

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 315	Date: February 1, 2008
	Change Request 5864

Subject: BOI Extract for CWF and MBD

I. SUMMARY OF CHANGES: 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

New / Revised Material

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

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:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: 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

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 315	Date: February 1, 2008	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 A R E D- S Y S T E M M A I N T A I N E R S	F I S S	M I S S	V M S	C M W F	O T H E R
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.