

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12760	Date: August 1, 2024
	Change Request 13662

SUBJECT: Fiscal Intermediary Shared System (FISS) – Implement Common Working File (CWF) Reply Generator for Contractor User Acceptance Testing

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement a CWF reply generator in FISS that allows the MACs to generate CWF replies in the test region. The reply generator will allow the MACs to test FISS changes sooner as well as expedite testing for MAC local events and macros.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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

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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to make the maintainer tool to generate CWF replies available in the Medicare Administrative Contractor (MAC) test regions. Use of the CWF reply generator will be restricted to test regions and claims will be identifiable as tested with a generated reply.

B. Policy: There is no policy impact, the CR is an enhancement to improve MAC testing of quarterly releases and MAC local events.

III. 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			
13662.1	FISS shall make the batch CWF reply generator available in the MAC test regions.							X				
13662.1.1	FISS shall modify the existing tool to require less manual intervention to create and use the generated replies.							X				
13662.1.2	FISS shall only allow authorized users to access the CWF reply generator.							X				

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared-System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
13662.2	FISS shall update the claim to identify when the claim was tested with a generated CWF reply.					X						
13662.3	FISS shall document any reason codes/edits that assign when entering a new CWF reply, if the reason codes aren't included in the FISS reason code file.					X						
13662.4	Contractors shall continue to do round trip CWF testing for all CRs with a requirement for MAC testing. The CWF reply generator shall only be used for optional release testing and to enhance round trip testing for required release testing.	X		X								

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	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:

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

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0