CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 649	**Date: March 12, 2010**
	Change Request 6846

SUBJECT: Health Insurance Portability and Accountability Act (HIPAA) 5010 Error Corrections

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to begin rectifying errors in HIPAA 5010 processing, starting with the July 2010 release.

EFFECTIVE DATE: July 1, 2010 - HIPAA 5010 "fixes" for the July 2010 release, as needed.
October 1, 2010 - HIPAA 5010 "fixes" for the October 2010 release, as needed.

IMPLEMENTATION DATE: July 6, 2010 - HIPAA 5010 "fixes" for the July 2010 release, as needed.
October 4, 2010 - HIPAA 5010 "fixes" for the October 2010 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/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:
N/A

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: July 1, 2010 - HIPAA 5010 "fixes" for the July 2010 release, as needed. October 1, 2010 - HIPAA 5010 "fixes" for the October 2010 release, as needed.

Implementation Date: July 6, 2010 - HIPAA 5010 "fixes" for the July 2010 release, as needed. October 4, 2010 - HIPAA 5010 "fixes" for the October 2010 release, as needed.

I.   GENERAL INFORMATION

A.   Background:

The purpose of this Change Request (CR) is to begin rectifying errors in HIPAA 5010 processing, starting with the July 2010 release. These errors may be identified as a result of additional Beta and UAT "catch-up" testing planned for mid-2010, 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 MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6846.1	Shared Systems Maintainers (SSMs) and MACs shall rectify errors associated with HIPAA 5010 processing.	x	x				x	x	x	x	CEDI COBC
6846.2	SSMs and MACs shall designate one or more staff to participate in a weekly conference call where errors identified in 5010 testing, including those uncovered during execution of 5010 Beta and UAT "catch-up" testing, will be communicated to all parties.	x	x				x	x	x	x	CEDI COBC
6846.3	SSMs and MACs shall submit names, emails, and phone numbers of these designees to the POC below by May 1, 2010.	x	x				x	x	x	x	CEDI

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)

		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	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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Post-Implementation Contact(s): Judy Kilpatrick, Judy.Kilpatrick2@cms.hhs.gov, 410.786.6157
Jason Jackson, Jason.Jackson3@cms.hhs.gov, 410.786.6156

VI. FUNDING

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

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.