

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 698	Date: May 7, 2010
	Change Request 6576

Note to Contractors: Transmittal 596, dated November 6, 2009, is being rescinded and replaced by Transmittal 698. The Implementation Date is changed from January 4, 2010 and July 5, 2010 to January 4, 2010, July 5, 2010, and October 4, 2010, and the actual work is specified for each release. All other material remains the same.

Subject: Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) – Multi Carrier System (MCS) Only

I. SUMMARY OF CHANGES: This change request will implement the remaining 5010 core system expansion work initiated in Change Request 6059 issued June 6, 2008.

New / Revised Material

Effective Date: January 1, 2010 (Design and Analysis)

July 1, 2010 (Construction)

October 1, 2010 (Finalize Construction, Update Documentation, Test and Implement)

Implementation Date: January 4, 2010 (Design and Analysis)

July 5, 2010 (Construction)

October 4, 2010 (Finalize Construction, Update Documentation, Test and Implement)

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 698	Date: May 7, 2010	Change Request: 6576
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SUBJECT: Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) – Multi Carrier System (MCS) Only

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I. GENERAL INFORMATION

A. Background: The Center’s for Medicare & Medicaid Services is in the process of implementing the next version of the HIPAA – referred to as HIPAA-2 in this document. A number of Change Requests (CRs) and Joint Signature Memoranda (JSMs) have been issued to define the scope and direction of the implementation, based on certain assumptions.

B. Policy: The Administrative Simplification provisions of HIPAA require the Secretary of HHS to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

C. Business Assumptions: This change request will complete the remaining 5010 core system expansion work initiated in Change Request 6059 issued June 6, 2008. In order to maintain a balanced MCS workload, the changes will be implemented over two non-consecutive quarterly releases. The intent is for CMS to be ready to accept and send 5010 transactions by January 1, 2011, and complete the transition to 5010 by January 1, 2012. During the transition period, CMS expects to receive and send HIPAA transaction in both 4010A1 and 5010 versions.

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			
6576.1	Contractor shall complete the remaining core system expansion work initiated in Change Request 6059.						X				
6576.2	Contractor shall modify applicable screens, reports and						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	
	processing logic to handle twelve seven-position claim level diagnosis codes, twelve one-position claim level diagnosis qualifiers, one detail level seven-position diagnosis code field and one detail level one-position diagnosis qualifiers.										

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:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

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

V. CONTACTS

Pre-Implementation Contact(s): Brian Reitz at 410-786-5001 or Brian.Reitz@cms.hhs.gov

Post-Implementation Contact(s): Brian Reitz at 410-786-5001 or Brian.Reitz@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)*

Not applicable.

Section B: For *Medicare Administrative Contractors (MACs)*, use the following statement:

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.