

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10319</b>	<b>Date: August 28, 2020</b>
	<b>Change Request 11909</b>

**SUBJECT: Removal of Contractor Requirement to Submit Electronic Data Interchange (EDI) Data into the Contractor Reporting of Operational and Workload Data (CROWD) System (Form 5)**

**I. SUMMARY OF CHANGES:** Effective with the release of this instruction, contractors are no longer required to submit EDI data into the CROWD system. Contractors shall continue to submit EDI data to CMS Medicare Data Exchange (MDX) per current monthly reporting requirements according to their Statement of Work (SOW) guidelines.

Publication 100-06, Chapter 06, Section 450 has been deleted and publication 100-04, chapter 24, sections 50.1.2 and 80.1 of the Medicare Claims Processing Manual have been amended to reflect this change.

**EFFECTIVE DATE: September 29, 2020**

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

**IMPLEMENTATION DATE: September 29, 2020**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	24/Table of Contents
R	24/50.1.2/Media
R	24/80.1/Contractor Monthly Status Reporting

**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:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 10319	Date: August 28, 2020	Change Request: 11909
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**SUBJECT: Removal of Contractor Requirement to Submit Electronic Data Interchange (EDI) Data into the Contractor Reporting of Operational and Workload Data (CROWD) System (Form 5)**

**EFFECTIVE DATE: September 29, 2020**

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**IMPLEMENTATION DATE: September 29, 2020**

**I. GENERAL INFORMATION**

**A. Background:** Contractors are no longer required to submit EDI data into the CROWD (Form 5) system. Publication 100-04, chapter 24, section 80.1 has been amended to reflect this change.

**B. Policy:** N/A

**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 C S	V M S	C W F		
11909 - 04.1	Contractors shall no longer submit EDI data to CMS into the CROWD (Form 5) system. Publication 100-04, chapter 24, section 80.1 has been amended to reflect this change.	X	X	X	X						

**III. PROVIDER EDUCATION TABLE**

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

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Shannon Williams, 410-786-4089 or Shannon.Williams@cms.hhs.gov , Anna Meisheid, 410-786-0588 or anna.meisheid@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**

# Medicare Claims Processing Manual

## Chapter 24 – General EDI and EDI Support Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims

### **Table of Contents**

*(Rev. 10319, Issued: 08-28-2020)*

#### [Transmittals for Chapter 24](#)

80.1 - Contractor *Monthly Status* Reporting

## 50.1.2 - Media

*(Rev. 10319, Issued: 08-28-2020, Effective: 09-29-2020 Implementation: 09-29-2020)*

An EDI transaction is defined by its initial manner of receipt. Depending upon the capability of the A/B MAC, DME MAC and CEDI and the details negotiated with electronic claim submitters, an electronic claim could be submitted via central processing unit (CPU) to CPU transmission, dial up frame relay, direct wire (T-1 line or similar), or personal computer modem upload or download (also see Section 50.1.3).

When counting electronic claims for workload reporting, the A/B MAC, DME MAC and CEDI include data on all bills received for initial processing from providers directly or indirectly through another A/B MAC (A), etc. They also include data on demand bills and no-pay bills submitted by providers with no charges and/or covered days/visits. See § 90 of this chapter for information about application of the claims payment floor when a claim is submitted electronically in a non-HIPAA-compliant format.

A/B MACs and DME MACs are not permitted to classify the following as electronic claims for *Electronic Data Interchange (EDI)* reporting, for payment floor or Administrative Simplification Compliance Act (ASCA, see section 90) mandatory electronic claim submission purposes:

- Bills received from providers if they are incomplete, incorrect, or inconsistent, and consequently returned for clarification. Individual controls are not required for these bills;
- Adjustment bills (A/B MAC (A) only);
- Home Health Agency (HHA) bills where no utilization is chargeable and no payment has been made, but which have been requested only to facilitate record keeping processes (There is no CMS requirement for HHAs to submit no payment non-utilization chargeable bills.);
- Bills paid by an HMO and processed by the contractor; and

A/B MACs, DME MACs and CEDI are not permitted to accept claims via fax-imaging, tape/diskette or similar storage media. A/B MACs, DME MACs and CEDI are to assist billers using such media to transition to more efficient electronic media.

## 80.1 - Contractor *Monthly Status Reporting*

*(Rev. 10319, Issued: 08-28-2020, Effective: 09-29-2020, Implementation: 09-29-2020)*

The *CMS Data Exchange (MDX) portal* is a system that provides CMS automated capabilities for monitoring and analyzing data relating to the Medicare contractors' on-going operational activities. A/B MACs are required to input their Electronic Data Interchange (EDI) workload statistics into *MDX using the Monthly Status Report in Excel (MSRE) format*. Contractors must prepare and submit to CMS the Medicare *MSRE* showing their EDI and manual transactions workload under the health insurance program. A separate report is required for each office assigned a separate contractor number.

*The MSRE EDI claims processing data for PART A, Part B, and Home Health/Hospice (HHH) includes:*

- *ACCEPTED CLAIM STATUS REQUESTS (276 -Electronic)*
- *RESPONSES TO CLAIMS STATUS INQUIRIES (277- Electronic)*
- *REMITTANCE ADVICES - NUMBER SENT (5010) - 835/ERA*
- *REMITTANCE ADVICES - NUMBER SENT (5010) - SPR*
- *REMITTANCE ADVICES - NUMBER SENT (5010) - Internet/Portal*
- *NUMBER OF PAYMENTS TO PROVIDERS OR SUPPLIERS - EFT*
- *NUMBER OF PAYMENTS TO PROVIDERS OR SUPPLIERS - Paper Checks*
- *DOLLAR AMOUNTS ASSOCIATED W/PAYMENTS (5010) - EFT*
- *DOLLAR AMOUNTS ASSOCIATED W/PAYMENTS (5010) - Paper Checks*
- *ELECTRONIC CLAIMS PROCESSED (5010)- Electronic*

- *ELECTRONIC CLAIMS PROCESSED (5010)- DDE*
- *DDE CLAIM ADJUSTMENTS REC'D - DDE*
- *DDE CLAIM STATUS RESPONSES - DDE*
- *PAPER CLAIMS PROCESSED*
- *NCPDP RETAIL PHARMACY DRUG CLAIMS*

Contractors shall reference *Change Request (CR)10870 (Transmittal R21390TN, 9/17/18)* for details on *MDX reporting*.