

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13569	Date: December 31, 2025
	Change Request 14256

SUBJECT: Integrated Data Repository (IDR) Daily Snapshot File

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the Medicare Adjudication Portal (MAP) and the Integrated Data Repository (IDR) with instructions to ensure that professional claims continue to be sent to IDR and are accessible to IDR users.

EFFECTIVE DATE: March 31, 2026

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

IMPLEMENTATION DATE: March 31, 2026

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/revise 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	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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II. GENERAL INFORMATION

A. Background: The Medicare Payment System Modernization (MPSM) within the Office of Information of Technology (OIT) Applications Management Group (AMG) is implementing the MAP, a modern, real-time claims processing platform. MAP will initially process claims in parallel with the shared systems. Only the results from the mainframe systems are allowed to produce any real outcomes to start, until we begin to shift a limited portion of professional claims over to MAP for live claims processing. We anticipate shifting a very limited portion of Professional claims processing to MAP, rather than the Multi-Carrier System (MCS), beginning in January 2026.

It is understood by MPSM that many entities and groups use MCS claims data for various reasons. Professional claims processed in MAP will be written to the Common Working File (CWF) to update beneficiary history and will be sent to Conversion Medicare (CVM) (formerly MQA/MQR) and fed into the IDR, National Claims History (NCH), Chronic Conditions Data Warehouse (CCW) and other data stores already linked to this process. Note: users of NCH and CCW data will not experience an impact.

However, there are some claim extracts that the IDR gets directly in daily feeds from MCS, which will not include claims processed in MAP until this CR's implementation date. Specifically, MCS takes a snapshot of a claim at various points during processing, and the claim data is extracted and sent to the IDR daily.

The following daily snapshots are taken, the claim is formatted, and extracts are created at each of the following phases:

- Phase I – When the claim first enters the system or when a pending claim changes location or location date.
- Phase II – When the claim is Approved to Pay (ATP), immediately following the return from CWF. Deleted claims (location 90) are also reported on this file.
- Phase III – When the claim is finalized (financial information has been posted). This file also includes claims with changes made to financial data after the claim has been finalized – for example, for a cash transaction or adjustment, this information is gathered. The Health Insurance Claim Number (HICN) changes and correspondence are excluded.

B. Policy: This CR is not related to policy or regulation.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14256.1	<p>MAP shall provide data to IDR matching current MCS Phase 2 and 3 daily claim snapshot file formats.</p> <p>Note: Direct users of the MCS Phase 2 and 3 daily files for professional claims shall note that the files will not include claims processed by MAP prior to March 31, 2026. MAP claims processing is projected to start at a low volume in early 2026. The files will be largely complete as they will continue to represent all claims processed by MCS. MAP may create the equivalent Phase 1 files at a later date.</p>									IDR, MAP
14256.1.1	MAP shall provide files on a schedule determined by the IDR and MAP teams.									MAP
14256.2	The IDR team shall ensure that Phase 2 and 3 daily claim files from MAP are ingested and accessible to users by March 31, 2026.									IDR, MAP
14256.3	IDR users shall note that NCH claims data will reflect professional claims processed by MAP as soon as MAP claims processing is live.									IDR, MAP

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

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