CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 655	Date: March 19, 2010
	Change Request 6739

SUBJECT: HIPAA 5010 Activity – Testing of 5010 CRs

I. SUMMARY OF CHANGES: STC Beta Testing and MAC UAT Testing of 5010 implemented CRs, beginning with the October 2008 quarterly release and going through the April 2010 quarterly release, will begin in May 2010. Initiation of testing activities will be based on availability of 5010 test data (Parts A, B and DME), PC Ace software, and the Common Edits and Enhancements Module (CEM).

EFFECTIVE DATE: *July 1, 2010 - The first portion of the CRs listed on the attachment "STC Testing Schedule.xls" will be tested.
October 1, 2010 - The second portion of the CRs listed on the attachment "STC Testing Schedule.xls" will be tested.

IMPLEMENTATION DATE: July 6, 2010 - The first portion of the CRs listed on the attachment "STC Testing Schedule.xls" will be tested.
October 4, 2010 - The second portion of the CRs listed on the attachment "STC Testing Schedule.xls" will be tested.

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: 655	Date: March 19, 2010	Change Request: 6739

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I.   GENERAL INFORMATION

A.   Background:

STC Beta Testing and MAC UAT Testing of 5010 implemented CRs, beginning with the October 2008 quarterly release and going through the April 2010 quarterly release, will begin in May 2010. Initiation of testing activities will be based on availability of 5010 test data (Parts A, B and DME), PC Ace software, and the Common Edits and Enhancements Module (CEM).

The Single Test Contractor (STC) will coordinate the Beta testing and communicate issues encountered in a weekly call with Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs). The SSMs will be responsible for making fixes as identified by STC and MACs as error corrections. Please refer to the Medicare General Information, Eligibility, and Entitlement Manual, Publication 100-01, Chapter 7, Section 40.3 for SSM and Medicare Contractor testing requirements.

The STC will test the CRs on the attached schedule (see attached Excel spreadsheet, "STC Testing Schedule.xls"). Please note: not all CRs apply to all Shared Systems nor impact MACs, so please refer to the attached STC schedule to verify whether a particular CR is applicable to you.

The projected timeline relating to this testing is as follows:

April or May – Common Edits and Enhancements Modules software (CEM) is available to STC and to Part A/B MACs
May – STC begins Beta testing 5010 CRs using the April release of FISS, MCS, and VMS
May – MACs begin installing CEM in their Local Data Centers (LDCs) - see CR 6836, Transmittal 647, dated March 5, 2010.
May/July – MACs begin UAT testing of 5010 CRs when CEM is available for use in their LDC
July – STC continues Beta testing 5010 CRs, using the July release of FISS, MCS, and VMS
May to Oct – MACs will UAT test 5010 CRs, using the April shared system release in May and June, and using the July shared systems release from July to Oct., with all UAT testing of 5010 CRs listed in the attachment completed by October 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 MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6739.1	STC shall begin testing all 5010 CRs from previous releases using the SSM code delivered for the April release. After July 6, 2010, STC will test using SSM code delivered for the then current release. See attached list of identified CRs and STC testing schedule.						X	X	X		COBC
6739.2	STC shall communicate testing results in a weekly call to be scheduled with SSMs, MACs, DMACs, CEDI and CMS.	X	X				X	X	X		CEDI
6739.3	SSMs and MACs shall designate participants for this weekly call, including participant's name, email address, and telephone number, to CMS5010_PMO@cms.hhs.gov by March 1, 2010.	X	X				X	X	X		CEDI
6739.4	The MACs, including CEDI and DMACs, will conduct UAT on identified CRs either concurrent with or upon completion of STC beta testing, at their option. STC will notify MACs of its CR testing status during the weekly call described in 6739.2.	X	X								CEDI
6739.5	MACs, including CEDI and DMACs, shall provide a weekly status report of their UAT progress on these CRs during the weekly call described in 6739.2. This status report will also be emailed to CMS5010_PMO@cms.hhs.gov.	X	X								CEDI

III. PROVIDER EDUCATION TABLE

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

		MAC	MAC		RIER	I	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:

V. CONTACTS

Pre-Implementation Contact(s): Judy Kilpatrick (410) 786-6157 judy.kilpatrick2@cms.hhs.gov
Michael Cabral (410) 786-6168   michael.cabral@cms.hhs.gov

Post-Implementation Contact(s): Judy Kilpatrick (410) 786-6157 judy.kilpatrick2@cms.hhs.gov
Michael Cabral (410) 786-6168   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.

ATTACHMENT: STC Testing Schedule 2010.01.29.xls

DRAFT STC 5010 BETA CATCH-UP TESTING SCHEDULE

Change Request	Test Dates	Description	FISS	MCS	VMS	CWF
6028	05/14 through 06/04	Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) 837 Institutional Transaction. The purpose of this Change Request is to implement additional 837 Professional; Version 5010 changes for the VMS shared system only			X	
6034	05/07 through 05/21	Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) 835 Transaction	X	X	X	
6225	05/24 through 06/11	Common Working File Modifications for the Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA).	X	X	X	X
6269	06/01 through 06/18	Health Insurance Portability and Accountability Act (HIPAA) 837 Professional Transaction v5010 April 2009 Release (for VMS Only)			X	
6274	06/01 through 06/18	Health Insurance Portability and Accountability Act (HIPAA) 837 Professional Transaction v5010 April 2009 Release (for MCS Only)		X		
6275	Replaced by CR 6426	Instructions on utilizing 837 Institutional CAS segments for Medicare Secondary Payer (MSP) Part A Claims				
6299	06/21 through 07/09	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Part A Shared System Change	X			
6308	06/25 through 07/23	Health Insurance Portability and Accountability Act (HIPAA) 837 5010 Coordination of Benefits (COB) Requirements – Multi-carrier Systems (MCS)		X		
6343	06/25 through 07/23	Modifications to the National Coordination of Benefits Agreement (COBA) Crossover Process				X
6374	06/25 through 07/23	Health Insurance Portability and Accountability Act (HIPAA) 837 5010 Coordination of Benefits (COB) Requirements	X		X	
6376	06/18 through 07/09	Standard Paper Remittance (SPR) Update for Health Insurance Portability and Accountability Act (HIPAA) version 005010	X	X	X	

Taken from STC deliverable , "Project Management Plan: 5010/D.0
Compliance Project – Version 1.0 (DRAFT) dated December 16, 2009"   Page 1 of 4

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6399	06/21 through 07/09	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Durable Medical Equipment (DME) Shared System Change				X	
6411	06/21 through 07/09	Implementation of the Health Care Claim Status Inquiry and Response (276/277) Version 005010 - Part-B Shared System Change.			X		
6420	06/25 through 07/23	Coordination of Benefits Agreement (COBA) Repair and Claims Recovery Requirements Stemming from the Health Insurance Portability and Accountability Act (HIPAA) 5010 Claims Transactions		X	X	X	
6426	06/25 through 07/23	Instructions on utilizing 837 Institutional CAS segments for Medicare Secondary Payer (MSP) Part-A Claims.					X
6427	06/25 through 07/23	Instructions for Utilizing 837 Professional Claim Adjustment (CAS) Segments for Medicare Secondary Payer (MSP) Part-B Claims					X
6450	Rescinded	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Version 005010 Safeguard Edits - Part A Shared System Change					
6460	05/24 through 06/04	Further Instruction for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) 835 Transaction		X	X	X	
6465	06/18 through 07/09	Comprehensive Error Rate Testing (CERT) Program Modifications for the Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA)		X	X	X	
6473	05/24 through 06/04	MREP Update for 835 version 5010				X	
6575	05/03 through 05/21	Version 005010 Inbound 837 Institutional (837I) and Inbound 837 Professional (837P) Flat Files Implementation		X	X	X	
6576	05/14 through 06/04	Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) - Multi-Carrier System (MCS) Only			X		
6577	06/18 through 07/09	Expansion of the Number of Services Fields in Medicare Summary Notices (MSNs)			X	X	

DRAFT STC 5010 BETA CATCH-UP TESTING SCHEDULE

6589	05/24 through 06/04	Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) version 5010 for Transaction 835 – Health Care Claim	X	X	X	
6602	06/01 through 06/18	Phase 2 Base System Changes for Implementation of the Next Version of the Health Insurance Portability and Accountability Act (HIPAA) - Viable Medicare System (VMS) Only			X	
6658	06/25 through 07/23	Additional Health Insurance Portability and Accountability Act (HIPAA) 837 5010 Transitional Changes and Further Modifications to the Coordination of Benefits Agreement (COBA) National Crossover Process	X	X	X	
6059 (also see 6576 and 6602)	05/14 through 06/04	Base System Changes for Implementation of the New version of the Health Insurance Portability and Accountability Act (HIPAA)	X	X	X	
HCR092508	05/17 through 06/11	HIGLAS 837				
HCR092608	05/17 through 06/11	HIGLAS 810				
HCR121508	05/17 through 06/11	This change request implements the changes needed to make the HIGLAS 274 interface X12 5010 compatible				
HCR121608	05/17 through 06/11	This change request implements the changes needed to make the HIGLAS 271 interface X12 5010 compatible				
HCR121708	05/17 through 06/11	This change request implements the changes needed to make the HIGLAS 824 interface X12 5010 compatible				
HCR121808	05/17 through 06/11	HIGLAS FISS and MCS 835 5010 Changes				
HCR121908	05/17 through 06/11	HIGLAS FISS and MCS 810 5010 Changes				
HCR30109	05/17 through 06/11	810S 5010 Changes				
6849	TBD	HIPAA 5010 837I Edits and 837P Edits - July Version	X	X	X	
6843	TBD	HIPAA 5010/D.0 Project Receipt, Control and Balancing Second Phase	X	X	X	
6845	TBD	NCPDP D.0 Implementation			X	

6858	TBD	Implementation of the HIPAA Version 5010 276/277 Claim Status Multi-Carrier System (MCS) Only Transaction Pairing		X		
6816	TBD	Modifications to Gap-Filling requirements for HIPAA 5010 837 COB and NCPDP D.0 Claims Files	X	X	X	