

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 870	Date: March 18, 2011
	Change Request 7240

NOTE to Contractors: : Transmittal 847, dated January 28, 2011, is being rescinded and replaced by Transmittal 870, dated March 18, 2011 to delete business requirements 7240.9, 7240.10, and 7240.11. All other material remains the same.

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Medicare Administrative Contractor (MAC) Trading Partner Testing Direction for Calendar Year 2011

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the 5010 A/B MAC with the requirements for conducting testing of certain HIPAA transactions, including the errata changes, with their electronic data interchange (EDI) trading partners. This testing direction is to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 5010, specifically the following Jurisdictions: J1, J3, J4, J5, J9, J10, J12, J13, and J14, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 5010, must provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions.

EFFECTIVE DATE: March 1, 2011

IMPLEMENTATION DATE: March 1, 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):

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: 870	Date: march 18, 2011	Change Request: 7240
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SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 and D.0 Medicare Administrative Contractor (MAC) Trading Partner Testing Direction for Calendar Year 2011

Effective Date: March 1, 2011

Implementation Date: March 1, 2011

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide contractors with the requirements for conducting testing of certain HIPAA transactions, including the errata changes, with their electronic data interchange (EDI) trading partners. This testing direction is to specific Part A and Part B (A/B) MACs which are, as of this time, in a position to implement 5010, specifically the following Jurisdictions: J1, J3, J4, J5, J9, J10, J12, J13, and J14, as well as the Common Electronic Data Interchange (CEDI) contractor. Other MACs, not currently in a position to implement 5010, must provide level of effort estimates only if they will be in a position to become 5010 operational prior to the effective date of this CR. A/B MACs currently in Corrective Action Plan or under a protest condition need not reply to this CR at this time. A future CR will address these MAC jurisdictions. This CR also provides direction to DME MACs implementing the National Committee for Prescription Drug Programs (NCPDP) D.0 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: 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 allocation of hours for Pre-Implementation/CR Review.

Non-D.0 Contractors are to support the testing of the baseline (pre-errata) through April 4, 2011. Beginning April 5, non-D.0 Contractors are to support testing of the errata version and not the pre-errata version. If a trading partner wants to test pre-errata prior to April 5, 2011, it may, but it will need to retest with the errata (to an extent determined by the contractor) after April 5, 2011.

The CMS expects to implement version 5010 transactions over multiple releases. The intent is for CMS to be ready to exchange version 5010 transactions after December 31, 2010. During the transition period (January 1, 2011 – December 31, 2011), CMS expects to exchange HIPAA production transactions in both 4010A1/5.1 and 5010/D.0 versions, and test transactions in 5010/D.0 versions.

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				O T H E R
							F I S S	M C S	V M S	C W F	
	with a representative sample of EDI trading partners, it is the contractor's discretion as to whether the contractor tests with each EDI trading partners using the software.										
7240.6	In order that all tests are completed by December 31, 2011, contractors shall encourage their EDI trading partners to begin testing as early as possible.	X									CEDI
7240.6.1	Prior to March 31, 2011, contractors shall encourage all their EDI trading partners to begin testing 5010/D.0 transactions, including the errata changes.	X									CEDI
7240.7	In order that Medicare providers, billing services, and clearinghouses are able to complete testing by December 31, 2011, contractors shall conduct a reasonable number of EDI submitter tests each month throughout the transition period.	X									CEDI
7240.7.1	Contractors shall determine what a reasonable number of tests are appropriate for the contractor's testing situation.	X									CEDI
7240.8	Contractors shall be responsible for ensuring that any EDI submitter that requests testing by October 1, 2011, has sufficient test opportunities to transition by December 31, 2011.	X									CEDI
7240.9	This business requirement is deleted.										
7240.10	This business requirement is deleted.										
7240.11	This business requirement is deleted.										
7240.12	Contractors shall support CEDI to facilitate and execute trading partner testing.		X								
7240.13	Contractors shall ensure that no NCPDP D.0 EDI trading partners will be migrated to production before January 3, 2011.										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 I E R	R H I	Shared-System Maintainers				O T H E R
							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

Pre-Implementation Contact(s): Matt Klischer, matthew.klischer@cms.hhs.gov, 410.786.7488

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)*:

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.