CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1578	**Date: November 19, 2015**
	Change Request 9185

Transmittal 1550, dated November 5, 2015, is being rescinded and replaced by Transmittal 1578, dated November 19, 2015 to change to Analysis and Design. All other information remains the same.

SUBJECT: System Specific Enhancement 2014: Process Health Maintenance Organization (HMO) edits in a single module in Common Working File (CWF) Analysis Only

I. SUMMARY OF CHANGES: Have the Common Working File (CWF) consolidate to a single module that will only process Health Maintenance Organization (HMO) edits.

EFFECTIVE DATE: April 1, 2016 – CWF Analysis
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 4, 2016 – CWF Analysis

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	N/A

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:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1578	Date: November 19, 2015	Change Request: 9185

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I.   GENERAL INFORMATION

A.   Background: Create a new module to process HMO edits only. HMO edits from Part A, Part B, and DME can be moved to a single module. Edits are using repetitive processes which can be simplified. If all three modules call a single HMO edit module, then the determination of claim within hospice periods, HMO periods and liability dates can all be streamlined. Code can be written more efficiently; the current code is current with COBOL standards. Current code has too many 88-levels and PERFORMs for the same condition.

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 MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9185.1	The contractor shall participate in up to two (2) one hour calls with Centers for Medicare & Medicaid Services (CMS) to review and develop responses to Point of Contact (POC) comments.								X	
9185.2	CWF shall analyze the current process and design a common program to perform all HMO edits and processing for all claim types. **NOTE**: CWF shall provide the analysis and design for this CR no later than April 15, 2016.								X	

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
"Should" denotes a recommendation.

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): Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0