



News Flash - A New MLN Feature – the Quarterly Journal Ad-- Each calendar quarter, the Medicare Learning Network will create a journal advertisement based on an initiative or new product of particular importance during that time frame. National, state and local associations are encouraged to use this journal ad in their publications and/or newsletters and websites, as appropriate. This quarter's journal ad features a basic message about the Medicare Learning Network and where to go on the CMS Website to get more information. The ad is designed to fit the requirements for most journals' print specifications. The files for this quarter's ad, as well as future ads, can be found at http://www.cms.hhs.gov/MLNGenInfo/downloads/MLNQuarterly_Journal.zip on the CMS Website.

MLN Matters Number: MM5755

Related Change Request (CR) #: 5755

Related CR Release Date: December 21, 2007

Effective Date: April 1, 2008

Related CR Transmittal #: R1402CP

Implementation Date: April 7, 2008

VMS Modifications to Implement the Common Electronic Data Interchange (CEDI) System

Provider Types Affected

Suppliers submitting claims to Medicare contractors (DME Medicare Administrative Contractors (DME MACs)) for services provided to Medicare beneficiaries

Provider Action Needed

Change Request (CR) 5755 prescribes the requirements for the system changes necessary to prepare for the implementation of the DME MAC CEDI front end. CR5755 does not affect Fiscal intermediaries (FIs), carriers, Regional Home Health Intermediaries (RHHIs), the Fiscal Intermediary Standard System (FISS), or the Multi-Carrier System (MCS). **This article is informational only for suppliers and suppliers need not make any changes to their claim submission processes.**

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Currently, front-end electronic data interchange (EDI) processing for Durable Medical Equipment (DME) claims occurs in 4 separate systems. Two of these systems are operated by DME Medicare Administrative Contractor (MACs), and two are operated by data center services contractors under direct contract with the Centers for Medicare & Medicaid Services (CMS).

The front-end EDI systems perform edits on incoming Medicare DME claims, and then it forwards the output data (from transactions that pass edits) to the core of the ViPS Medicare Shared System (VMS) claims processing environment. ViPS maintains the claim processing system used by your Durable Medical Equipment Medicare Administrative Contractor (DME MAC).

Each of the 4 systems used for DME front end transaction processing has been developed as a proprietary system, and logic specific to Medicare requirements was added to accommodate the Medicare claims transactions. Since each system is owned and developed by separate entities, variations exist in how individual front end systems process claims and in the results they produce. This can create confusion for suppliers and beneficiaries.

Therefore, CMS requested a system analysis from ViPS regarding the system changes that would be required in order to remove or disable certain functionality of the current EDI front end systems. Removing or disabling certain functionality of the EDI front end systems would be in preparation for the implementation of the Common Electronic Data Interchange (CEDI) System, a common EDI front end at the DME MACs.

As a result of that analysis, CR5755 provides the requirements for the system changes necessary to prepare for the implementation of the DME MAC CEDI front end.

Note: CR5755 does not affect claims submitted to Medicare Fiscal intermediaries (FIs), carriers, Regional Home Health Intermediaries (RHHIs), or Part A/B MACs.

Additional Information

The official instruction, CR5755, issued to your DME MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1402CP.pdf> on the CMS web site.

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If you have any questions, please contact your DME MAC at their toll-free number, which may be found on the CMS web site at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - It's seasonal flu time again! If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting the seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu! Remember - Influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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