

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal: 1103	Date: August 1, 2012
	Change Request 7904

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Execution of the Annual Recertification Program

I. SUMMARY OF CHANGES: This change request is to instruct the A/B Medicare Administrative Contractors (MACs) to prepare their Electronic Data Interchange (EDI) front end systems in order to complete the CMS Annual Recertification Program for the Accredited Standards Committee (ASC) X12 version 5010 transactions and the National Committee for Prescription Drug Programs (NCPDP) D.0 format transactions

EFFECTIVE DATE: September 4, 2012

IMPLEMENTATION DATE: September 4, 2012

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	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 obliged 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

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SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Execution of the Annual Recertification Program

Effective Date: September 4, 2012

Implementation Date: September 4, 2012

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) 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 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 is to instruct the A/B Medicare Administrative Contractors (MACs) to prepare their Electronic Data Interchange (EDI) front end systems in order to complete the CMS Annual Recertification Program for the Accredited Standards Committee (ASC) X12 version 5010 transactions and the National Committee for Prescription Drug Programs (NCPDP) D.0 format transactions.

MAC 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 that the 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: CMS will implement the new HIPAA standard as adopted by the Secretary. Final Rules were published in the Federal Register on January 16, 2009, by the Department of Health and Human Services: 45 CFR Part 162.

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 I E R	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				
7904.1	Contractors shall use the attached CMS/Single Testing Contractor (STC) 5010/D.0 Re-Certification Instruction Guide June 19, 2012, Version 2.0 (including all Appendices), attachment B, as guidance to set up the execution of the Front End system to re-certify compliance with the standards (inclusive of any and all errata for the ASC X12 TR3 documents, when adopted) and for Durable Medical Equipment (DME) only NCPDP Version D.0 Telecommunications Standards.	X	X									CEDI
7904.2	Contractors shall execute the first iteration of Re-Certification beginning on August 1, 2012 using the "Recertification Use Case Spreadsheet 2012" attached, appendix A. The official macro enabled version of the spreadsheet shall be distributed with the meeting materials for the August 1 st meeting.	X	X									CEDI
7904.3	Contractors shall attend the recertification kick off meeting/conference call on Wednesday August 1, 2012 at 11:00 E.T. Dial-in information: 877-267-1577 and Meeting ID: 0301.	X	X									CEDI
7904.4	Contractors shall on or before September 30, 2012, report to CMS that the EDI Front End (which is inclusive of the section of the Financial Subsystem which creates and feeds the remittance advice process) has executed the Re-Certification test package and reported all deviations to the STC.	X	X									CEDI

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R	R H H	Shared-System Maintainers				OTHER
					F I S S	M C S	V M S	C W F			

		M	M		R	I	F	M	V	C	
		A	A		I		I	C	M	W	
		C	C		E		S	S	S	F	
	None.				R		S				

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Angie Bartlett (410) 786-2865, Angie.Bartlett@cms.hhs.gov
 Jason Jackson (410) 786-6156, Jason.Jackson@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer’s Technical Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

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

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.