

CAS DATA ENTRY AND SUBMISSION INSTRUCTIONS

Please carefully review the instructions below; the encryption instructions have been updated.

I. Data Entry Instructions

These instructions and the CAS submission spreadsheet are updated periodically. Therefore every time your facility submits data, please download the latest versions from:

<http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/CASrecert.html>

The CAS submission spreadsheet includes validation that will help to identify errors prior to your submission. The validation is not perfect but it is designed to catch many common errors.

Do not attempt to alter the structure of the CAS submission spreadsheet in any way. For example, adding or removing rows or columns, hiding or deleting rows or columns, modifying shaded areas, adding explanatory information, and changing the spreadsheet format will cause your submission to fail.

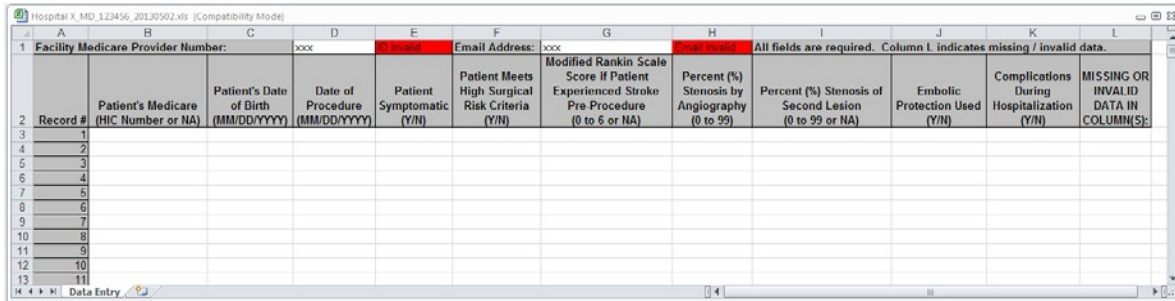
If you enter data to any field in a row, you must enter data in all fields in that row. Leaving a field blank will cause your submission to fail.

Missing or Invalid Data Column. Column L, at the far right of the submission spreadsheet, flags missing and invalid data by its column letter.

For example, entering “xxx” in Column B will cause Column L to highlight red and display the letters “BCDEFGHIJK.” These letters indicate the columns that have problems: Column B, because “xxx” is neither a valid HIC nor NA (not applicable), the two permitted values; and Columns C through K, because all fields in the row must be completed, and data has not been entered in these fields. See example below.

Record #	Facility Medicare Provider Number: Patient's Medicare (HIC Number or NA)	Patient's Date of Birth (MM/DD/YYYY)	Date of Procedure (MM/DD/YYYY)	Patient Symptomatic (Y/N)	Email Address: Patient Meets High Surgical Risk Criteria (Y/N)	Modified Rankin Scale Score if Patient Experienced Stroke Pre-Procedure (0 to 6 or NA)	Percent (%) Stenosis by Angiography (0 to 99)	Percent (%) Stenosis of Second Lesion (0 to 99 or NA)	Embolec Protection Used (Y/N)	Complications During Hospitalization (Y/N)	MISSING OR INVALID DATA IN COLUMN(S):
1	xxx										BCDEFGHIJK
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

In addition, entering an invalid Facility Medicare Provider Number or E-mail Address will cause the adjacent cell to highlight red and display an “invalid” message. See example below.



Below are specific instructions for each field. Please note that all fields are required.

1. PROVIDER NUMBER

Enter your facility's 6-digit Medicare provider number, also known as a National Provider Identifier (NPI), in the space provided. Not entering your provider number will cause your submission to fail.

2. E-MAIL ADDRESS

Enter a contact e-mail address, which will be used to notify you of the status of your submission.

3. PATIENT'S MEDICARE ID NUMBER

The only two (2) acceptable values for this field are a valid Medicare Health Insurance Claim (HIC) ID number or NA. Any other value will cause your submission to fail. For non-Medicare patients and Medicare Advantage plans (Medicare HMO, Medicare Replacement Insurance, etc.), enter NA.

For Medicare patients, enter a valid HIC in one of two formats: Social Security Administration (SSA), which is most commonly used, or Railroad Retirement Board (RRB).

- An SSA HIC consists of a 9-digit number, immediately followed by a 1- or 2-character alpha-numeric suffix.

For example:
 123456789A
 123456789C1

- An RRB HIC consists of a 1-, 2- or 3-character prefix, followed by a 6- or 9-digit number.

For example:
MA123456
WA123456
WCD123456789
{0012345678
D4123456789

Entering a social security number alone is not a valid HIC. Do not enter any other ID that your facility may use. Please be certain that you enter the HIC number correctly, and that the HIC belongs to the patient based on his or her Medicare ID card.

For more information on HICs, see “Health Insurance Claim (HIC) Number” in **Appendix A**.

4. PATIENT’S DATE OF BIRTH

Date must be in MM/DD/YYYY format. Any other format, including a 2-digit year, will cause your submission to fail. Valid DOBs are from 1/1/1900 to the current date (not a date in the future). The DOB cannot be more recent than the procedure date. DOBs outside of this range will cause your submission to fail. Note that Excel may remove leading zeros in the month and day. This is fine.

5. DATE OF PROCEDURE

Date must be in MM/DD/YYYY format. Any other format, including a 2-digit year, will cause your submission to fail. Valid procedure dates must occur between 3/1/2005 and the current date (not a date in the future). The procedure date must be more recent than the date of birth. Procedure dates outside of this range will cause your submission to fail. Note that Excel may remove leading zeros in the month and day. This is fine

6. WAS PATIENT SYMPTOMATIC?

The only valid value for this field is Y or N.

Conditions qualifying patients as symptomatic:

1. Carotid transient ischemic attack (TIA): distinct focal neurologic dysfunction persisting less than 24 hours.
2. Non-disabling stroke: Modified Rankin Scale < 3 with symptoms for 24 hours or more.
3. Transient monocular blindness: amaurosis fugax.

7. DOES PATIENT MEET HIGH SURGICAL RISK CRITERIA?

The only valid value for this field is Y or N.

Conditions qualifying patients as high surgical risk:

1. Age \geq 80.
2. Recent (< 30 days) myocardial infarction (MI).
3. Left ventricle ejection fraction (LVEF) < 30%.
4. Contralateral carotid occlusion.

5. New York Heart Association (NYHA) Class III or IV congestive heart failure.
6. Unstable angina: Canadian Cardiovascular Society (CCS) Class III/IV.
7. Renal failure: end-stage renal disease on dialysis.
8. Common carotid artery (CCA) lesion(s) below clavicle.
9. Severe chronic lung disease.
10. Previous neck radiation.
11. High cervical internal carotid artery (ICA) lesion(s).
12. Restenosis of prior carotid endarterectomy (CEA).
13. Tracheostomy.
14. Contralateral laryngeal nerve palsy.

8. **MODIFIED RANKIN SCALE SCORE IF PATIENT EXPERIENCED STROKE PRE-PROCEDURE.** The only valid value for this field is an integer from 0 to 6, or NA. For patients who did not experience a stroke before undergoing CAS, please enter NA.

9. **PERCENT (%) STENOSIS BY ANGIOGRAPHY.** The only valid value for this field is an integer from 0 to 99. Do not enter any integer besides 0 to 99. Do not enter 100. Do not enter a percent sign.

PERCENT (%) STENOSIS OF SECOND LESION (IF APPLICABLE). The only valid value for this field is an integer from 0 to 99, or NA. For patients who did not have stenosis of a second carotid lesion, enter NA. Do not enter any value besides 0 to 99, or NA. Do not enter 100. Do not enter a percent sign.

10. **WAS EMBOLIC PROTECTION USED?** The only valid value for this field is Y or N.

11. **WERE THERE ANY COMPLICATIONS DURING HOSPITALIZATION?** The only valid value for this field is Y or N.

Complications include:

- Stroke: an ischemic neurologic deficit that persisted more than 24 hours;
- Myocardial infarction (MI);
- Death.

Example of Properly Completed CAS Submission Spreadsheet

Hospital X_MD_123456_20130506.xls [Compatibility Mode]

Record #	Patient's Medicare (HIC Number or NA)	Patient's Date of Birth (MM/DD/YYYY)	Date of Procedure (MM/DD/YYYY)	Patient Symptomatic (Y/N)	Patient Meets High Surgical Risk Criteria (Y/N)	Modified Rankin Scale Score if Patient Experienced Stroke Pre-Procedure (0 to 6 or NA)	Percent (%) Stenosis by Angiography (0 to 99)	Percent (%) Stenosis of Second Lesion (0 to 99 or NA)	Embololic Protection Used (Y/N)	Complications During Hospitalization (Y/N)	MISSING OR INVALID DATA IN COLUMN(S):
Facility Medicare Provider Number:		123456		Email Address:		first.last@mercyhosp.com		All fields are required. Column L indicates missing / invalid data.			
1	WA123456789	2/7/1958	8/7/2012	Y	Y	3	50	NA	Y	N	
2	NA	8/3/1945	3/8/2012	Y	N	0	0	0	N	Y	
3	123456789A	11/21/1960	9/17/2012	N	Y	NA	75	99	Y	N	
4	123456789C1	1/19/1958	1/1/2012	Y	Y	6	33	NA	Y	Y	
5											
6											

Data Entry

CAS Submission Spreadsheet Naming Convention

Please name your completed submission file with your facility name using the following naming convention: Facility Name_State_Medicare Provider # (e.g., Mercy_Hospital_MD_123456.xls).

II. Encryption Instructions

File Encryption Methods

All CAS submission files must be encrypted using AES 256 bit (or higher) encryption. Examples of applications that will create AES 256 bit encrypted files include (but are not limited to): WinZip (9.0 or later) or 7-Zip (any version). Please see **Appendix B** for instructions. The following are preferred file formats: .zip, .7z, or any file that is self-extracting.

If your organization uses another compression/encryption application for creating encrypted files, AES 256 bit encryption must be used. Please check the application documentation to ensure compliance. In addition, please provide the name of the application and instructions for opening your file.

Encrypted File-Naming Convention

Please name your encrypted file using the following naming convention:
Facility Name_State_Medicare Provider # (e.g., Mercy_Hospital_MD_123456.zip)

Encryption Key Guidelines

Please use the following guidelines to create your encryption key. The key must:

1. Be a minimum of 8 characters in length, but not more than 12;
2. Contain at least 3 of the following: upper-case letter, lower-case letter, number, and/or a special character; and
3. NOT be a dictionary word

Encryption Key E-mail

Please send your encryption key to Fu Associates, Ltd. at the e-mail address cas@nerdvana.fu.com the same day you mail your CD. The subject of the e-mail should be the title of the CAS submission file on the CD (e.g., Mercy_Hospital_MD_123456.xls).

The body of the e-mail should include the following:

Facility Name
Medicare Provider Number
Contact Name
Contact Phone Number

Encryption Key

Name of Encryption Application

Instructions for opening file if not using WinZip (9.0 or later) or 7-Zip 9 (any version)

Do not send your encryption key by any other method than the e-mail method above. An encryption key sent through a website or other method will not be accepted. Do NOT include your encryption key with your mailed CD-ROM submission.

If you have any questions about encryption, please send an e-mail to: cas@nerdvana.fu.com

III. CD-ROM Instructions

Please burn your encrypted file to a CD-ROM, and verify that your file has been successfully burned. Occasionally CDs are received that do not contain data, i.e., they are blank. Therefore it is recommended that the CD be tested on another computer prior to mailing.

Please submit only **one** encrypted file (spreadsheet) per facility, even if the facility submits data for multiple years. For example, if your facility submits data for 2014 and 2015, include the data for both years in a single file.

Moreover, a CD should contain **only one file from only one facility**. Do not put files from multiple facilities on a single CD.

Please label your CD-ROM with the following:

Facility Name

Medicare Provider Number

Contact Name

Phone Number

For example:



IV. CD-ROM Delivery Instructions

Please send your labeled CD by the carrier of your choice (e.g., DHL, FedEx, UPS, USPS) to:

Fu Associates, Ltd.
2300 Clarendon Boulevard, Suite 1400
Arlington, VA 22201
Attention: Michele Gore

APPENDIX A — The Health Insurance Claim (HIC) Number

The Health Insurance Claim (HIC) Number is the unique identifier issued to all Medicare-eligible beneficiaries by either the Social Security Administration (SSA) for the Centers for Medicare and Medicaid Services (CMS) or by the Railroad Retirement Board (RRB). The HIC is used by CMS to determine an individual's eligibility for benefits under the hospital insurance (HI) and supplemental medical insurance (SMI) Medicare programs. The RRB program predates the Medicare program, and far fewer beneficiaries receive benefits under this program.

The HIC is an alpha-numeric identifier that consists of two parts, the Claim Account Number (CAN) and the Beneficiary Identification Code (BIC). The "wage earner's" 9-digit social security number (SSN) is assigned by the SSA/CMS and the SSA/RRB as the CAN. The CAN identifies the "wage earner" who earned the Medicare benefits and under whose account the individual receiving Medicare benefits is claiming the benefits. The BIC identifies the current relationship between the beneficiary and the "wage earner." RRB BICs are different from SSA/CMS BICs.

SSA/CMS HICs follow a standard format: a 9-digit CAN followed by a one- or two-position BIC (e.g., A or B, and/or B1 or CA or DA). The one- or two-position SSA/CMS BIC can be a one-position character (e.g., A, B, D, E, or W), a two-position character (e.g., BA, CA, DA, EB, WF, etc.), or a two-position alpha-numeric (e.g., B1, B2, C1, C2, D1, D2, E1, E2, F1, F2, W1, W6, etc.). Examples of the SSA/CMS HIC format are: 123456789A, 123456789BA, and 123456789W6.

SSA/RRB HICs follow a standard format, as well: a one-, two-, or three-character prefix BIC (e.g., A or H, MA or WA, and WCD or WCA) followed by a six (6)- or nine (9)-digit CAN. The RRB CAN is always a six- or nine-digit number. The RRB BIC is always a one-, two-, or three-letter prefix. Examples of the RRB HIC format are: A123456 or A123456789, MA123456 or MA123456789, and WCD123456 or WCD123456789.

For CMS data-processing purposes, RRB HICs are converted to SSA/CMS HICs so that the formats of the two types of HICs correspond (i.e., for data processing purposes, the goal is to convert the 7- to 12-character RRB HICs to the standard 11-character SSA/CMS HICs format).

RRB-converted HICs also follow a standard format: the RRB BIC (e.g., A, CA, JA, MA, WCD, etc.) that precedes the RRB CAN is mapped into a two-digit number, and the new number is appended to the end of the CAN and considered to be the BIC (e.g., A is mapped to 10, CA is mapped to 17, JA is mapped to 11, MA is mapped to 14, WCD is mapped to 43, etc.).

The 6-digit RRB CAN is zero-filled to 9 digits (e.g., 000123456), and the leading zero is converted to a "{" (for 0), which indicates that the HIC was assigned by the SSA/RRB. For example, an RRB HIC of WCD123456, where the RRB BIC of WCD was replaced by "43," would be converted to the SSA format as follows: {0012345643.

For 9-digit RRB CANs, where the CAN does not need to be zero-filled, an RRB HIC of MA123456789 would be converted to A2345678914. In this case, the BIC (or MA) is converted to "14" and moved to follow the CAN. The first digit of the CAN (or 1) is replaced by an "A" to indicate that the HIC was assigned by the RRB (i.e., 0 is converted to {, 1 is converted to A, 2 is converted to B, 3 is converted to C, 4 is converted to D, 5 is converted to E, 6 is converted to F, and 7 is converted to G).

All Medicare-eligible beneficiaries are entitled to Part A Medicare and can enroll in Part B Medicare. They can also elect to replace their original Medicare benefits with those provided by a Medicare Advantage (MA) organization (i.e., they still receive their Medicare benefits but through a different delivery system). Regardless of how their Medicare benefits are delivered, all Medicare-eligible beneficiaries are issued a HIC by either the SSA/RRB or SSA/CMS.

MA organizations may decide to issue each Medicare beneficiary covered under their programs with a separate Plan Identifier that is unique to their organization. This separate Plan Identifier does NOT replace the HIC; it is an additional identifier used only by MA organizations for the beneficiaries they cover. These beneficiaries will always have a separate HIC issued to them by either SSA/RRB or SSA/CMS. **For the purposes of the CAS recertification submission process, CMS has decided that CAS facilities can designate beneficiaries whose CAS procedure is covered by MA organizations with the designation NA, rather than a HIC, in column B of their CAS spreadsheet.**

APPENDIX B — File Encryption Instructions

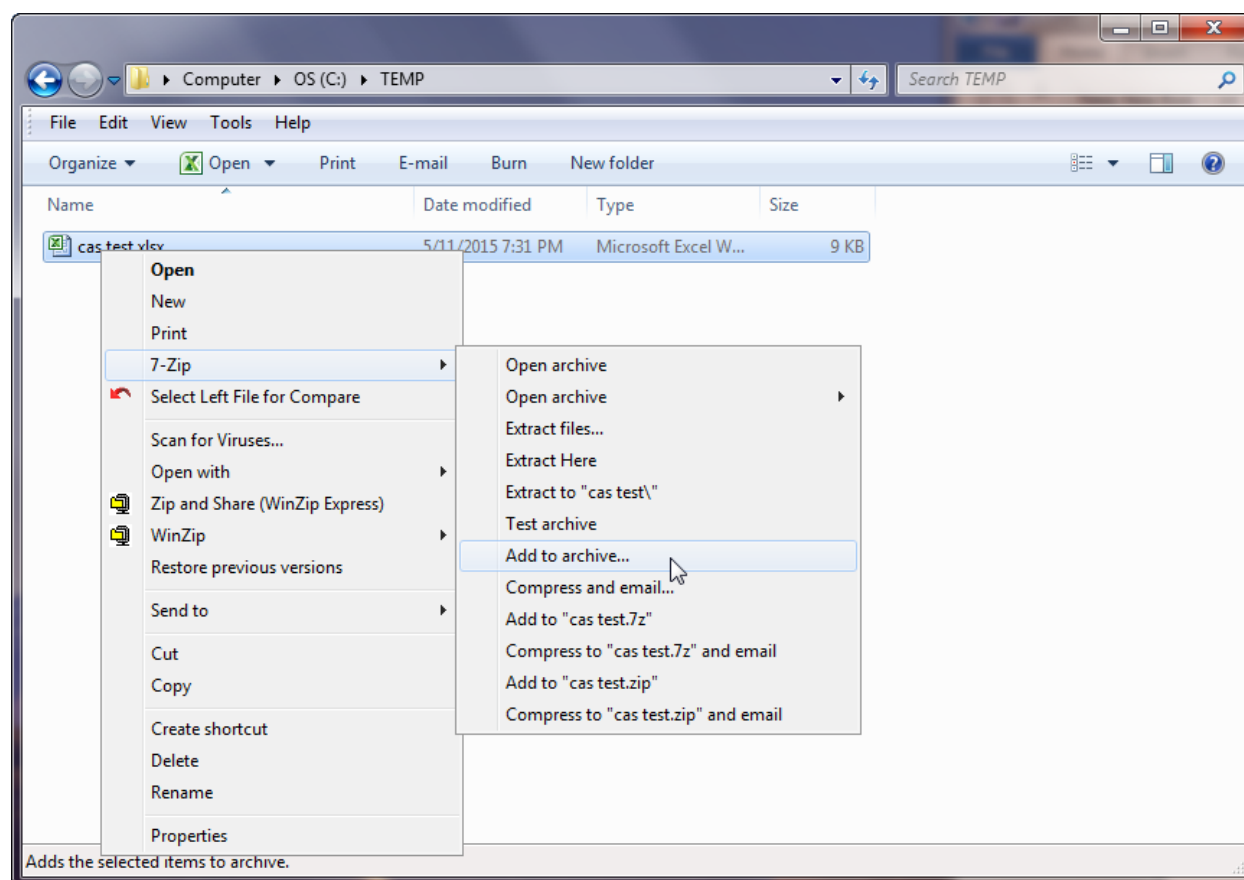
Below are encryption instructions for two commonly used applications that are capable of encrypting files using 256-bit AES encryption.

7-Zip Encryption Instructions

Note that the instructions below are based on 7-Zip version 9.20. Instructions for other versions may vary. Please refer to 7-Zip Help for more information on encryption.

Step 1.

Right-click on the file you wish to compress and encrypt. Select 7-Zip, and then click **Add to archive**.

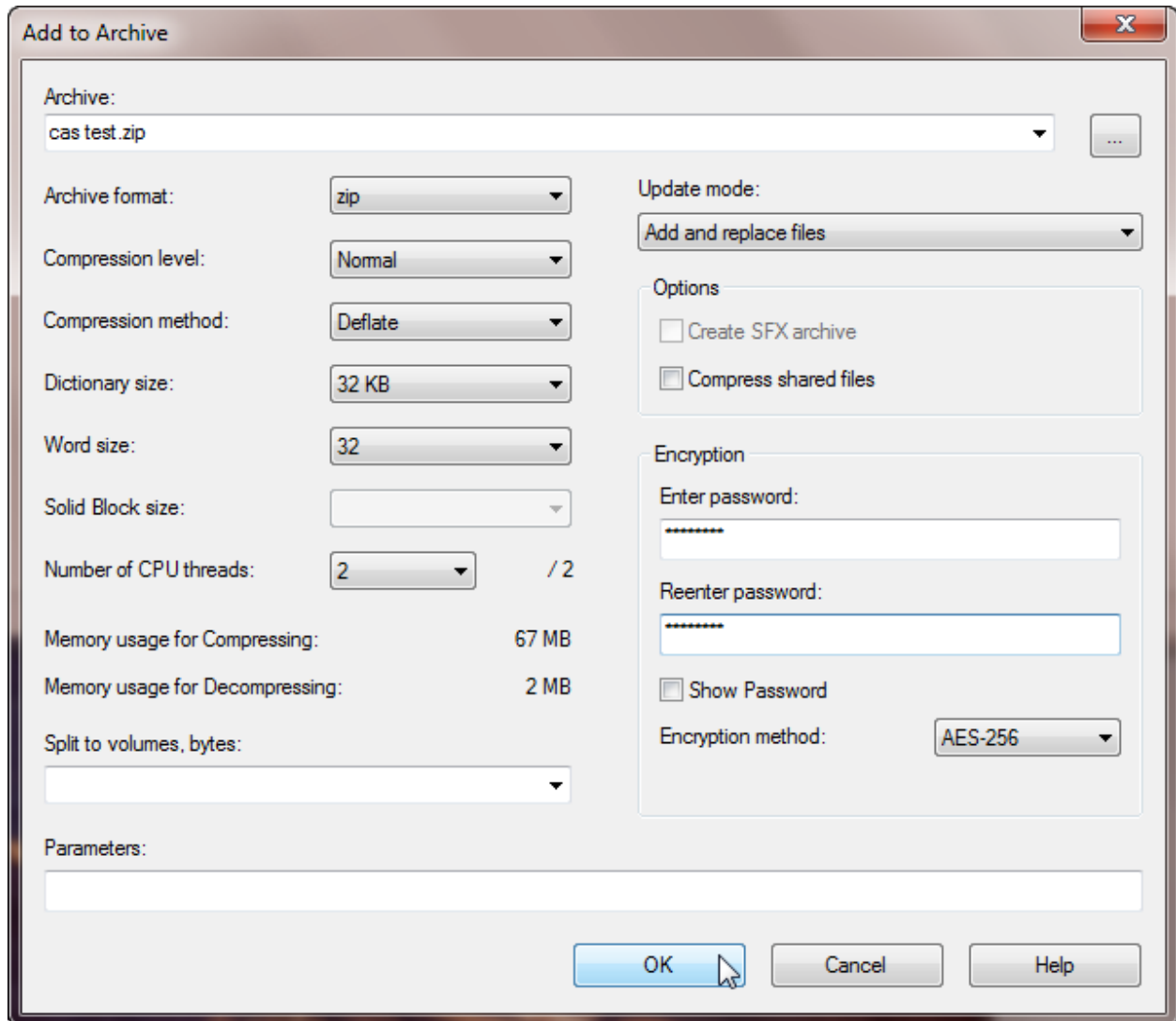


Step 2.

Change the archive format to zip. Change the encryption method to **AES-256**.

Enter your password. Re-enter your password. The other options can be left as default.

Click **OK**.

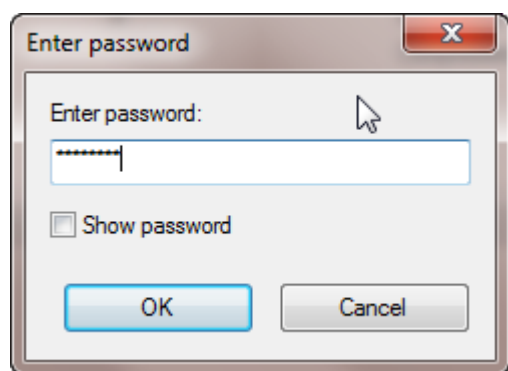


Step 3.

The encrypted 7-Zip zip file will be saved in the same directory as the file you zipped.

To confirm that the password has been successfully set and that the file has been successfully encrypted, double-click the zip file that was encrypted.

After receiving a prompt, enter your password. If you are not prompted for a password, the file has not been encrypted.



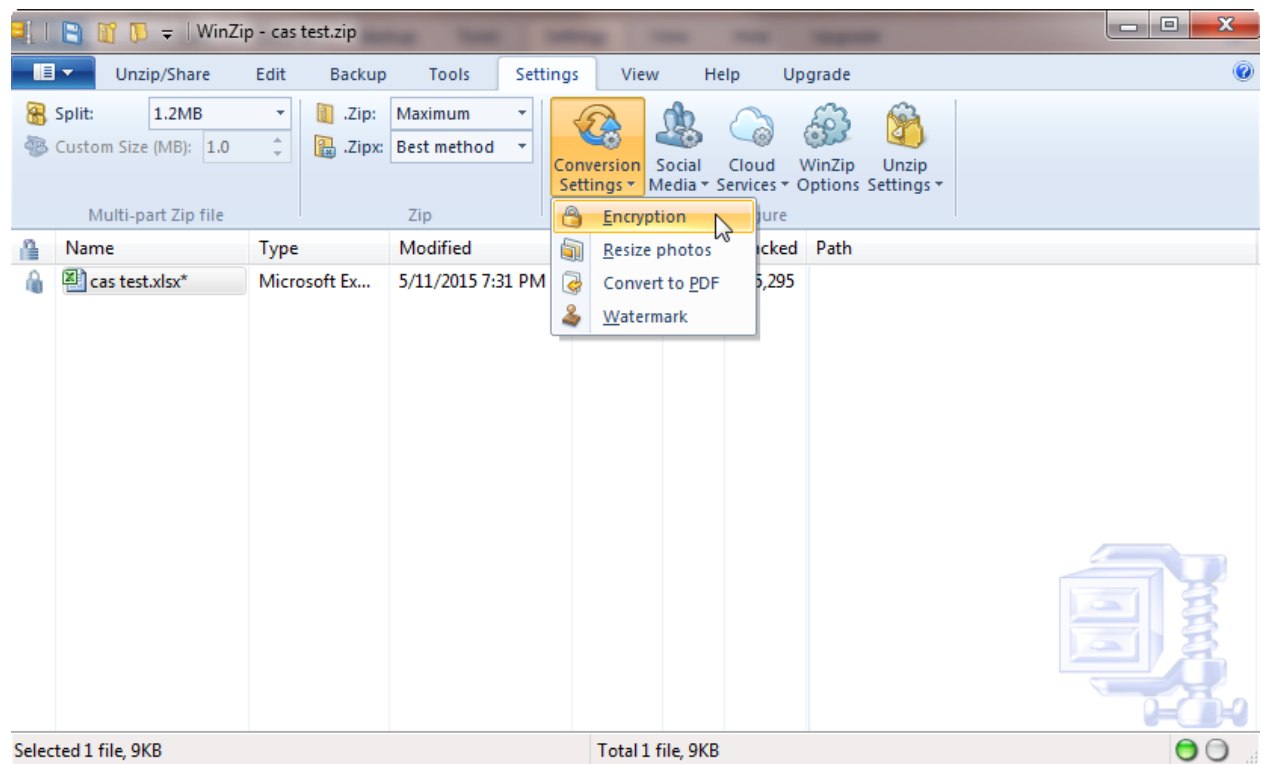
Click **OK**. The CAS spreadsheet with CAS data should open. Close the spreadsheet.

WinZip Encryption Instructions

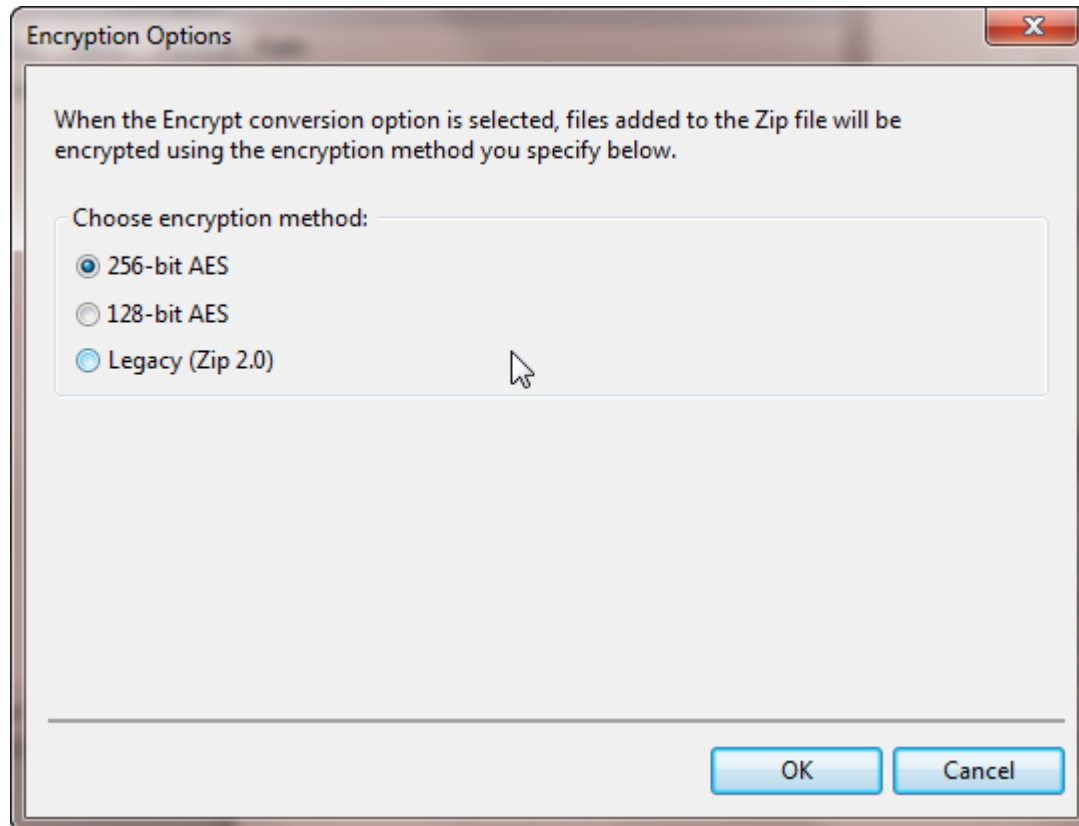
Note that the instructions below are based on WinZip version 18.0. Instructions for other versions may vary. Please refer to WinZip Help for more information on encryption.

Step 1.

Open WinZip. To confirm that WinZip is set to use 256-bit AES encryption, click the **Settings** tab, and then click **Encryption**.



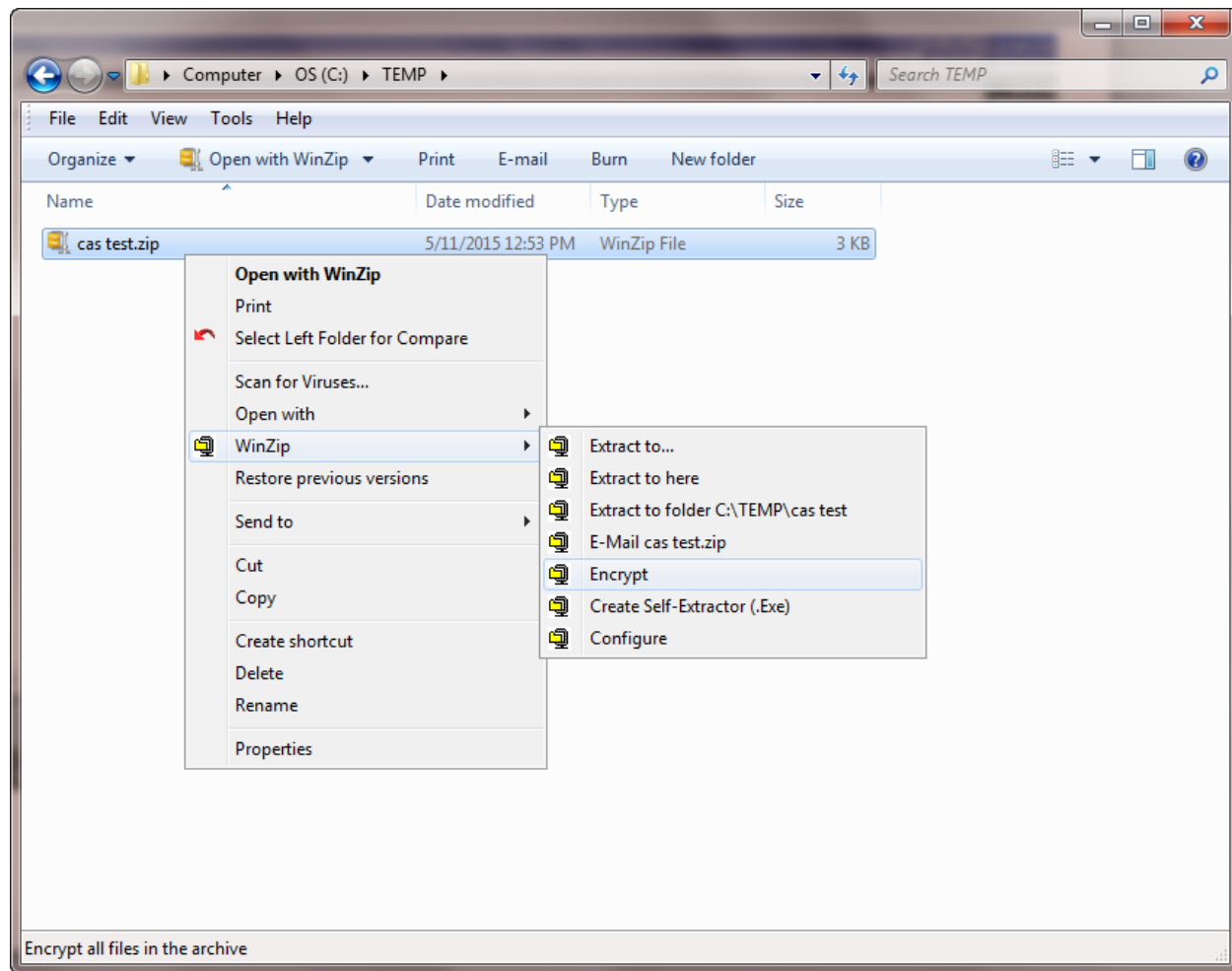
Confirm that **256-bit AES** has been selected.



Click **OK**.

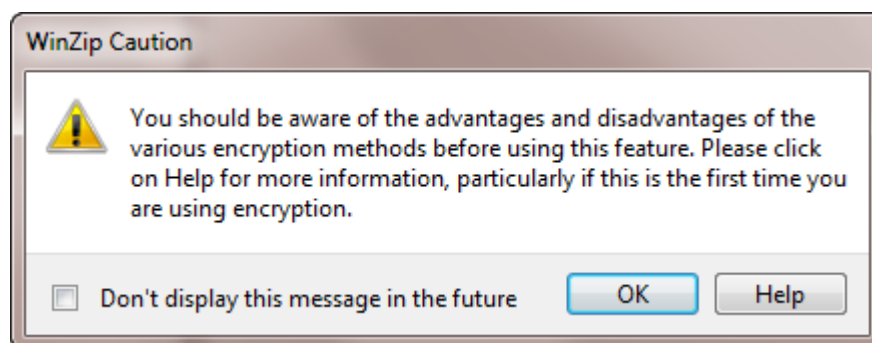
Step 2.

Right-click on the file you wish to encrypt, select **WinZip**, and then select **Encrypt**.



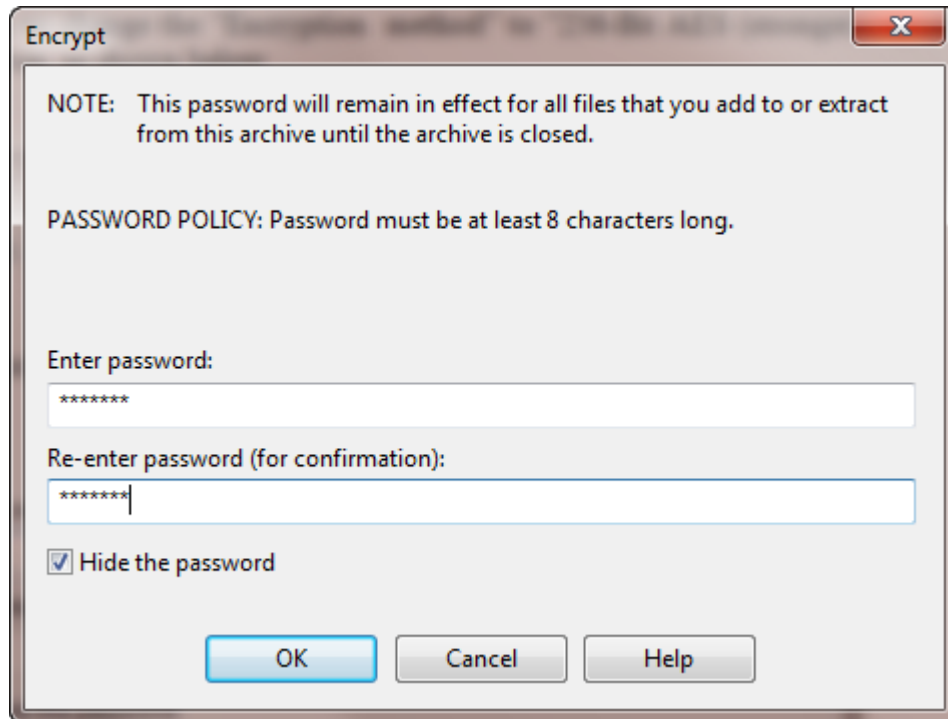
Step 3.

The “WinZip Caution” window (below) regarding encryption will display. Click **OK**.



Step 4.

Enter your password. Re-enter your password. Click **OK**.



Encrypt

NOTE: This password will remain in effect for all files that you add to or extract from this archive until the archive is closed.

PASSWORD POLICY: Password must be at least 8 characters long.

Enter password:

Re-enter password (for confirmation):

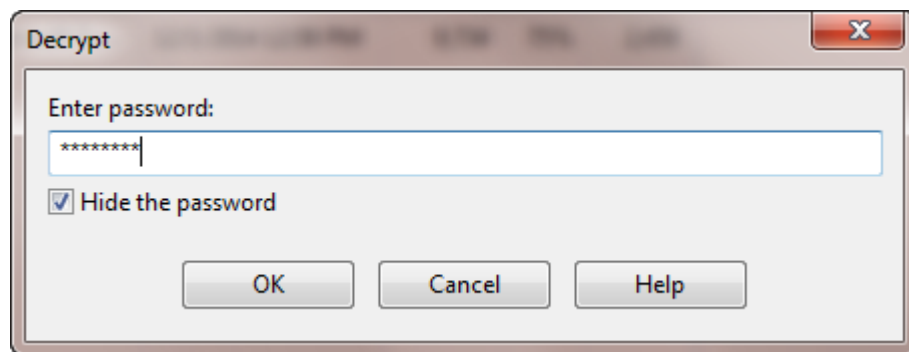
Hide the password

OK Cancel Help

Step 5.

To confirm that the password has been successfully set and that the file has been successfully encrypted, double-click the zip file that was encrypted.

After receiving a prompt, enter your password. If you are not prompted for a password, the file has not been encrypted.



Click **OK**. The CAS spreadsheet with CAS data should open. Close the spreadsheet.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1011 (Expires XX/XX/XXXX)**. This is a mandatory information collection. The time required to complete this information collection is estimated to average 11 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *******CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Sarah Fulton at sarah.fulton@cms.hhs.gov.**