

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1011</b>	<b>Date: DECEMBER 30, 2011</b>
	<b>Change Request 7697</b>

**SUBJECT: Review and Analysis of draft Accredited Standards Committee X12 Technical Report 3s**

**I. SUMMARY OF CHANGES:** This Change Request (CR) instructs the contractors and the Shared System Maintainers to review and comment on ASC X12 6020 TR3s

**EFFECTIVE DATE: January 1, 2012**

**IMPLEMENTATION DATE: On or before April 2, 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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

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

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**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

<b>Pub. 100-20</b>	<b>Transmittal: 1011</b>	<b>Date: December 30, 2011</b>	<b>Change Request: 7697</b>
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**SUBJECT: Review and Analysis of draft Accredited Standards Committee X12 Technical Report 3s**

**Effective Date: January 1, 2012**

**Implementation Date: On or before April 2, 2012**

## I. GENERAL INFORMATION

**A. Background:** The American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12 has published draft versions of Technical Report 3s (TR3s) for Health Insurance Portability and Accountability Act (HIPAA) covered transactions that are expected to be adopted as the next HIPAA standards for these transactions and other X12 transactions. The public review period for these draft Type 3 Technical Reports (TR3s) started on November 8, 2011, and will close on March 7, 2012, at 5:00 pm EST. The Centers for Medicare and Medicaid Services (CMS) will send comments to X12 for Medicare fee-for service program. CMS will need to gather comments from contractors and the Shared System Maintainers (SSMs) as well as coordinate the process of discussing the draft TR3s, major issues for Medicare and finally submitting Medicare comments to X12. There will be a kick-off call in December, and then a series of calls in January and February of 2012 to accomplish this goal. CMS will send information later about how and where to send your comments, call dates and meeting IDs.

**B. Policy:** CMS receives and sends Health Insurance Portability and Accountability Act (HIPAA) compliant transactions, and actively participates in developing the standards for these transactions.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M M A C	F I  I E R	C A 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		
7697.1	Contractors and Shared System Maintainers shall review and comment on <b>006020X260: 837</b>	X		X		X	X				COBC
7697.2	Contractors and Shared System Maintainers shall review and comment on <b>006020X259: 837</b> Health Care Claim: Professional	X	X		X			X	X		COBC CEDI
7697.3	Contractors and Shared System Maintainers shall review and comment on <b>006020X258: 835</b>	X	X	X	X	X	X	X			CEDI
7697.4	Contractors and Shared System Maintainers shall review and comment on <b>006020X267: 276/277</b> Health Care Claim Status Request and Response	X	X	X	X	X	X	X			CEDI
7697.5	Contractors and Shared System Maintainers shall review	X	X	X	X	X					HETS

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  M A C	C A R I E R	R H I  I S S	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	and comment on <b>006020X280: 270/271</b> Health Care Eligibility/Benefit Inquiry and Information Response										NGD MBD
7697.6	Contractors and Shared System Maintainers shall review and comment on <b>006020X269: 277</b> Health Care Claim Acknowledgment	X	X	X	X	X	X	X			CEDI
7697.7	Contractors and Shared System Maintainers shall review and comment on <b>006020X266: 278</b> Health Care Services Review - Request for Review and Response	X	X	X	X	X	X	X	X		CEDI
7697.8	Contractors and Shared System Maintainers shall participate in calls scheduled in January and February of 2012 to discuss the 6020 TR3s and Medicare comments.	X	X	X	X	X	X	X	X		COBC CEDI HETS MBD NGD

### 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  M A C	C A R I E R	R H I  I S S	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	N/A										

### IV. SUPPORTING INFORMATION: N/A

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

*Use "Should" to denote a recommendation.*

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):** Matthew Klischer [Matthew.Klischer@cms.hhs.gov](mailto:Matthew.Klischer@cms.hhs.gov) 410.786.7488 for 837I

**Pre-Implementation Contact(s):** Brian Reitz [Brian.Reitz@cms.hhs.gov](mailto:Brian.Reitz@cms.hhs.gov) 410.786.5001 for 837P

**Pre-Implementation Contact(s):** Sumita Sen [Sumita.Sen@cms.hhs.gov](mailto:Sumita.Sen@cms.hhs.gov) 410.786.5755 for 835

**Pre-Implementation Contact(s):** Jason Jackson [Jason.Jackson3@cms.hhs.gov](mailto:Jason.Jackson3@cms.hhs.gov) 410-786-6156 for 276/277

**Pre-Implementation Contact(s):** Delena Marine [Delena.Marine2@cms.hhs.gov](mailto:Delena.Marine2@cms.hhs.gov) 410-786-2127 for 270/271

**Pre-Implementation Contact(s):** Brian Reitz and Matt Klischer (see above) for 277 CA

**Pre-Implementation Contact(s):** Angie Bartlett [Angie.Bartlett@cms.hhs.gov](mailto:Angie.Bartlett@cms.hhs.gov) 410-786-2865 for 278

**Pre-Implementation Contact(s):** Brian Pabst [Brian.Pabst@cms.hhs.gov](mailto:Brian.Pabst@cms.hhs.gov) 410-786-2487 for COBC

### **Post-Implementation Contact(s):**

Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

## VI. FUNDING

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

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

### **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.