

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1084</b>	<b>Date: April 26, 2012</b>
	<b>Change Request 7811</b>

**SUBJECT: Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates – October 2012**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to instruct the CEM developers, Part A and B Medicare Administrative Contractors (MAC), and the Durable Medical Equipment (DME) MAC Common Electronic Data Interchange (CEDI) contractor in their continuing development efforts of the CEM and Receipt, Control, and Balancing software and environment requirements. This instruction includes issues identified during the Alpha, Beta and User Acceptance Testing (UAT) test periods.

**EFFECTIVE DATE: October 1, 2012**

**IMPLEMENTATION DATE: October 1, 2012**

*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>
	N/A

**III. FUNDING:**

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

Not Applicable.

**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 – One-Time Notification

Pub. 100-20	Transmittal: 1084	Date: April 26, 2012	Change Request: 7811
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**SUBJECT: Common Edits and Enhancements Module (CEM) and Receipt, Control, and Balancing Updates – October 2012**

**Effective Date: October 1, 2012**

**Implementation Date: October 1, 2012**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act transactions. The Secretary of the Department of Health and Human Services (DHHS) has adopted Accredited Standards Committee (ASC) X12 Version 5010 and the National Council for Prescription Drug Programs (NCPDP) Version D.0 as the next HIPAA transaction standards for covered entities to exchange HIPAA transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

Effective Date of the regulation:	March 17, 2009
Level I compliance by:	December 31, 2010
Level II compliance by:	December 31, 2011
All covered entities have to be fully compliant on:	January 1, 2012

Level I compliance means “that a covered entity can demonstrate that it could create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.”

Level II compliance means “that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.”

DHHS has promulgated in the Final Rules provisions which permit dual use of existing standards (ASC X12 4010A1 and NCPDP 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

The purpose of this Change Request (CR) is to instruct the CEM developers, Part A and B Medicare Administrative Contractors (MAC), and the Durable Medical Equipment (DME) MAC Common Electronic Data Interchange (CEDI) contractor in their continuing development efforts of the CEM and Receipt, Control, and Balancing software and environment requirements. This instruction includes issues identified during the Alpha, Beta and User Acceptance Testing (UAT) test periods.

**B. Policy:** Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules published in the Federal Register on January 16, 2009, by the DHHS at 45 CFR Part 162.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A / B  M A C	D M  M A C	F I  R E C	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	
7811. 1	The Shared System Maintainers of the Common Edits and Enhancement Module (CEM) software shall make the necessary changes to improve the Part A CEMs performance.						X				CEM
7811. 2	The Shared System Maintainers of the CEM shall perform an analysis on the feasibility of creating a maintainer controlled Taxonomy code set that would then be updated on a quarterly basis as part of the recurring CEM Code Set Update CR. It is CMS's opinion that this code set should be shared between the Part A and Part B CEMs and separate from the Part B codes that is A/B MAC controlled.						X	X			CEM
7811. 3	The Shared System Maintainers of the CEM shall add and 837 Professional Edits page to the CEMB – Maintenance Console (MC)							X			CEM
7811. 3.1	The 837 Professional Edits page shall list out all CEMB edits, and display whether they are turned on or off as well as display all the related STC information.							X			CEM
7811. 4	The Shared System Maintainers of the CEM shall streamline the CEMB ALERT folders to align the folder structure with improved emailing process installed as part of CMS CR 7597.							X			CEM
7811. 5	The Shared System Maintainers of the CEM shall further enhance the CEMB email alerts.							X			CEM
7811. 5.1	The enhanced email alerts shall include the cycle date information and clarify whether a given email is coming for the Local Data Center (LDC) or the Enterprise Data Center (EDC) as well as an indicator for UAT versus Production.							X			CEM
7811. 5.2	The enhanced email alerts shall also identify whether a file is being recycled because of the receipt date segment (+RC DTP) or because of the date in the 2300 ICN REF segment (+CN)							X			CEM
7811. 6	The Shared System Maintainers of the CEM shall modify the CEMB diagnosis code table to allow for International Classification of Diseases (ICD-10) ranging.							X			CEM

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility										
		A	D	F	C	R	Shared-System Maintainers				Other	
		B	M	I	A	H	F	M	V	C		
		M	M		R	I	I	S	S	S	W	
	None.	C	C		E	R	S	S	S	S	F	

### IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

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):**

Jason Jackson (410) 786-6156 [jason.jackson3@cms.hhs.gov](mailto:jason.jackson3@cms.hhs.gov)  
 Michael Cabral (410) 786-6168 [michael.cabral@cms.hhs.gov](mailto:michael.cabral@cms.hhs.gov)

**Post-Implementation Contact(s):**

Contact your Contracting Officer’s Representative (COR) or Contractor Manager, as applicable and the pre-implementation contacts:

Jason Jackson (410) 786-6156 [jason.jackson3@cms.hhs.gov](mailto:jason.jackson3@cms.hhs.gov)  
 Michael Cabral (410) 786-6168 [michael.cabral@cms.hhs.gov](mailto:michael.cabral@cms.hhs.gov)

### VI. FUNDING

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

Not Applicable.

**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.