

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop N1-19-21  
Baltimore, Maryland 21244-1850



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## Notice of Compliance Review Closure

Date of Notice: FULLDATE

CONTACTNAME  
JOBTITLE  
CENAME  
ADDRESS1  
ADDRESS2  
CITY, ST ZIP

Re: Compliance Review Number XXXXX

Dear FIRSTNAME LASTNAME:

On (month, day, year), the Department of Health and Human Services (HHS), National Standards Group (NSG) within the Centers for Medicare & Medicaid Services (CMS) finalized the **<Covered Entity Name>** 20XX compliance review.

The compliance review included an assessment of transactions, code sets, unique identifiers, and operating rules based on the **<Covered Entity Name>** artifacts submitted. It incorporated the use of a validation tool to determine HIPAA compliance with the applicable 5010 ASC X12 standards and implementation guides. In addition, it included a manual review of companion guides and operating rule attestations, if applicable.

On (month, day, year), we received verification of Corrective Action Plan completion, and that **<Covered Entity Name>** has brought all discovered violations into compliance. This closure notice is to inform you that the compliance review for **<Covered Entity Name>** is complete and no further action is required. Refer to the enclosed Final Violations Summary Report for additional information and the final status for each violation.

Thank you for working with us towards a successful resolution. To avoid future violations, we encourage all covered entities to periodically validate their electronic transactions using the ASETT validation tool as well as checking their processes for operating rule compliance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1390 from the year of 2024 through 2025. The objective of the HIPAA Administrative Simplification information collection program is to conduct assessments and identify whether a covered entity is compliant with the HIPAA - adopted standards, and administrative simplification. The time required to complete this information collection is estimated to average less than **10 hours** per response (4 forms x 60 minutes/form), including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory (under 45 CFR § 160.310) If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

If you have any questions regarding this notice, please send an email to [HIPAAcompliance@cms.hhs.gov](mailto:HIPAAcompliance@cms.hhs.gov). Please include the compliance review number located at the top of this notice.

Sincerely,  
**Michael Cimmino**  
Director, National Standards Group  
Office of Healthcare Experience and Interoperability  
Centers for Medicare & Medicaid Services

Enclosure – Final Violations Summary Report

## Final – Violations Summary Report

VIOLATION # 1
Covered Entity File Name:
Validation Tool Reports
Consolidated Output File Name:
Individual Output File Name(s):
Violation Information
Violation Error ID:
Category: <Select an option.>
Violation Description:
Reference(s):
Warrant Corrective Action: <Select an option.>
Covered Entity Response
NSG Reply to Covered Entity (NSG Only)

VIOLATION # 2	
Covered Entity File Name:	
Validation Tool Reports	
Consolidated Output File Name:	
Individual Output File Name(s):	
Violation Information	
Violation Error ID:	
Category: <Select an option.>	
Violation Description:	
Reference(s):	
Warrant Corrective Action: <Select an option.>	
Covered Entity Response	
NSG Reply to Covered Entity (NSG Only)	

VIOLATION # 3	
Covered Entity File Name:	
Validation Tool Reports	
Consolidated Output File Name:	
Individual Output File Name(s):	
Violation Information	
Violation Error ID:	
Category: <Select an option.>	
Violation Description:	
Reference(s):	
Warrant Corrective Action: <Select an option.>	
Covered Entity Response	
NSG Reply to Covered Entity (NSG Only)	