

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 990	Date: October 28, 2011
	Change Request 7560

SUBJECT: CMS Standard Edit 009H is Obsolete

I. SUMMARY OF CHANGES: CMS has established a goal to eliminate the material weaknesses noted in Medicare electronic data processing standards, documented in the Department of Health and Human Services, Office of the Inspector General Report on the Financial Statement Audit of CMS for Fiscal Year 2004. As part of the Corrective Action Plan (CAP), CMS established Edits Evaluation Workgroup, standardizing the edit/audit settings under CMS CR 5927 implemented July 7, 2008. It has been determined that Edit 009H deemed active by CMS Standard is now obsolete for the claims administration contractors processing in the Multi Carrier System (MCS).

EFFECTIVE DATE: April 1, 2012

IMPLEMENTATION DATE: April 2, 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/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):

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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: 990	Date: October 28, 2011	Change Request: 7560
-------------	------------------	------------------------	----------------------

SUBJECT: CMS Standard Edit 009H is Obsolete

EFFECTIVE DATE: April 1, 2012

IMPLEMENTATION DATE: April 2, 2012

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) has established a goal to eliminate the material weaknesses noted in Medicare electronic data processing standards, documented in the Department of Health and Human Services’ Office of the Inspector General Report on the Financial Statement Audit of CMS for Fiscal Year 2004. As part of the Corrective Action Plan (CAP), CMS established Edits Evaluation Workgroup, standardizing the edit/audit settings under CMS CR 5927 implemented July 7, 2008. It has been determined that Edit 009H deemed active by CMS Standard is now obsolete for the claims administration contractors processing in the Multi Carrier System (MCS).

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H H I S S	Shared-System Maintainers				OTHER	
		F	M	V	C	I	S	S	S	W	F	
7560.1	MCS Shared System Maintainer shall remove hardcoded edit 009H from SPITAB Table H99THCEA.								X			
7560.2	MCS Shared System Maintainer shall remove the hardcoded logic tied to edit 009H. NOTE: This edit will be opened up for future hardcoded edit logic.								X			
7560.3	MCS Shared System Maintainer shall systematically remove edit 009H from the carriers SCC File in MCS.								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 	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C 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): Cathleen Gurreri (410 786-4374) cathleen.gurreri@cms.hhs.gov

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)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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.