

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 500</b>	<b>Date: June 5, 2009</b>
	<b>Change Request 6507</b>

**SUBJECT: VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Part III, NCPDP 5.1 Implementation**

**I. SUMMARY OF CHANGES:** This change request prescribes the requirements for the system changes necessary to prepare for the implementation of NCPDP 5.1.

**New / Revised Material**

**Effective Date: 10/05/2009**

**Implementation Date: October 5, 2009 for VMS system changes and January 4, 2010 for VMS CEDI Support.**

*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

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
N/A	

**III. FUNDING:**

SECTION A: For Fiscal Intermediaries and Carriers:

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.

**IV. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 500	Date: June 5, 2009	Change Request: 6507
-------------	------------------	--------------------	----------------------

**SUBJECT: VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System, Part III, NCPDP 5.1 Implementation**

**Effective Date: October 5, 2009**

**Implementation Date: October 5, 2009 for VMS system changes and January 4, 2010 for VMS CEDI Support.**

I. **GENERAL INFORMATION:** Change Request (CR) 5755, Pub. 100-04, Transmittal 1402 requested a system analysis from ViPS, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) shared system maintainer, regarding the system changes that would be required in order to remove or disable certain functionality of the Electronic Data Interchange (EDI) front end system in preparation for the implementation of the Common Electronic Data Interchange (CEDI) System, a common EDI front end developed to support the DME MACs. As a result of that analysis, this CR prescribes the requirements for the system changes necessary to prepare for the implementation of the DME MAC CEDI front end system. This instruction does not affect fiscal intermediaries, carriers, RHHIs, MCS, and FISS.

A. **Background:** Prior to the Durable Medical Equipment Common Electronic Data Interchange (DME CEDI) initiative, front-end EDI processing for DME claims occurred in four separate systems at each DME MAC. Since each system was owned and developed by separate entities, variations existed in the way individual front-end systems processed claims and in the results they produced. The Centers for Medicare and Medicaid Services (CMS) contracted with National Government Services, Inc. to implement the DME CEDI front-end system to promote standardization and greater efficiencies in inbound and outbound EDI exchange.

The CEDI front-end system provides a single front-end solution for the submission and retrieval of electronic transactions. Trading Partners submit X12 837 claims and 276 Claim Status Inquiry transactions to CEDI. CEDI performs all front-end edits on these transactions, assigns the Claim Control Number (CCN) to claims accepted by CEDI, and creates the flat files for delivery to the appropriate DME MAC. X12 837 claims accepted by CEDI are delivered to the appropriate DME MAC based on the beneficiary state code and 276 files are delivered based on the contractor code in the header record of the file. CEDI returns all electronic front-end reports as well as the X12 835 Electronic Remittance Advice (ERA), 277 Claims Status Response and all Front-End reports to the Trading Partner's CEDI mailbox.

NCPDP claims are received by CEDI but currently are not edited or translated. Instead, CEDI passes these claims to the DME MACs where the VMS editing and translation is performed. For NCPDP claims, CEDI has begun implementation of the processes to perform front-end edits, assign the CCN to accepted claims, create flat files for delivery to the appropriate DME MAC based on the beneficiary state code, and return all CEDI produced front-end reports to the Trading Partner.

The business requirements associated with this change request will be effective on **October 5, 2009** regardless of the date of service or date of receipt of the claim.

B. **Policy: N/A**

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	A / B  M A C	D M E  M A C	F I  E R	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6507.1	VMS shall disable all levels of pre-pass editing associated with the NCPDP 5.1 version claim that are submitted in the NCPDP flat file format. This includes Implementation Guide (IG)/syntax, CMS companion guide and Medicare "return as unprocessable" edits on the date defined by CMS.								X		
6507.2	VMS shall create a process that will disable the current VMS misdirected claims logic for NCPDP claims on the date defined by CMS.								X		
6507.3	VMS shall create a process that will discontinue the existing CCN generation process for NCPDP claims on the date defined by CMS.								X		
6507.4	VMS shall support the CCN assignment by the CEDI for NCPDP claims as follows: CYYJJBBBBSS000 C= Century, YY = Year, JJJ = Julian, BBBB = Batch Number (0000–9999), SS = Sequence Number, '000' For Internal Use by SSM.								X		
6507.5	The CEDI contractor shall submit the assigned CCN number in the NCPDP transaction header (T00) for NCPDP claims based on CEDI's December 2009 implementation date.										CEDI
6507.6	The CEDI contractor shall date stamp with the date that CEDI contractor received the claim and will present it on the NCPDP batch header (B00) in the NCPDP file.										CEDI
6507.7	VMS shall continue to be responsible for the creation of the NCPDP COBC flat files. The transmission of these files will be the responsibility of the Enterprise Data Center (EDC).								X		EDC
6507.8	VMS, the CEDI contractor and the DME MACs shall work together in order to develop a testing process/coordination effort that will ensure proper implementation/transition of all changes for production release based on CEDI's December 2009 implementation date.		X						X		CEDI
6507.9	VMS shall receive from the CEDI contractor the first and last Claim Control Number (CCN) assigned to all electronic claims included in one day's transmission.								X		CEDI
6507.10	VMS will work with the CEDI contractor on the validation of the NCPDP edits.								X		CEDI



#### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**B. Contractor Financial Reporting /Workload Impact: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):**

Patricia Bellamy  
404-562-7229  
Patricia.Bellamy@cms.hhs.gov

**Post-Implementation Contact(s):**

Patricia Bellamy  
404-562-7229  
Patricia.Bellamy@cms.hhs.gov

#### VI. FUNDING

**A. For Fiscal Intermediaries and Carriers: N/A**

**B. For Medicare Administrative Contractors (MAC):**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.