

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2238	Date: January 25, 2019
	Change Request 11133

SUBJECT: Reduce/Eliminate Screen-Scraping for Shared Systems by Creating Transaction-based Access to Common Working File (CWF) Beneficiary Data - Analysis and Design

I. SUMMARY OF CHANGES: This change request directs the CWF maintainer to analyze and design transaction-based access to Medicare beneficiary entitlement, utilization, and fee-for-service claims data to reduce/eliminate screen-scraping by shared systems using the Health Insurance Master Record (HIMR) inquiry system.

EFFECTIVE DATE: July 1, 2019

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

IMPLEMENTATION DATE: July 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/revise 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	

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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I. GENERAL INFORMATION

A. Background: The Health Insurance Master Record (HIMR) inquiry system provides users access to Medicare beneficiary entitlement, utilization, and fee-for-service claims data. This mainframe based legacy system requires users to either physically access individual screens or use screen-scraping application(s) for Medicare beneficiary data at CWF. Since screen-scraping requires a large Input/Output (I/O) requests and high central processing unit utilization, CMS is directing the shared systems to analyze and design transaction-based access as an alternative to screen-scraping.

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
11133.1	Contractors shall attend up to ten (10) 1-hour analysis calls to analyze and design transaction-based solution similar to beneficiary data streamlining as an alternative to screen-scraping. NOTE: CMS will schedule the analysis calls.					X	X	X	X	CMS
11133.2	The contractor shall facilitate the analysis calls and post minutes to ECHIMP in the Post Issuance tab within three (3) business days.									X
11133.3	The contractor shall document the design and provide draft business requirements to CMS (via email: fed_cwf@cms.hhs.gov) by the implementation date for implementing the transaction-based inquiries.									X
11133.3.1	Contractors shall provide system specific requirements, if any, to CWF (via email: cwfrc@dvunitedllc.com) to include along with the					X	X	X		

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared-System Maintainers				Other
		A	B		H H H	F M V C	I C M W	S S S F	
	draft requirements to CMS.								

III. PROVIDER EDUCATION TABLE

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

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): Vina Vuyyuru, 443-277-3031 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):

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ATTACHMENTS: 0