

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 66	Date: January 7, 2011
	Change Request 6592

SUBJECT: Change Request (CR) Definitions

I. SUMMARY OF CHANGES: The purpose of this CR is to provide definitions for the following dates: Effective Date, Implementation Date, Issue Date, and Date of Service.

EFFECTIVE DATE: February 8, 2011

IMPLEMENTATION DATE: February 8, 2011

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
R	7/Table of Contents
R	7/50/Review of Contractor Implementation of Change Requests
N	7/50.4/Change Request (CR) Definitions
N	7/50.4/50.4.1/Issue Date
N	7/50.4/50.4.2/Implementation Date
N	7/50.4/50.4.3/Effective Date
N	7/50.4/50.4.4/Date of Service

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:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-01	Transmittal: 66	Date: January 7, 2011	Change Request: 6592
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SUBJECT: Change Request (CR) Definitions

EFFECTIVE DATE: February 8, 2011

IMPLEMENTATION DATE: February 8, 2011

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to provide definitions for the following date terminology:

- Issue Date
- Implementation Date
- Effective Date; and
- Date of Service.

B. Policy: There are no policy changes related to this CR.

II. BUSINESS REQUIREMENTS 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 I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6592.1	<p>Contractors shall use the following as the definition for the CR issue date:</p> <p>The date the Centers for Medicare and Medicaid Services publishes a change request.</p> <p>Note: The issue date is named "Date" on the Transmittal form, One-Time Notification, Recurring Update Notification, Confidential and the Standard CR forms.</p> <p>The following disclaimer will be placed on all CRs that are rescinded and replaced in order to remove the "Sensitive" heading:</p> <p>NOTE: This Transmittal is no longer sensitive and is being re-communicated (the date it was re-communicated is placed here). The Transmittal Number, date of Transmittal and all other information remain the same.</p>	X	X	X	X	X					

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	
6592.2	<p>Contractors shall use the following as the definition for the CR implementation date:</p> <p>The implementation date identified in a change request is the date by which Medicare fee-for- service contractors shall apply all changes detailed in the business requirements, <i>unless otherwise specified</i>. It is the date when all necessary updates to infrastructure, business processes and/or supporting technology changes shall be completed and operational in order to execute new/modified policy and procedure.</p> <p>Note: Implementation dates and effective dates are frequently not the same day. The Implementation date is the same for all business requirement(s) listed within a specific CR, <i>unless otherwise specified</i>.</p>	X	X	X	X	X					EDCs
6592.3	<p>Contractors shall use the following as the definition for the CR effective date:</p> <p>The effective date identified in a change request is the date on which any new rules, laws, processes and/or policies become active.</p> <p>Note: Effective dates are not always future dates; sometimes the dates are in the past. When this happens, CMS instructs contractors, using business requirements, how to process claims for the period between the effective date and the implementation date.</p>	X	X	X	X	X					
6592.4	<p>Contractors shall use the following as the definition for the CR Date of Service:</p> <p>The date of service is the date a provider renders service to a beneficiary.</p> <p>Note: More service specific information on the Date of Service can be found in. Pub.100-02, Medicare Benefit Policy Manual and Pub. 100-04, Medicare Claims Processing Manual.</p>	X	X	X	X	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:
	None.

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Tracey Smith at tracey.smith@cms.hhs.gov or 410.786.4522

Post-Implementation Contact(s): Appropriate Project Officer or Contractor Manager

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)*:

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.

General Information, Eligibility, and Entitlement Manual

Chapter 7 - Contract Administrative Requirements

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(Rev.66, Issued: 01-07-11)

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50 – Review of Contractor Implementation of Change Requests

(Rev. 66, Issued: 01-07-11, Effective: 02-08-11, Implementation: 02-08-11)

POLICY

The contractors must implement Change Requests (CRs). The CMS expects contractors to implement 100% of all issued CRs. A CMS Central Office (CO) representative will send, on a quarterly basis, a CR Implementation Report (which includes a Details page, a Summary page and a sample Cover Letter/Attestation Statement – see sections 50.1, 50.2 and 50.3), as well as instructions for completing and submitting the CR Implementation Report, to all contractors . This report will contain all CRs to be implemented within that fiscal quarter. When a CR includes “For Analysis Only” in its title, the CR is for analysis only by shared system maintainers to conduct further review. Contractors are not required to implement the CR until further notification. Therefore, “For Analysis Only” CRs will not be included in the CR Implementation Report. The CO representative will send the reports to the contractors within 1 week of the end of the fiscal quarter. The contractors shall enter all applicable information into the reports and send the completed reports to the CMS CO mailbox no later than the 28th of the month in which the reports are due. If the report due date of the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date. Each MAC shall also send a copy of the report to its respective deliverables mailbox or to the CMS ART system, pending direction from the MAC Project Officer.

Each contractor, by contractor number, shall complete one CR Implementation Report (which includes a Summary page, a Details page, a Cover Letter/Attestation Statement, and, if

necessary, a separate explanation document that is no longer than one page for each CR; this explanation document would explain, for example, why the CR was not implemented at all or not implemented timely). An electronic mailbox has been established at the CO to receive the quarterly reports.

- Quarter 1 includes October, November and December. The report for Quarter 1 is due no later than February 28th.
- Quarter 2 includes January, February and March. The report for Quarter 2 is due no later than May 28th.
- Quarter 3 includes April, May and June. The report for Quarter 3 is due no later than August 28th.
- Quarter 4 includes July, August and September. The report for Quarter 4 is due no later than November 28th.

In addition, each contractor shall write and maintain written procedures on its change management process (i.e., Standard Operating Procedures – SOP). Elements should include, but are not limited to, written procedures for the timely downloading of CMS instructions (issued CRs) from the CMS DRIMAILBOX, written procedures of the contractor’s CR distribution process (including, but not limited to, the dissemination of provider education information), written procedures for CR implementation (including written documentation to verify CR implementation).

Contractors shall retain the written documentation to verify CR implementation using CMS’s records retention guidelines.

Upon request from CMS, contractors shall supply the written procedures of their change management process, as well as written documentation to verify CR implementation to CMS.

Implementation Date

I. Definition

Refer to section 50.4.2 of this chapter for the definition of the implementation date.

II. Supporting Information

For any instruction affecting providers, regardless if there are systems or non-systems changes, CMS gives at least 90 days’ advance notice to the providers. That is, CMS must issue the

instruction at least 90 days prior to the implementation date to give providers enough time to implement the instruction. The vehicle used to alert providers 90 days prior to an instruction's implementation date is the CMS Quarterly Provider Update, which can be accessed at: http://www.cms.hhs.gov/QuarterlyProviderUpdates/01_Overview.asp

There are four exceptions to the 90 days' advance notice policy: (1) the instruction is contractor specific and therefore does not affect providers; (2) the instruction is a correction/clarification where the previously issued instruction contained typos or errors of fact or omissions; (3) the instruction is a routine or recurring item (which qualifies it to be included on the Mid-Quarter List in the Provider Update); and (4) the instruction is approved by the CMS Administrator to be published immediately or by a certain date.

For a system change, the initiator of the CR will specify an implementation date that corresponds to one of the quarterly release dates. Usually, the quarterly release date will be the first Monday of the quarter. On occasion, an off-cycle release date can be approved by OSORA and/or the Administrator. This exception tends to occur most frequently with the implementation of National Coverage Determinations (NCDs).

For a non-system change that has no impact on providers, the initiator of the CR may specify the implementation date as: 30 days from issuance, 45 days from issuance, 60 days from issuance, and on occasion 14 days from issuance. In some rare situations, the implementation date may be specified as "upon issuance."

After the comment period ends and the initiator of the CR has addressed all comments, he/she prepares a final CR package for CMS clearance. The last part of the CMS clearance process involves obtaining approval from the Medicare Change Control Board (MCCB). The MCCB, in consultation with the initiator of the CR, will determine the time period needed for implementing each change request. After the clearance process is completed, the Office of Strategic Operations and Regulatory Affairs/Issuances & Records Management Group (OSORA/IRMG) will insert the actual implementation date before issuing the CR as a final instruction.

COMPLETING AND SUBMITTING THE QUARTERLY CR IMPLEMENTATION REPORT

1. Intermediaries, Carriers, RHHIs, A/B MACs and DME MACs (here on referred to as contractors) shall complete Items 1 through 17 of the CR Implementation Report, as necessary, for each contractor number. [The exceptions are Item 5, which is pre-filled by CMS, and Items 7 and 11, which are automatically calculated by the spreadsheet. Items 1 through 11 are located on the Summary page (see section 50.1), and items 12 through 17 are located on the Details page (see section 50.2).

2. Item 1: Contractors shall enter the “Contractor Name” in Item 1 of the report. [Item 1 is on the Summary page of the spreadsheet.]
3. Item 2: Contractors shall enter “Contractor #” in Item 2 of the report. [Item 2 is on the Summary page of the spreadsheet.]
4. Item 3: Contractors shall enter the “Date Report Submitted to CMS” in Item 3 of the report in MM/DD/CCYY format. [This is the date the report is e-mailed to CMS CO.] [Item 3 is on the Summary page of the spreadsheet.]
5. Item 4: Contractors shall enter the name and telephone number of the “Contractor Certifying Official” in Item 4 of the report. [The Contractor Certifying Official shall be a contractor employee with management authority. The Contractor Certifying Official shall not be a staff person who simply completes the report.] [Item 4 is on the Summary page of the spreadsheet.]
6. Item 5: Contractors shall not enter any information in Item 5 of the report, as it has been pre-filled by CMS.
7. Item 6: Contractors shall enter the # of CRs added by the contractor, if any, in Item 6 of the report. [This action may be necessary should CMS inadvertently omit a CR that should have been included in the report.] [Item 6 is on the Summary page of the spreadsheet.]
8. Contractors shall enter the number zero in Item 6 of the report if no CRs are being added to the report.
9. Item 7: Contractors shall not enter any information in Item 7 of the report, since Item 7 is automatically calculated by the spreadsheet.
10. Item 8: Contractors shall enter the # CRs implemented by CMS Published Impl. Date in Item 8 of the report. [See “Implementation Date” definition in the Policy section.] [Item 8 is on the Summary page of the spreadsheet.]
11. Item 9: Contractors shall enter the # CRs implemented after CMS Published Impl. Date in Item 9 of the report. [See “Implementation Date” definition in the Policy section.] [Item 9 is on the Summary page of the spreadsheet.]
12. When a contractor receives from CMS a waiver for a CR, the contractor shall enter the comment “approved waiver” and the waiver number (in the following format: “DB-xxx” in Item 14 of the report. [The waiver number is the tracking number CMS assigns to the waiver. It is located in the upper left section of the waiver letter.] Also, please note that there are no waivers for MACs regarding the implementation of CRs.
13. When a contractor requests from CMS a waiver for a CR, and to date has not received an approval or denial from CMS for the waiver, the contractor shall enter the comment

“pending waiver” and the date of the waiver request (in MM/DD/CCYY format) in Item 14 of the report.

14. Item 9.1: Contractors shall enter the total # CRs that have an approved waiver or are pending a waiver in Item 9.1 of the report. [This is the total # of “approved waiver” and “pending waiver” entries from Item 14 of the report.] [Item 9.1 is on the Summary page of the spreadsheet.]
15. Item 10: Contractors shall enter the # of CRs that are not applicable (N/A) to their contractor operations in Item 10 of the report. [This is the total # of “N/A” entries from Item 13 of the report.] [Item 10 is on the Summary page of the spreadsheet.]
16. Item 11: Contractors shall not enter any information in Item 11 of the report, since Item 11 is automatically calculated by the spreadsheet.
17. Contractors shall ensure that Item 7 equals Item 11 by entering correct numbers in Items 6, 8, 9, 9.1 and 10.
18. Item 12: Contractors shall enter the “Contractor Actual Implementation Date” in MM/DD/CCYY format in Item 12 of the report. [This is the date the contractor actually implemented the CR. See “Implementation Date” definition in the Policy section.] [Item 12 is on the Details page of the spreadsheet.]
19. Item 13: Contractors shall enter “N/A” in Item 13 of the report if the CR is not applicable to their contractor operations. Otherwise, leave Item 13 blank. [Item 13 is on the Details page of the spreadsheet.]
20. Item 14: Contractors shall enter “Comments/Brief Reason for Delay in Implementation” in Item 14 of the report. [Please limit comments to approximately 100 characters.] [Item 14 is on the Details page of the spreadsheet.] If comments exceed 100 characters, the contractors shall submit with the completed CR Implementation report a separate explanation document, no longer than one page, for each CR that is not implemented by the CMS Published Implementation Date.
21. Item 15: Contractors shall not enter any information in Item 15 of the report, as this is for CMS Internal Use Only.
22. Item 16: Contractors shall not enter any information in Item 16 of the report, as this is for CMS Internal Use Only.
23. Item 17: Contractors should add CRs they think should have been listed on the CR Implementation Report in Item 17 – Additions. [Item 17 is on the Details page of the spreadsheet.]

24. Each contractor who adds a CR to the CR Implementation Report shall enter all necessary information for the additional CR, which includes the following: CMS Transmittal #, CMS CR #, Subject, the fiscal quarter (QTR) and fiscal year (FY) the CR is to be implemented, the CMS Published Implementation Date (in MM/DD/CCYY format) and complete Items 1 through 17, as necessary.
25. Each contractor, by contractor number, shall prepare a Cover Letter/Attestation Statement attesting that all instructions required to be implemented within the quarter have been implemented. Each contractor should use the Sample Cover Letter/Attestation Statement that is outlined in section 50.3. At a minimum, each contractor shall include in the Cover Letter/Attestation Statement the following information: Contractor Name, Contractor Number, Date Report Submitted to CMS, Subject, Attention, a statement that the Contractor Certifying Official attests that all instructions required to be implemented during the quarter have been implemented, with exceptions noted in Item 14 of the report or attached separately if the comment exceeds 100 characters, and the name and title of the Contractor Certifying Official.
26. Each contractor, including MACs, shall, by contractor number, submit, via e-mail and by the report due date, one completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) to the CMS CO mailbox. [The CMS CO mailbox is: CR_IMPL_REPORTS@cms.hhs.gov. NOTE: There are no spaces in this web address. Underscore “_” separates the words CR_IMPL_REPORTS.] If the report due date of the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date.
27. Each MAC shall also send a copy of the report to its respective deliverables mailbox or to the CMS ART system, pending direction from their MAC Project Officer.

50.4 – Change Request (CR) Definitions

(Rev. 66, Issued: 01-07-11, Effective: 02-08-11, Implementation: 02-08-11)

50.4.1 – Issue Date

(Rev. 66, Issued: 01-07-11, Effective: 02-08-11, Implementation: 02-08-11)

The date the Centers for Medicare and Medicaid Services (CMS) publishes a change request (CR).

When a CR has passed through all phases of the change management process, it is then ready for publication; that is, the CMS is ready to make the instructions contained in the CR available to contractors, maintainers, providers, beneficiaries and/or any group or organization that may

be affected, as appropriate. The CMS publishes CRs by posting them, as Transmittals, on the CMS Web site.

Note: The issue date is named “Date” on the Transmittal form, One-Time Notification, Recurring Update Notification, and the Standard CR forms. It is sometimes referred to as the “transmittal date.”

50.4.2 – Implementation Date

(Rev. 66, Issued: 01-07-11, Effective: 02-08-11, Implementation: 02-08-11)

The implementation date identified in a change request (CR) is the date by which Medicare fee-for-service contractors and shared system maintainers shall apply all changes detailed in the business requirements, unless otherwise specified. It is the date when all necessary updates to infrastructure, business processes and/or supporting technology changes shall be completed and operational in order to execute new/modified policy and procedure.

For CRs that do not require changes to the shared systems (non-system changes), contractors are usually given 30 to 90 days from issuance to implement the CR.

For CRs that do require changes to the shared systems (system changes), a date is specified that usually corresponds with one of the quarterly shared system release dates. The date is usually the first Monday of the quarter (for example, January 3, April 4, July 5, or October 3 for 2011).

Unless otherwise stated, the implementation date is the same for all business requirements listed within a specific CR. In some instances, a separate implementation date(s) may be given for a particular business requirement(s) within a CR.

Implementation and effective dates are frequently not the same. The list below contains the scenarios for the differences:

- The effective date and implementation date are different because the first day of the quarter is not a Monday;*
- The effective date and the implementation date are different because the effective date occurs after the implementation date;*
- The effective date and the implementation date are different because the effective date occurs before the implementation date, but both dates are in the future; or*

- *The effective date and the implementation date are different because the effective date occurs before the implementation date, and the effective date is in the past, while the implementation date is in the future.*

50.4.3 – Effective Date

(Rev. 66, Issued: 01-07-11, Effective: 02-08-11, Implementation: 02-08-11) The effective date identified in a change request (CR) is the date on which any new rules, laws, processes and/or policies become active.

Beginning on this date, Medicare contractors shall apply the new rules to process Medicare claims according to their updated business processes and supporting technology.

The effective date is normally a mandated date resulting from legislation or a regulation. In the case of National Coverage Determinations (NCDs), the effective date is the first day the item or service that is the subject of the NCD is covered nationally under the Medicare Program.

Effective dates are not always future dates; sometimes, they are in the past. When this happens, the Centers for Medicare and Medicaid Services (CMS) instructs contractors, using business requirements, how to process claims for the period between the effective date and the implementation date. Typically, the effective date is the first day of any given fiscal year quarter or the first day of the month.

50.4.4 – Date of Service

(Rev. 66, Issued: 01-07-11, Effective: 02-08-11, Implementation: 02-08-11)

The date of service (DOS) is the date a provider renders service to a beneficiary. Unless otherwise specified, the effective date of a change request is the date of service.

For the purpose of processing claims, the effective date for applying processing rules, laws, processes, and/or policies is the date the beneficiary received a service from a provider. For Durable Medical Equipment (DME) claims with spanned dates of service, the ViPS Medicare System (VMS) will use only the “From” DOS as the date the supplier rendered a service to a beneficiary. For example, if a new rule or law became effective on January 1, 2011, and a beneficiary received service on December 27, 2010, then that service would not be covered under the new rule. If the beneficiary received the service on or after January 1, 2011, then that service would be covered by the new rule.

More service-specific information on the Date of Service can be found in. Pub.100-02, Medicare Benefit Policy Manual and Pub. 100-04, Medicare Claims Processing Manual.