

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1525</b>	<b>Date: August 6, 2015</b>
	<b>Change Request 9209</b>

**SUBJECT: Add Original Common Working Files (CWF) Occurrence Number to the CWF Feed to MBD**

**I. SUMMARY OF CHANGES:** The purpose of this change request is for CWF to create a new field in the common table to hold the Original CWF Occurrence Number, and to include the Original CWF Occurrence Number in their feed to the Medicare Beneficiary Database (MBD).

**EFFECTIVE DATE: January 1, 2016**

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

**IMPLEMENTATION DATE: January 4, 2016**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

<b>Pub. 100-20</b>	<b>Transmittal: 1525</b>	<b>Date: August 6, 2015</b>	<b>Change Request: 9209</b>
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**SUBJECT: Add Original Common Working Files (CWF) Occurrence Number to the CWF Feed to MBD**

**EFFECTIVE DATE: January 1, 2016**

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## I. GENERAL INFORMATION

**A. Background:** Medicare Secondary Payer (MSP) information is collected from a variety of sources including the initial Enrollment Questionnaire, Internal Revenue Service (IRS) Data Match, Beneficiary Reporting, Medicare Advantage Plan Reporting, Reporting from Fee-for-Service Contractors, Section 111 Reporting by all Insurance Entities, etc. This information is all stored in the Common Working File (CWF). CWF sends this information to the Medicare Beneficiary Database (MBD). This FFS change request will create a new field in the common table to hold the Original CWF Occurrence Number, and will include this new field in the CWF feed to MBD.

**B. Policy:** This change request will aid the BCRC (COB) contractor in their internal processes.

## 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		
9209.1	CWF shall create a new field in the common table to hold the Original CWF Occurrence Number.									X	
9209.2	CWF shall include the Original CWF Occurrence Number in their feed to MBD.									X	

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

#### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Karen Carky, 410-786-0254 or karen.carky@cms.hhs.gov

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

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**