

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1253	Date: July 10, 2013
	Change Request 7846

Transmittal 1242, dated May 30, 2013, is being rescinded and replaced by Transmittal 1253, dated July 10, 2013, to make the Business Requirement (BR) 7846.1 specific to the Part A MAC, FI and RHHI. The Part B and DME MAC responsibility under BR 7846.1 has been removed. The BR 7846.2 has been updated to be specific to Part B MAC and Carrier only. The delivery date under BR 7846.2 was changed from 15 days post the implementation of the Quarterly Release being installed into production, to 5 days post the reports being created. The BR 7846.3 has been updated to be specific to Part A MAC, FI, RHHI and DME MAC. The BR 7846.3 was also updated to specify the report names and to change the delivery date from 15 days post the implementation of the Quarterly Release being installed into production, to 5 days post the reports being created. All other information remains the same.

SUBJECT: Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports

I. SUMMARY OF CHANGES: This Change Request is to change the execution and delivery time Medicare Administrative Contractors (MACs), Legacy Contractors shall follow in the creation of the Centers for Medicare and Medicaid Services (CMS) Standard Edit/Audit/Reason Code Report.

EFFECTIVE DATE: October 1, 2012

IMPLEMENTATION DATE: October 15, 2012; July 19, 2013 for revised business requirements

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.

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:

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: 1253	Date: July 10, 2013	Change Request: 7846
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SUBJECT: Change in Creation Date for CMS Standard Edit/Audit/Reason Code Reports

Effective Date: October 1, 2012

Implementation Date: October 15, 2012; July 19, 2013 for revised business requirements

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and 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 standard edit, audit, and reason code reports detailed under CMS Change Request (CR) 5927, Transmittal 338, dated May 2, 2008, and CMS CR 6344, Transmittal 429, dated January 16, 2009.

CMS is issuing this CR to clarify the timing for the reports to be submitted, previously detailed under CMS CR 6344, Business Requirements (BR) 6344.1 and 6344.2; update to delivery instructions, BR 6344.3 and include any supporting documentation for justification of non-compliant items, BR 6344.4.

Medicare Part B Administrative Contractors and Legacy Contractors utilizing or not utilizing the Multi Carrier System (MCS) SPITAB functionality to future date a hard coded edit or audits effective setting date shall provide documentation to CMS reflecting this.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I I A C	C R I E R	R H I E R	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
7846.1	The FSSW0747 and the FSSW0748 reports produced out of the FISS processing system shall be produced quarterly, no sooner than 11 business days following the release implementation date.	X		X		X		X					
7846.2	MCS SPITAB entries with a future effective date for hard coded edits and or audits shall be captured by screen shot to a PDF Document quarterly, and delivered to the FSS_Security_Edits@cms.hhs.gov mailbox with the H99RBEA1 and H99RBEA2 reports within 5 business days of the reports being created.		X				X						
7846.2.1	This business requirement is deleted.												
7846.3	The reports FSSW0747; FSSW0748; EX3001 and EX3002 shall be delivered to the FSS_Security_Edits@cms.hhs.gov mailbox within 5 business days of the reports being created.	X		X	X	X		X					
7846.4	Contractors shall verify the reports and MCS SPITAB document and provide supporting documentation or justifications for any edit, audit or reason code that does not conform to the CMS standard edit audit setting.	X	X	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	F I I N T E R M E D I C A N	C O N T R A C T O R	R E G I O N A L H E A L T H C A R E P R O V I D E R	Shared-System Maintainers			
A	B	H H H	F I S S	M C S					V M S	C W F		
	None.											

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
7846.1	CMS CR 6344 BR 6344.1
7846.3	CMS CR 6344 BR 6344.2 and BR 6344.3
7846.4	CMS CR 6344 BR 6344.4

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cathleen Gurreri at cathleen.gurreri@cms.hhs.gov or (410) 786-4374.

Post-Implementation Contact(s): Contact your Contracting Officer’s Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

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)*, include the following statement:

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.