

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 802	Date: November 5, 2010
	Change Request 7195

SUBJECT: Health Insurance Portability and Accountability (HIPAA) 5010/D.0 Fixes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to continue rectifying errors in HIPAA 5010 processing, starting with the April 2011 release. These errors may be identified as a result of testing executed in accordance with the April 2011 release, issues discovered during production, or by other testing as needed.

EFFECTIVE DATE: April 1, 2011 - HIPAA 5010/D.0 "fixes" for the April, 2011 release, as needed.

IMPLEMENTATION DATE: April 4, 2011 - HIPAA 5010/D.0 "fixes" for the April, 2011 release, as needed.

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/revise 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-

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

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

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Effective Date: April 1, 2011 - HIPAA 5010/D.0 "fixes" for the April, 2011 release, as needed.

Implementation Date: April 4, 2011 - HIPAA 5010/D.0 "fixes" for the April, 2011 release, as needed.

I. GENERAL INFORMATION

A. Background:

The purpose of this Change Request (CR) is to continue rectifying errors in HIPAA 5010 processing, starting with the April 2011 release. These errors may be identified as a result of testing executed in accordance with the April 2011 release, issues discovered during production, or by other testing as needed.

B. Policy:

Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Final Rule as 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 M A C	F I I E R	C A I E R	R H I E R	Shared-System Maintainers				
							F I S S	M C S	V M S	C W F	
7195.1	Shared Systems Maintainers (SSMs) and MACs shall rectify errors associated with HIPAA 5010/D.0 processing.	X	X				X	X	X	X	CEDI COBC

III. PROVIDER EDUCATION TABLE

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 I E R	R H I E R	Shared-System Maintainers				
							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: N/A

V. CONTACTS

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Jason Jackson, 410-786-6156 / Jason.Jackson3@cms.hhs.gov

VI. FUNDING

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

N/A

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.