

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2115	Date: August 10, 2018
	Change Request 10811

SUBJECT: Correct the CWF Handling of Beneficiaries with 14+ MSP Occurrences for HETS

I. SUMMARY OF CHANGES: Currently, when MSP maintenance transactions are inserted into the AUX file within CWF, if more than 14 occurrences have been filled, entries past entry 14 will be set with disposition code '15' to indicate an alert. In determining what to include on the the CWF to MBD CABEMBD extract file, CWF bypasses BENE update when the disposition code is other than '01' and BENE-MSP-AUX-DATE is not getting updated indicating a change. The MBD extract process extracts data only when there is a current date. Due to there being no date set, the MBD extract process will ignore these MSP "greater than 14th occurrence" records.

A change has been made to the CWF to correct the issue for new data. What is needed is a full refresh of all MSP data for all Beneficiaries to ensure that MSP data affected prior to the CWF update is captured and populated properly within the MBD and IUI databases appropriately.

The HETS application has a need to return all MSP occurrences for a beneficiary within the most recent 4 years so that the Submitter know where to direct a claim for services rendered. A full refresh of all MSP data for all Beneficiaries is required to address HETS system user complaints that theHETS is not returning some MSP occurrences that are showing on CWF.

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: January 7, 2019

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	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

Pub. 100-20	Transmittal: 2115	Date: August 10, 2018	Change Request: 10811
--------------------	--------------------------	------------------------------	------------------------------

SUBJECT: Correct the CWF Handling of Beneficiaries with 14+ MSP Occurrences for HETS

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: January 7, 2019

I. GENERAL INFORMATION

A. Background: The HIPAA Eligibility Transaction System (HETS) is the CMS system that receives and processes Medicare Eligibility requests and returns Medicare Eligibility and Benefit details to users within the Medicare Provider community. The HETS system retrieves the data it returns from the Integrated User Interface (IUI) database, which is fed with data that is initially sourced from the Common Working File (CWF), Enrollment Database (EDB), and Medicare Advantage Prescription Drug (MARX) database. Beneficiary detail information, including MSP enrollment data, is passed from CWF to the Medicare Beneficiary Database (MBD) via the CABEMBD extract file. It was discovered by the CWF Operations Team that MSP data for beneficiaries that have more than 14 occurrences is not being passed directly to the MBD system, but instead is being sent to the EDB for processing. The MSP data is never being returned to the MBD database for further processing.

B. Policy: There is no policy change associated with this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C W	M I C M W	V C M W	C W F	
10811.1	CWF shall extract all MSP auxiliary records with more than 14 occurrences and will create MBD extract records. No date parameter is required and will follow standard MBD/NGD extract policies for full extract.								X	MBD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	None					

IV. 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:
--------------------------	--

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Michael Johnson, 410-786-3675 or michael.johnson@cms.hhs.gov , Rupinder Singh, 410-786-7484 or rupinder.singh@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0