

<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 909</b>	<b>Date: June 29, 2011</b>
	<b>Change Request 7263</b>

**Transmittal 835, dated January 21, 2011, is being rescinded and replaced by Transmittal 909, dated June 29, 2011, to exclude A/B MACs and Carriers from business requirement 7263.3. A/B MACs and Carriers are unable to remove hardcoded edits from the SCC file. The Shared System Maintainer MCS shall remove the hardcoded edits from the SCC file and shall be marked as the responsible entity under business requirement 7263.3. All other information remains the same.**

**SUBJECT: CMS Standard Edit/Audit Setting Update**

**I. SUMMARY OF CHANGES:** 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 Edits Evaluation Workgroup, standardizing the edit/audit settings under CR 5927 implemented July 7, 2008. It has been determined that some of the edits/audits deemed "Active" by CMS Standard should be "Inactive" or obsolete for A/B MAC, Legacy Contractor processing in the Multi Carrier System (MCS). These edits/audits are displaying on Medicare Part B Edit/Audit Status Report All Edits/Audits, H99RBEA1 and Medicare Part B Edit/Audit Status Report Compliant and Non-Compliant Edits/Audits, H99RBEA2 as non compliances.

**EFFECTIVE DATE: \*July 1, 2011**

**IMPLEMENTATION DATE: July 5, 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.

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

**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: 909	Date: June 29, 2011	Change Request: 7263
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**SUBJECT: CMS Standard Edit/Audit Setting Update**

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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & 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 Edits Evaluation Workgroup, standardizing the edit/audit settings under CR 5927 implemented July 7, 2008. It has been determined that some of the edits/audits deemed “Active” by CMS Standard should be “Inactive” or obsolete for A/B MAC, Legacy Contractor processing in the Multi Carrier System (MCS). These edits/audits are displaying on Medicare Part B Edit/Audit Status Report All Edits/Audits, H99RBEA1 and Medicare Part B Edit/Audit Status Report Compliant and Non-Compliant Edits/Audits, H99RBEA2 as non compliances.

**B. Policy: N/A**

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B M A C	D M A A C	F I M A C	C A R I E R	R H I E S	Shared- System Maintainers	F I S S	M C S	V M S	C W F	OTH ER
7263.1	MCS Shared System Maintainer shall remove hardcoded edits 277H, 281H, 284H, 288H, and 289H from SPITAB Table H99THCEA. Per JSM/TDL-08301 issued June 7, 2008 these edits should not be active.							X				
7263.2	MCS Shared System Maintainer shall remove the hardcoded logic tied to edits 277H, 281H, 284H, 288H and 289H. These edits will be opened up for reuse.							X				
7263.3	MCS Shared System Maintainer shall remove edits from SCC File in MCS.							X				

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M  M A C	F I  I E R	C A  I E R	R H  I  S	Shared-System Maintainers				OTH ER
						F I S	M C S	V M S	C W F		
	None										

**IV. SUPPORTING INFORMATION**

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

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):** Cathleen Gurreri (410 786-4374) [cathleen.gurreri@cms.hhs.gov](mailto:cathleen.gurreri@cms.hhs.gov)

**Post-Implementation Contact(s):** *Contact your Contracting Officer’s Technical Representative (COTR) 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):*

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.