CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 1718	Date: September 15, 2016					
	Change Request 9699					

Transmittal 1693, dated July 29, 2016, is being rescinded and replaced by Transmittal 1718, dated September 15, 2016 to update BR 9699.4 to reflect a CWF update. All other information remains the same.

## SUBJECT: Common Working File (CWF) to Remove Remaining Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program from CWF.

**I. SUMMARY OF CHANGES:** Change Request (CR) 8353 instructed the former Coordination of Benefits Contractor (COBC) to remove, and no longer post, FTI data in the CWF Medicare Secondary Payer (MSP) auxiliary file for records created and updated by IRS/SSA/CMS Data Match contractor numbers 77777 and 11102. Unfortunately, the COBC could not remove all FTI information from these records. CWF is the only system that can remove the FTI from the remaining 77777 and 11102 MSP records. This CR instructs CWF to remove the remaining FTI data from the MSP records.

# **EFFECTIVE DATE: January 1, 2017**

\*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: January 3, 2017

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: 1718	Date: September 15, 2016	Change Request: 9699
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SUBJECT: Common Working File (CWF) to Remove Remaining Federal Tax Information (FTI) Received through the Internal Revenue Service (IRS), Social Security Administration (SSA), Centers for Medicare and Medicaid Services (CMS) Medicare Secondary Payer (MSP) Data Match Program from CWF.

**EFFECTIVE DATE: January 1, 2017** \*Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: January 3, 2017** 

## I. GENERAL INFORMATION

**A. Background:** Change Request (CR) 8353 instructed the former Coordination of Benefits Contractor (COBC) to remove, and no longer post, FTI data in the CWF Medicare Secondary Payer (MSP) auxiliary file for records created and updated by IRS/SSA/CMS Data Match contractor numbers 77777 and 11102. Unfortunately, the COBC could not remove all FTI information from these records.

**B. Policy:** CMS must protect the confidentiality of FTI as outlined in IRS publication 1075. Since employer FTI is available on CWF for entities other than CMS to view, it must be removed from those records that were created and updated by the IRS/SSA/CMS Data Match.

In 2014, COBC removed FTI from employer and insurer fields in the MSP auxiliary file where the originating contractor number was 77777 or 11102 and there was no updating contractor number in the updating contractor field or the updating Contractor number was 77777 or 11102. However, the COBC received Secondary Payer (SP) errors from CWF for those records they could not update. CWF is the only system that can remove the FTI from the remaining 77777 and 11102 MSP records. This CR instructs CWF to remove the remaining FTI data from the MSP records.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B			Shared-				Other
		Ν	MA0	2	Μ	System				
					Е	Μ	aint	aine	ers	
		Α	В	Η		F	Μ	V	C	
				Η	Μ	Ι	С	Μ	W	
				Η	A	S	S	S	F	
					C	S				
9699.1	CWF shall remove FTI data from certain fields								Х	
	identified in the Business Requirement (BR) 9699.3									
	below in the MSP auxiliary file that was created by									
	contractor number 77777 or 11102 when: 1) there is									
	no updating contractor number in the updating									
	contractor field, 2) the MSP record was updated by									
	Contractor number 77777 or 11102, or 3) the MSP									

Number	Requirement	Responsibility								
			A/E MA		D M E		Sha Sys aint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	-	
	record was created by a contractor other than contractor number 77777 or 11102, but the MSP record was updated by contractor number 77777 or 11102.									
9699.2	CWF shall not remove data from employer and insurer fields as identified in BR 9699.3 below in the MSP auxiliary file if the updating contractor is other than contractor number 77777 or 11102.								X	
9699.3	FTI to be removed by the CWF shall include the following:								X	
	<ul> <li>Employer Name and Address information,</li> <li>Employee ID Number (SSN of the policyholder), and</li> </ul>									
	• Insurer Group Name (Employer EIN).									
9699.4	CWF shall remove Employer FTI data from the MSPAUX segments and generate appropriate files for updating MBD/NGD and the MACS. NOTE: CWF shall send a Health Utilization Secondary Claim (HUSC) transaction so the MACs can update their internal MSP records.	X	X	X	X				X	MBD, NCH, RRB-SMAC
9699.5	The shared systems shall allow the MACs to run the utility created for them in CR 8353, specifically BR 8353.3.2, which enables the contractors to update their internal MSP files if not updated by the HUSC transaction. NOTE: If the utility is no longer available BRs 9699.6 and 9699.7 below shall be followed. For Part A MACs, FISS created the FSSUPFTI utility in CR8353 and it is an on request job. MACs can refer to FSSRPFTI for instructions.	X	X	X	X					RRB-SMAC
9699.6	The Medicare Contractors shall work with the shared systems maintainers to create a utility, or if it has problems using the utility created in CR 8353, to systematically remove FTI updated by contractor number 77777 or 11102, as identified in BR 9699.1 and BR 9699.3 above, from contractor internal MSP files if not updated by the HUSC transaction.	X	X	X	X			X		RRB-SMAC
9699.7	The Medicare contractors shall work with the Virtual Data Center to execute/run the utility created by the	X	X	X	X					RRB- SMAC,

Number	Requirement	Re	espo	onsil	bilit	y				
			A/B MA(		D M		Sys	red- tem	L	Other
		A	В	H H H	E M A C	F		v N S	C	
	shared system maintainers and complete internal file updates within 45 calendar days after installation of the January 2017 Quarterly Release.					~				VDC
9699.8	CWF shall run a utility report for those MSP records where the FTI was deleted and provide an electronic format of this report to the author of this CR. NOTE: The report shall include impacted Health Insurance Claim Numbers (HICNs), MSP type, MSP effective date, patient relationship, insurance type and the FTI information that was deleted from the CWF MSP records.								X	

# III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	espo	nsibi	lity	
			A/I MA		D M E	C E D
		A	В	H H H	M A C	Ι
	None					

## IV. SUPPORTING INFORMATION

### Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

## Section B: All other recommendations and supporting information: $N\!/\!A$

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Richard Mazur, 410-786-1418 or Richard.Mazur2@cms.hhs.gov, Brian Pabst, 410-786-2487 or Brian.Pabst@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**