

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 854	Date: February 4, 2011
	Change Request 7292

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 July, 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: *July 1, 2011

IMPLEMENTATION DATE: July 5, 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-

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

Effective Date: July 1, 2011

Implementation Date: July 5, 2011

I. GENERAL INFORMATION

A. Background:

The purpose of this Change Request (CR) is to continue rectifying errors in HIPAA 5010 processing, starting with the July, 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:

The HIPAA of 1996, 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	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHE R
		M A C	M A C				F I S S	M C S	V M S	C W F	
7292.1	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	D M E	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
		M A C	M A C				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): Ronnie Harshman, 410-786-2489 / Veronica.Harshman@cms.hhs.gov;
Jason Jackson, 410-786-6156 / Jason.Jackson3@cms.hhs.gov

Post-Implementation Contact(s): Ronnie Harshman, 410-786-2489 / Veronica.Harshman@cms.hhs.gov;
Jason Jackson, 410-786-6156 / Jason.Jackson3@cms.hhs.gov

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*:

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.