

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 487	Date: May 1, 2009
	Change Request 6438

SUBJECT: Modification of the Common Working File (CWF) Copybook to Transmit a "WC" Qualifier to Distinguish Workers Compensation Medicare Set-Aside Arrangement (WCMSA) MSP Records

I. SUMMARY OF CHANGES: This change request modifies the CWF Copybook to transmit a "WC" qualifier to distinguish WCMSAs MSP records.

NEW / REVISED MATERIAL

EFFECTIVE DATE: OCTOBER 1, 2009

IMPLEMENTATION DATE: OCTOBER 5, 2009

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Attachment - Business Requirements

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SUBJECT: Modification of the Common Working File (CWF) Copybook to Transmit a “WC” Qualifier to Distinguish Workers’ Compensation Medicare Set-Aside Arrangements (WCMSAs) MSP Records

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

I. GENERAL INFORMATION: Due to Transmittals 1703 (Pub. 100-04) and 65 (Pub. 100-05), Change Request (CR) 5371, dated March 20, 2009, the qualifier of “WC” was added to distinguish a WCMSA MSP Auxiliary Record from a “traditional” workers’ compensation MSP record. Although the “WC” qualifier was requested, no adjustment to the CWF copybook was made to allow for the transfer of the “WC” qualifier from CWF to MBD, NGD, and possibly other systems. This CR requests that CWF modify its copybook to facilitate the transfer of the “WC” qualifier CWF to MBD, NGD, and possibly other systems. MBD shall also transmit the “WC” qualifier to in the EB04 segment, of the 270/271 transaction, to distinguish WCMSA records received from CWF.

A. Background: Currently, the CWF copybook is not coded to transmit a “WC” qualifier other systems to denote a WCMSA auxiliary record. However, with the implementation of this change request, CWF will modify its copybook to transmit the “WC” qualifier to MBD, NGD, and possibly other systems to denote a WCMSA MSP record on CWF.

B. Policy: N/A

II. BUSINESS REQUIREMENT TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B M A C	D M M A C	F I	C A R I E R	R H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
6438.1	CWF shall create a new two (2) byte field named “MSP Qualifier”.										X	
6438.2	CWF shall modify its copy book to include the “MSP Qualifier” field.										X	
6438.3	CWF shall allow the “MSP Qualifier” field to contain alpha, numeric and blank characters.										X	
6438.4	CWF shall populate “WC” in the “MSP Qualifier” field when a MSP type “W” code is present in CWF to denote a valid Workers’ Compensation Medicare Set-Aside Arrangement (WCMSA) MSP occurrence.										X	
6438.5	CWF shall transmit the “WC” qualifier to MBD, and NDG.										X	MBD, NGD, and possibly others.
6438.6	MBD and NGD shall modify their systems to accept, from CWF, the new two (2) byte “MSP Qualifier” field.											MBD, NGD, and possibly

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
										others.	
6438.7	MBD and NGD shall accept the "WC" qualifier to denote a Workers' Compensation Medicare Set-Aside Arrangement MSP record.									MBD, NGD, and possibly others.	
6438.8	MBD shall transmit, in the EB04 segment of the 270/271 interface, an insurance type "WC," which indicates a Worker's Compensation Medicare Set-Aside for MSP type code "W" records received from CWF.									MBD, 270/271.	
6438.8.1	MBD shall continue to transmit an insurance type "15" on outbound 271 transactions in association with "traditional" worker's compensation records (MSP type "E" on CWF).									MBD, 270/271	
6438.9	CWF shall continue to return Value Code "15" for MSP type code "W" on the MBD and NGD extract file under MSP Code.								X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6438.10	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X	X	X	X	X					

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Cynthia Gross (410) 786-3632

Post-Implementation Contact(s): Cynthia Gross (410) 786-3632

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.