CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 890	Date: May 6, 2011
	Change Request 7390

SUBJECT: Switching Off Versions 4010A1 and 5.1

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the Shared System Maintainers (SSM), Part A and B Medicare Administrative Contractors (MAC), Durable Medical Equipment (DME) MACs, and the DME Common Electronic Data Interchange (CEDI) contractor to make changes to their systems to no longer accept or send out transactions in the ASC X12 version 4010A1 standard or NCPDP version 5.1 standard beginning January 1, 2012.

EFFECTIVE DATE: October 1, 2011

IMPLEMENTATION DATE: October 3, 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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: Not Applicable.

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: 890 Date: May 6 2011 Change Request: 7390

SUBJECT: Switching Off Versions 4010A1 and 5.1

Effective Date: October 1, 2011

Implementation Date: October 3, 2011

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act transactions. The Secretary of the Department of Health and Human Services (DHHS) has adopted Accredited Standards Committee (ASC) X12 Version 5010 and the National Council for Prescription Drug Programs (NCPDP) Version D.0 as the next Health Insurance Portability and Accountability Act (HIPAA) transaction standards for covered entities to exchange HIPAA transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

Effective Date of the regulation: March 17, 2009 Level I compliance by: December 31, 2010

Level II compliance by: December 31, 2011 All covered entities have to be fully compliant on: January 1, 2012

Level I compliance means "that a covered entity can demonstrate that it could create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing."

Level II compliance means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards."

DHHS has promulgated in the Final Rules provisions which permit dual use of existing standards (ASC X12 4010A1 and NCPDP 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

The purpose of this Change Request (CR) is to instruct the Shared System Maintainers (SSM), Part A and B Medicare Administrative Contractors (MAC), Durable Medical Equipment (DME) MACs, and the DME Common Electronic Data Interchange (CEDI) contractor to make changes to their systems to no longer accept or send out transactions in the ASC X12 version 4010A1 standard or NCPDP version 5.1 standard beginning January 1, 2012.

A/B MAC, DME MAC, and CEDI estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the "Estimate-Specific Comments" portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

NOTE: Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC's pot of hours for Pre-Implementation/CR Review.

B. Policy: Health Insurance Reform: Modifications to HIPAA: Final Rules published in the Federal Register on January 16, 2009, by the DHHS at 45 CFR Part 162.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R	R H H		Sha Systaint	tem		OTH ER
		M A C	M A C		R I E R	Ι	F I S S	M C S	V M S	C W F	
7390.1	The SSM contractors shall make the necessary changes to their systems to stop sending ASC X12 Version 4010A1 835 Remittance transactions as of January 1, 2012.						X	X	X		
7390.1.1	The SSM contractors shall comment during the POC period on the feasibility creating a "switch" to turn off 4010A1 835 remittances.						X	X	X		
7390.1.2	The SSM contractors shall ensure the Standard Paper Remit (SPR) version is tied to the electronic, and therefore, only version 5010 paper remits are sent out as of 01/01/2012.						X	X	X		
7390.2	The SSM contractors shall make the necessary changes to their systems to stop sending ASC X12 Version 4010A1 277 Claim Status Response transactions as of January 1, 2012.						X	X	X		
7390.2.1	The SSM contractors shall comment during the POC period on the feasibility of only generating version 5010 277 Claim Status Response transactions to coincide with the 24 hour batch processing window.						X	X	X		
7390.3	The contractors shall make the necessary changes to their front end systems to stop accepting the following ASC X12 Version 4010A1 transactions as of January 1, 2012.	X									CED I
7390.3.1	The contractors shall make the necessary changes to their front end systems to stop accepting ASC X12 Version 4010A1 837 Institutional transactions as of January 1, 2012.	X									
7390.3.2	The contractors shall make the necessary changes to their front end systems to stop accepting ASC X12 Version 4010A1 837 Professional transactions as of January 1, 2012.	X									CED I
7390.3.3	The contractors shall make the necessary changes to their front end systems to stop accepting ASC X12 Version 4010A1 276 Claim Status Request transactions as of January 1, 2012.	X									CED I
7390.4	The DME CEDI contractor shall make the necessary changes to their front end systems to stop accepting NCPDP Version 5.1 transactions as of January 1, 2012.										CED I
7390.5	The contractors shall make the necessary changes to their front end systems to stop sending out the following ASC X12 Version 4010A1 transactions as of January 1, 2012.	X									CED I

Number	Requirement							e an	"X	" ir	each
		applicable column)									
		A	D	F	C	R		Sha			OTH
		/	M	I	A	Н		Sys			ER
		В	Е		R	Н	M	aint	aine	ers	
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
7390.5.1	The contractors shall make the necessary changes to their	X									CED
	front end systems to stop sending out ASC X12 Version										I
	4010A1 835 Remittance transactions as of January 1,										
	2012.										
7390.5.2	The contractors shall make the necessary changes to their	X									CED
	front end systems to stop sending out ASC X12 Version										I
	4010A1 277 Claim Status Response transactions as of										
	January 1, 2012.										
7390.6	The Fiscal Intermediary Standard System (FISS) SSM						X				
	contractor shall work with the PCAce/Pro32 developer to										
	ensure PCAce is only generating the following										
	transaction version as of January 1, 2012:										
	5010A2 – 837 Institutional Claim										
	5010A1 – 837 Professional Claim										
7390.7	The SSM contractors shall make the necessary changes						X	X	X		COB
	to their systems to stop sending Version 4010A1 837										C
	COB transactions to the Coordination of Benefits										
	Contractors (COBC) as of January 1, 2012.										
7390.7.1	The SSM contractors shall transmit all 4010A1 claims						X	X	X		COB
	whose scheduled payment floor release date is										C
	12/31/2011 or after to the COBC as 5010 "skinny"										
	crossover claims										
7390.8	The SSM contractors shall make the necessary changes								X		COB
	to their systems to stop sending Version 5.1 NCPDP										C
	COB transactions to the Coordination of Benefits										
	Contractors (COBC) as of January 1, 2012.										
7390.9	The contractors shall perform and supply an analysis to	X	X				X	X	X		CED
	CMS on the level of effort required to remove 4010A1										I
	and 5.1 specific reports, modules, jobs, and any other										
	4010A1 or 5.1 specific code. This analysis shall be										
	delivered to CMS no later than the October										
	implementation date of this CR.										

III. PROVIDER EDUCATION TABLE

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

ĺ				R	Ι	F	M	V	C	
		M	M	I		I	C	M	W	
		A	A	Е		S	S	S	F	
		C	C	R		S				
	None.									

IV. SUPPORTING INFORMATION

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

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s):Jason Jackson(410) 786-6156jason.jackson3@cms.hhs.govMichael Cabral(410) 786-6168michael.cabral@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable and the pre-implementation contacts:

Jason Jackson (410) 786-6156 <u>jason.jackson3@cms.hhs.gov</u>
Michael Cabral (410) 786-6168 <u>michael.cabral@cms.hhs.gov</u>

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers, use only one of the following statements:

Not Applicable

Section B: For Medicare Administrative Contractors (MACs), include 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.