CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 351	Date: JUNE 13, 2008
	Change Request 6073

SUBJECT: 508 Compliancy for Medicare Remit Easy Print (MREP) Software

I. SUMMARY OF CHANGES: This instruction provides information on the 508 Compliancy for Medicare Remit Easy Print (MREP) Software.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *August 7, 1998

IMPLEMENTATION DATE: October 6, 2008

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		

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

Not Applicable.

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: 351 | Date: June 13, 2008 | Change Request: 6073

SUBJECT: 508 Compliancy for Medicare Remit Easy Print (MREP) Software

Effective Date: August 7, 1998

Implementation Date: October 6, 2008

1. GENERAL INFORMATION

- **A. Background:** In 1998, Congress amended the Rehabilitation Act to require Federal agencies to make their electronic and information technology accessible to people with disabilities. Inaccessible technology interferes with an individual's ability to obtain information quickly and easily. Section 508 was enacted to eliminate barriers in information technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals. The law applies to all Federal agencies when they develop, procure, maintain, or use electronic and information technology. Under Section 508 (29 U. S. C. 794d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others.
- **B. Policy:** The Centers for Medicare and Medicaid Services (CMS) must make their electronic and information technology accessible to people with disabilities by being 508 compliant.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each									
		applicable column)									
·		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	Ε		R	Н	M	aint	aine	rs	
					R	Ι	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
6073.1	As the developer of MREP software, VIPs shall make								X		
	sure that MREP is 508 compliant.										
6073.2	VIPs shall make sure that any new version of MREP or								X		
	any update to the current version of the software										
	continues to be 508 compliant.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A	A D F			R	Shared-	OTH		
		/	M	I	A	Н	System	ER		
		В	Е		R	Н	Maintainers			

			F I S S	M C S	V M S	
None						

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	
	N/A

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

V. CONTACTS

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VI. FUNDING

Section A: For Fiscal Intermediaries (FIs) and Carriers:

Not Applicable.

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.