

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 654</b>	<b>Date: March 19, 2010</b>
	<b>Change Request 6872</b>

**SUBJECT: Beta Testing of the HIPAA Version 5010 Common Edits and Enhancements Module (CEM) at Part A/B MAC Local Data Centers**

**I. SUMMARY OF CHANGES:** Selected Part A and Part B MACs will perform Beta testing of the v5010 Common Edits and Enhancements Module (CEM) at their local data centers in conjunction with the Part A and Part B CEM developers.

**EFFECTIVE DATE: \*April 30, 2010**

**IMPLEMENTATION DATE: April 30, 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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

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**SUBJECT: Beta Testing of the HIPAA Version 5010 Common Edits and Enhancements Module (CEM) at Part A/B MAC Local Data Centers**

**EFFECTIVE DATE:** April 30, 2010

**IMPLEMENTATION DATE:** April 30, 2010

## I. GENERAL INFORMATION

### A. Background:

The purpose of this Change Request is to provide direction and support for the planned Beta testing of the Version 5010 Common Edits and Enhancements Module (CEM) at the local data centers of three (3) selected Part A and Part B Medicare Administrative Contractors (MACs). The MAC jurisdictions selected to participate in Part A/B CEM Beta testing are J1, J13, and J14. The Beta testing will be done by these MACs in conjunction with the Part A and Part B CEM developers, Pinnacle and Hewlett Packard (HP), respectively.

The Part A and Part B CEM software is scheduled to be delivered to the participating MACs no later than March 19, 2010 with Beta testing to begin on March 22, 2010. Beta testing is scheduled to run through April 18, 2010.

### 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  M A C	D M  M A C	F I  I E R	C A  I E R	R H  I  S S	Shared- System Maintainers	F I S S	M C S	V M S	C W F	OTH ER
6872.1	Part A/B MACs J1, J13 and J14, shall perform testing of the Part A and Part B CEM modules at their local data centers.	X										
6872.2	The J1, J13 and J14 MACs shall work directly with the Part A and Part B CEM developers – Pinnacle and HP, respectively, during Beta testing.	X					X	X				
6872.3	The J1, J13 and J14 MACs and CEM developers shall communicate test results to CMS in a regularly scheduled teleconference.	X					X	X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R I E R	R H I	Shared-System Maintainers				OTH ER
						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:**

### V. CONTACTS

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 Michael Cabral (410) 786-6168 [Michael.Cabral@cms.hhs.gov](mailto:Michael.Cabral@cms.hhs.gov)

### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:**

Not applicable.

**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.