

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1375	Date: May 1, 2014
	Change Request 8733

SUBJECT: Adding New MSP Data Fields to the CWF Daily File

I. SUMMARY OF CHANGES: The purpose of this change request is for CWF to modify the daily file that it exchanges with the Medicare Beneficiary Database (MBD) to include 19 new MSP fields in it. In addition, a data refresh will be included for all past MSP records within the MBD table that would not have included the additional fields.

EFFECTIVE DATE: October 1, 2014

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

IMPLEMENTATION DATE: October 6, 2014

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	

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 obliged 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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EFFECTIVE DATE: October 1, 2014

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IMPLEMENTATION DATE: October 6, 2014

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) daily and monthly. The monthly CWF data feed is used to create the Monthly MSP report that includes all instances of other insurance coverage for beneficiaries enrolled in a plan. MBD also produces a smaller report that provides plans with changes to other insurance for their members. Both reports are sent to MARx which facilitates the transfer of the reports to the plans. This FFS change request will add 19 new MSP data fields to the daily file that CWF exchanges with the MBD, and will include a refresh of all past MSP records within the MBD table that would not have included the additional fields.

B. Policy: Starting in October 2014, MBD will stop issuing MSP reports and MARx will start producing the new MSP report during the normal processing period of reports for October 2014 payment. This change request is necessary for the October 2014 release, so that the CWF data feed contains all of the MSP data fields needed when MARx takes over the processing of the MSP report in November 2014.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	M I C M	S S S	C W F		
8733.1	CWF shall modify the daily file that it exchanges with the MBD to include the following MSP data: <ul style="list-style-type: none"> • Insurer Type • Patient Relationship • Subscriber First Name Policyholder • Subscriber Last Name Policyholder • Employee ID Number 									X	

III. PROVIDER EDUCATION TABLE

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