

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2186	Date: November 2, 2018
	Change Request 10975

SUBJECT: Shared System Enhancement 2018: Analysis to Minimize Data for Medicare Beneficiary Database (MBD) Extract

I. SUMMARY OF CHANGES: The purpose of this change request is to instruct impacted systems to perform system analysis identifying unused data elements on the daily extract record created for MBD to minimize the data exchange.

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 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: 2186	Date: November 2, 2018	Change Request: 10975
--------------------	--------------------------	-------------------------------	------------------------------

SUBJECT: Shared System Enhancement 2018: Analysis to Minimize Data for Medicare Beneficiary Database (MBD) Extract

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: The Common Working File (CWF) creates and transmits a daily extract file containing Medicare beneficiary eligibility, entitlement, and utilization data to the MBD. The MBD shares this data with the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). Since there may be data elements contained in the extract records that are not used by MBD and/or HETS, the Centers for Medicare & Medicaid Services directs the CWF, MBD, and HETS to analyze and identify unused data elements for elimination from data extracted daily by CWF.

B. Policy: Not applicable

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10975.1	The contractors shall analyze the current daily extract record layout, CABEMBD, and identify data elements that are not in use by MBD and/or HETS.									X	HETS, MBD
10975.2	After the change request is issued in final, CWF maintainer shall coordinate, schedule and facilitate up to 5 analysis calls. The contractors shall attend the analysis calls.									X	HETS, MBD
10975.3	The contractors shall post the completed analysis document to ECHIMP under the Post Issued, Analysis Call Documents sub-tab by the implementation date of the change request.									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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): Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@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