
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III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Addition of Data Elements to Common Working File (CWF) Extract into the Next Generation Desktop (NGD) Datamart

I. GENERAL INFORMATION

A. Background:

The Next Generation Desktop (NGD) datamart currently receives beneficiary demographic extracts from the 9 CWF Host Regions. This daily Eligibility/Utilization Extract file enables the 1-800-Medicare and Fee-for-service CSRs to quickly respond to beneficiary inquiries without directly accessing the CWF shared system. The datamart is more efficient than directly accessing the CWF shared systems; it results in a shorter talk time and a larger return on investment. Additionally, using the datamart will lessen the number of CSRs/users stressing the CWF system. Recently, CWF claims information has also been made available via the NGD Datamart and in Spring 2006 the claims data will also be available online through My.Medicare.gov - The Medicare Beneficiary Portal.

The purpose of this CR is to add additional data elements to the daily Eligibility/Utilization Extract including:

- 1) The Other Insurer Delete Indicator field,
- 2) The Action Type field which appears in Health Insurance Master Record (HIMR) on the BOIA screen, and
- 3) The COBA ID Number.

The CWF will feed this data to the beneficiary data extract for the Next Generation Desktop.

Additionally with the implementation of this CR, CWF shall calculate the coverage period remaining sessions and next eligible date, if no sessions remain, to determine when a beneficiary is eligible for the next smoking and tobacco-use cessation counseling session. The CWF shall pass the data for the current smoking and tobacco-use cessation counseling session period to the NGD Datamart.

Furthermore, with the implementation of this CR, CWF shall pass the remaining limitation dollar amount for the combined physical therapy and speech-language pathology services as well as a separate remaining limitation dollar amount for occupational therapy services to the NGD Datamart. In addition, CWF shall calculate and pass the remaining blood deductible to the NGD datamart as well as the United Mine Worker coverage information to include effective and termination dates.

Per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered entities must use the National Provider Identifier (NPI) to identify covered healthcare providers in standard electronic transactions. Where a legacy provider identifier is passed from CWF to NGD, copybook changes shall be made to also pass the NPI.

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
5014.3	CR 3929, issued July 15, 2005, business requirement 3929.1 explains and provides an example of how to calculate the coverage period.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2006</p> <p>Implementation Date: October 2, 2006</p> <p>Pre-Implementation Contact(s): Susan Tudor CBC/BISG/DCCO (410-786-0296) susan.tudor@cms.hhs.gov & Carol Davis (back-up) CBC/BISG/DCCO (410-786-4391)</p> <p>Post-Implementation Contact(s): Susan Tudor CBC/BISG/DCCO (410-786-0296) susan.tudor@cms.hhs.gov & Carol Davis (back-up) CBC/BISG/DCCO (410-786-4391)</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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