

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1607	Date: January 29, 2016
	Change Request 9420

SUBJECT: Shared System Enhancement 2015 Improve Efficiency of Drug Code, Provider, and Procedure and Diagnosis Codes Processing, Analysis and Design

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to improve efficiency of Drug Code, Provider, and Procedure and Diagnosis Code Processing.

EFFECTIVE DATE: July 1, 2016 - Analysis and Design

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 5, 2016 - Analysis and Design

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

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I. GENERAL INFORMATION

A. Background: The program code for Drug, Provider, and Procedure and Diagnosis codes can be improved by converting internal program definitions/logic to table formats. Program processing efficiency can be improved for very large Drug Code program definitions by converting to a Drug Code Customer Information Control System (CICS) table (similar to Common Working File Home Health Consolidated Billing Table (CABHCCB)) but this would require an analysis effort and some coding to baseline and compare for confirmation. There are also some large hard-coded provider program definitions that could be added to the Common Working File Provider (CABPROV) table. It may also be possible to convert some of the Procedure and Diagnosis Code lists that are hard-coded in programs into CICS tables as well.

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	Shared- System Maintainers				Other	
		A	B	H		F	M	V	C		
		H	M	I	C	S	W				
		H	A	S	S	S	F				
9420.1	The contractor shall participate in up to two (2) one hour calls with Centers for Medicare & Medicaid Services (CMS).								X		
9420.2	The contractor shall analyze and standardize the process for introducing table formats within program code for processing Drug, Provider and, Procedure and Diagnosis codes and develop requirements. No software changes will be released or promoted.								X		
9420.3	The contractor shall submit the design document to CMS no later than May 1, 2016.								X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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, 410-786-9317 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