CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 876	Date: April 22, 2011
	Change Request 7347

SUBJECT: Upgrade of Optical Character Recognition (OCR) and Intelligent Character Recognition (ICR) Systems in Preparation for HIPAA Version 5010 (Analysis Only)

I. SUMMARY OF CHANGES: Shared system maintainers (SSMs) and Common Edit and Enhancement Module (CEM) are requested to develop and submit an analysis regarding the upgrade of the OCR/ICR processes for version 5010.

EFFECTIVE DATE: * October 1, 2011 IMPLEMENTATION DATE: October 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/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 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: Upgrade of Optical Character Recognition (OCR) and Intelligent Character Recognition (ICR) Systems in Preparation for HIPAA Version 5010 (Analysis Only)

EFFECTIVE DATE: October 1, 2011

IMPLEMENTATION DATE: October 3, 2011

I. GENERAL INFORMATION

- **A. Background:** Shared system maintainers (SSMs) and Common Edit and Enhancement Module (CEM) are requested to develop and submit an analysis regarding the upgrade of the OCR/ICR processes for version 5010. This analysis will be used by CMS to develop an implementation change request for a future release. The SSMs and CEM developers shall consider the following issues in the analysis, proposed business requirements, and written recommendation:
 - The format of the file which will come from OCR/ICR (flat file or X12 transaction);
 - Should claims go through CEM or bypass it;
 - Should claims bypass Receipt, Control, and Balancing;

The future business requirements which will apply to AB MACs and DMEMACs will be provided by CMS.

B. Policy: The Administrative Simplification provisions of HIPAA require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									in each
		A	D	F	C	R	,	Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	Е		R	Н	M	aint	aine	ers	
					R	I	F	M	V	C	
		M	M		I		Ι	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
7347.1	Contractors shall provide a written analysis to CMS regarding the upgrade of OCR/ICR processes for 5010.						X	X			CEM

Number	Requirement	R	espo	onsi	bili	ty (j	plac	ce a	n "Y	ζ" i	n each
		ap	pli	cab	le co	olun	nn)				
		Α	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н	1	Syst	tem		ER
		В	Е		R	Н	M	aint	aine	ers	
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
7347.2	The analysis shall contain at a minimum:						X	X			CEM
	• the implementation options for upgrading										
	OCR/ICR;										
	 the impact of CEM on an OCR/ICR upgrade; 										
	• all associated SSM and CEM developer business										
	requirements needed to complete a future										
	implementation change request.										
7347.3	The analysis shall be sent in Microsoft Word format to:						X	X			CEM
	brian.reitz@cms.hhs.gov.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Shai	ed-		OTH
		/	M	I	A	Н		Syst	em		ER
		В	E		R	Н	Maintainers		rs		
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	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:
	None.

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

CMS expects to implement ASC X12 Version 005010 transactions over multiple releases. The intent is for CMS to be ready to exchange ASC X12 Version 005010 transactions after December 31, 2010.

During the transition period, CMS expects to exchange HIPAA test and production transactions in both 004010A1 and 005010 versions.

V. CONTACTS

Pre-Implementation Contact(s): Brian Reitz, <u>Brian.Reitz@cms.hhs.gov</u>, 410-786-5001.

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

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.