
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 151

Date: APRIL 29,2005

CHANGE REQUEST 3776

SUBJECT: Common Working File (CWF) Calculation of Next Eligible Date for Preventive Services

I. SUMMARY OF CHANGES: To determine when preventive screening services coverage is available for Medicare beneficiaries, CWF will calculate a next eligible preventive services date (date in which the service would be covered by Medicare). The CWF will feed this data to other applications including the beneficiary data extracts for the Next Generation Desktop (NGD) and the provider internet pilots as well as the 271 response when requested on the 270. This data will also be available on a HIMR screen, HUQA/HIQA screens, and the Multi-Carrier System Desktop Tool (MCSDT).

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 01, 2005

IMPLEMENTATION DATE: October 03, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 20xx operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

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

Attachment – One-Time Notification

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SUBJECT: Common Working File (CWF) Calculation of Next Eligible Date for Preventive Services

I. GENERAL INFORMATION

A. Background: A way for Medicare beneficiaries to stay healthy is to use preventive services provided by doctors and health care providers. Preventive services can find health problems early when treatment works best. The CWF is a repository for all Medicare beneficiary utilization data and contains data on utilization of preventive services. To help determine eligibility for preventive services, CWF will use the existing preventive services utilization data, along with beneficiary demographic and entitlement data, to calculate a next eligible date for preventive services. The CWF will feed this data to other applications including the beneficiary data extracts for the Next Generation Desktop (NGD) and the provider internet pilots as well as the 271 response when requested on the 270. This data will also be available on a HIMR screen, HUQA/HIQA screens, and the Multi-Carrier System Desktop Tool (MCSDT).

B. Policy: This request supports the Balanced Budget Act of 1997 that authorizes payments of numerous preventive services and the Medicare Prescription Drug, Improvement and Modernization Act of 2003 that expanded coverage of preventive benefits.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

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	
3776.1	The CWF shall calculate a next eligible date (if any) for each category of preventive services for a given beneficiary. A category consists of one or more procedure codes with interdependent coverage rules that typically are intended to screen for a particular disease. The calculation shall include all applicable factors including: <ul style="list-style-type: none"> • Beneficiary demographics (age, 							X		

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: N/A

X-Ref Requirement #	Instructions

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, 2005</p> <p>Implementation Date: October 3, 2005</p> <p>Pre-Implementation Contact(s): Rich Cuchna @ (410)786-7239 rcuchna@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Rich Cuchna @ (410)786-7239 rcuchna@cms.hhs.gov</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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