

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 753	Date: August 13, 2010
	Change Request 7053

SUBJECT: January Common Edits and Enhancements Module (CEM) Updates

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the Common Edits and Enhancements module (CEM) developers in their continuing development efforts of the CEM software and environment requirements. This instruction includes issues identified during the CEM Beta and Alpha test periods. This CR also instructs the Part A and Part B Medicare Administrative Contractors to provide feedback as part of the POC process concerning future and back dating handling within the CEM process.

EFFECTIVE DATE: January 1, 2011

IMPLEMENTATION DATE: January 3, 2011

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 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

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SUBJECT: January Common Edits and Enhancements Module (CEM) Updates

Effective Date: January 1, 2011

Implementation Date: January 3, 2011

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and 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 Common Edits and Enhancements module (CEM) developers in their continuing development efforts of the CEM software and environment requirements. This instruction includes issues identified during the CEM Beta and Alpha test periods. This CR also instructs the Part A and Part B Medicare Administrative Contractors to provide feedback as part of the POC process concerning future and back dating handling within the CEM process.

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 Department of Health and Human Services at 45 CFR Part 162.

II. BUSINESS REQUIREMENTS 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			
						F I S S	M C S	V M S	C W F	
7053.1	The shared system maintainers (SSMs) shall continue development of a utility to move files stuck during processing out and restart the process.						X	X		
7053.2	The SSMs shall continue development of a calendar process to reject invalid receipt dates that are sent to the CEM.							X		
7053.2.1	The SSMs shall develop a notification/special processing for when a future receipt date has been received in the batch cycle.							X		
7053.3	The SSMs shall continue development of the workload balancing support to balance by workload (state).							X		
7053.3.1	The SSMs shall make changes to the End of Day (EOD) processes to accommodate this change in workload balancing.							X		
7053.4	The Part A and B Medicare Administrative Contractors (MAC) shall respond with either a POC comment, or directly to the author of this CR with examples of "Back Dating" and "Future Dating" of inbound claims.	X								
7053.5	The SSMs shall use the examples supplied by the A/B MACs as a response to BR 7053.4 to perform an analysis for developing the recycling and back dating solution.						X	X		
7053.6	The SSM shall develop a process for the Control Record Resubmission (CTRR) Record from the Translator to the CEM within the A/B MAC Local Data Center (LDC)						X			
7053.7	The SSM shall develop a process for the CTRR Record from the MAC LDC to the Enterprise Data Center (EDC)						X			
7053.8	The SSM shall develop a process for the CTRR Record from the EDC to the MAC LDC						X			
7053.9	The SSM shall develop and implement a process for the MACs to utilize information in the CTR data base.						X			
7053.10	The SSM shall develop and implement a process to create notifications for errors/ABENDS for Java ZOS (Mainframe)						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 I E R	C A R R I E R	R H I I E R	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C M W F		
	None.										

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Jason Jackson (410) 786-6156 jason.jackson3@cms.hhs.gov
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Post-Implementation Contact(s): Jason Jackson (410) 786-6156 jason.jackson3@cms.hhs.gov
 Michael Cabral (410) 786-6168 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.