CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 646	Date: March 5, 2010
	Change Request 6853

SUBJECT: VMS End-to-End Testing for HIPAA 5010

I. SUMMARY OF CHANGES: The VMS shared system maintainer will perform end-to-end testing of the VMS HIPAA 5010 updates.

EFFECTIVE DATE: *July 1, 2010

IMPLEMENTATION DATE: July 6, 2010

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:
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: 646	Date: March 5, 2010	Change Request: 6853

SUBJECT: VMS End-to-End Testing for HIPAA 5010

EFFECTIVE DATE: July 1, 2010

IMPLEMENTATION DATE: July 6, 2010

I.   GENERAL INFORMATION

A. Background:

The VMS shared system maintainer will do "end to end" testing of HIPAA 5010 changes and interfaces to assure that all changes have been made correctly.

B.   Policy:

Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA): Final Rules 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	D ME MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
6853.1	Maintainer shall execute HIPAA 5010 and D.0 End-to-End testing on the VMS system to verify implementation. Where feasible this testing will also include exchanging test files with CERT and COBC, as well as CEDI to verify external interfaces. This testing should include simulation testing of the cut-over, using 4010A1 and NCPDP 5.1 transactions and then moving to only 5010 and NCPDP D.0 transactions, to ensure a smooth transition.								x		
6853.2	Maintainer shall rectify errors found during the HIPAA 5010 testing. If not feasible for any reason, maintainer will log errors, and schedule them to be fixed under a subsequent Change Request.								x		

III. PROVIDER EDUCATION TABLE

Number	Requirement	A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
	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:

V. CONTACTS

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VI. FUNDING

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

Not applicable.

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.