CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 918	Date: July 26, 2011
	Change Request 7415

NOTE: Transmittal 900 dated May 13, 2011 is being reissued and replaced by Transmittal 918 to update the August 24th HIPAA 5010 National Testing Day to a HIPAA 5010 National Testing Week from August 22nd to August 26th. The creation of National Testing week will enhance the opportunity for trading partner outreach and education related to 5010 testing. All other material remains the same.

SUBJECT: HIPPA 5010 National Testing Day and Week

I. SUMMARY OF CHANGES: HIPAA 5010 testing days have been created to generate awareness and a focused interest to grow trading partner testing with MACs. The testing days will be used to encourage and promote trading partners to contact their MACs to facilitate testing and a better understanding of MAC testing protocols. The concept of trading partner testing was designed to validate the trading partners ability to meet technical compliance and performance processing standards while measuring data integrity through the exchange of the transaction standards. Therefore, the 5010 testing days have been designed to allow trading partner's immediate direct access to the MACs for testing with real-time help desk support. Please note, the two CMS sponsored Testing Days should not preclude any willing trading partner from testing immediately.

EFFECTIVE DATE: June 14, 2011
IMPLEMENTATION DATE: June 14, 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-*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:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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: 918	Date: July 26, 2011	Change Request: 7415

NOTE: Transmittal 900 dated May 13, 2011 is being reissued and replaced by Transmittal 918 to update the August 24th HIPAA 5010 National Testing Day to a HIPAA 5010 National Testing Week from August 22nd to August 26th. The creation of National Testing week will enhance the opportunity for trading partner outreach and education related to 5010 testing. All other material remains the same.

SUBJECT: HIPPA 5010 National Testing Day and Week

Effective Date: June 14, 2011

Implementation Date: June 14, 2011

I.   GENERAL INFORMATION

A.   Background: The Centers for Medicare and Medicaid Services (CMS) is in the process of implementing the next version of the Health Insurance Portability and Accountability Act (HIPAA) transactions. The Secretary of the Department of Health and Human Services (DHHS) has adopted Accredited Standards Committee (ASC) X12 Version 5010 and the National Council for Prescription Drug Programs (NCPDP) Version D.0 as the next HIPAA transaction standards for covered entities to exchange HIPAA transactions. The final rule was published on January 16, 2009. Some of the important dates in the implementation process are:

> Effective Date of the regulation: March 17, 2009
> Level I compliance by: December 31, 2010
> Level II Compliance by: December 31, 2011
> All covered entities have to be fully compliant on: January 1, 2012

Level I compliance means "that a covered entity can demonstrate that it could create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing."

Level II compliance means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards."

DHHS has promulgated in the Final Rules provisions which permit dual use of existing standards (ASC X12 4010A1 and NCPDP 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date until the January 1, 2012, compliance date to facilitate testing subject to trading partner agreement.

The purpose of this change request is to instruct the A/B Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), Carriers, Regional Home and Health Intermediaries (RHHIs) and the DME MAC Common Electronic Data Interchange (CEDI) contractor to implement one HIPAA 5010 Testing Day and one HIPAA 5010 National Testing Week with trading partners. The 5010 testing events have been created to generate enthusiasm, awareness and interest to grow trading partner testing with MACs. The testing day/week will be used to encourage and promote trading partners to contact their MACs to facilitate testing and a better understanding of MAC testing protocols. The concept of trading partner testing was designed to validate the trading partners' ability to meet technical compliance and performance processing standards while measuring data integrity through the exchange of the transaction standards. Therefore, the 5010 testing day/week have been designed to allow trading partner's immediate direct access to the MACs for testing with real-time help desk support. The events will be conducted virtually and will be posted on each MACs website as well as CMS'

website. The two CMS sponsored Testing events should not preclude any willing trading partner from testing immediately.

The following dates presented here are results of discussions held with representatives from each contractor and reflects received preferences:

- June 15, 2011: National MAC Testing Day
- August 22-26, 2011: National MAC Testing Week

NOTE: The two CMS sponsored Testing events should not preclude any willing trading partner from testing immediately.

MAC estimates for this CR should include a breakdown as part of the Level of Effort (LOE) response, utilizing the following table to be included in the "Estimate-Specific Comments" portion of the LOE template, to follow the Investment Lifecycle Phases.

Investment Lifecycle Phase	Total Hours	Total Cost
Pre-Implementation/CR Review		
Design & Engineering Phase		
Development Phase		
Testing Phase		
Implementation Phase		

Note that the Pre-Implementation/CR Review costs will not be funded under the unique funding situation for the 5010/D.0 project, but instead out of the MAC's pot of hours for Pre-Implementation/CR Review.

B.   Policy: CMS will implement the new HIPAA standard as adopted by the Secretary**.** Final Rules were 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	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
7415.1	Each contractor shall announce and actively promote the Testing Day and Testing Week via list serve messages and shall post the testing event announcements on their Web site.	X		X	X	X					CEDI
7415.2	Each contractor shall host a registration site for the Testing Day and Testing Week. The registration site shall open at least four weeks prior to each of the testing events. Opening of the registration site shall be well	X		X	X	X					CEDI

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	publicized to the trading partners from the contractor. FIs and Carriers shall be permitted to use their paired MAC to provide registration for Testing Day and Testing Week.										
7415.3	The contractors shall facilitate two testing events: • June 15, 2011 – National MAC Testing Day • August 22-26, 2011 – National MAC Testing Week Testing Day and Testing Week help desk support shall begin at 9:00a.m. and shall conclude at 4:00p.m. local contractor time. Testing Day and Testing Week support times should be standard across all contractors unless the contractors EDI Help Desk can't support the proposed hours.	X		X	X	X					CEDI
7415.4	During the designated Testing Day and Testing Week the contractors shall have adequate staff to operate their EDI Help Desk to provide real time support. FIs and Carriers shall be permitted to use their paired MAC to provide EDI Help Desk support for Testing Day and Testing Week.	X		X	X	X					CEDI
7415.5	One week following Testing Day and Testing Week the contractor shall report the following to CMS: 1. Number of trading partners conducting testing on Testing Day and Testing Week; 2. Percent of trading partners conducting testing on Testing Day and Testing Week; 3. Report of any significant error scenarios that warrant further discussions; and 4. Top ten reported errors causing transactions to fail on Testing Day and during Testing Week.	X		X	X	X					CEDI
7415.6	Following Testing Day and Testing Week the contractor shall disseminate a survey to all trading partners registered and participating in Testing Day and Testing Week.	X		X	X	X					CEDI

III. PROVIDER EDUCATION 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
							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: N/A

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):   Angie Bartlett (410) 786-2865, Angie.Bartlett@cms.hhs.gov
Jason Jackson (410) 786-6156, Jason.Jackson3@cms.hhs.gov

Post-Implementation Contact(s): 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***:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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.

HIPAA Version 5010 and D.0 Implementation

National Medicare Administrative Contractor (MAC) Testing Events for 5010

Communication, Outreach and Education Strategy for the 2011 Transition Year

The Medicare Fee-For-Service (FFS) communication strategy aims to coordinate communication and outreach and education activities hosted by the contractors as well as those hosted by the Medicare FFS Program central office. It will utilize a variety of media to disseminate consistent messages, create awareness, and drive participation and enthusiasm to engage providers and other business partners in the steps needed to implement HIPAA Versions 5010 and D.0 successfully.

HHS is permitting the dual use of existing standards (4010A1 and 5.1) and the new standards (5010 and D.0) from the March 17, 2009, effective date of the regulation until January 1, 2012, the fully compliant (Level I and Level II Compliance) date to facilitate testing subject to trading partner agreement.

- Level I compliance means "that a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing."
- Level II compliance means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards."

The CMS Medicare Fee-for-Service implementation schedule is:

- Level I April 1, 2010, through December 31, 2010;
- Level II January 1, 2011, through December 31, 2011; and
- Fully compliant on January 1, 2012.

Medicare Fee-For-Service Activities

Medicare FFS will use outreach and education materials and events to ensure providers and their business associates have the information needed to effectively transition to 5010 by December 31, 2011 and to engage providers that may be late to initiate 5010 implementation activities. These activities will also ensure that all Medicare FFS providers and their respective business associates understand testing requirements and protocols established by their MAC so their systems are ready to implement 5010 in production by January 1, 2012. Therefore, allowing timely and accurate communications between Medicare FFS trading partners and their Medicare Contractors (i.e., Medicare Administrative Contractors (MACs), Fiscal Intermediaries (FIs), Carriers, Regional Home Health Intermediaries (RHHIs) and the Common Electronic Data Interchange (CEDI) contractor for Durable Medical Equipment (DME) MACs. The Medicare FFS communication program includes multiple outreach and education channels to share and develop resources for trading partners. Medicare FFS will use the following media sources to disseminate 5010 messages during calendar year 2011:

1. List Serves – National Associations, MACs – to providers, Vendors, Clearinghouses, Billing Services, and Medicare FFS Providers;
2. News Flashes, Highlights and Spotlights on CMS provider web pages;

3. National Audio Cast and Webinars;
4. MAC Outreach and Education Sessions;
5. Industry Forums;
6. National Testing Day and Testing Week; and
7. Additional Outreach Items/Resources.

HIPAA 5010 and D.0 Calendar of Major Events

January 2011
Jan 1   Beginning of Transition Year
Jan 19   5010 National Call – Errata/Companion Guides
Jan 25-27   4th WEDI 5010 and ICD-10 Implementation Forums: Advancing Down the
               Implementation Highway: Moving Forward with Testing to Attain Implementation

February 2011
Feb 20-24   HIMSS 11 Annual Conference & Exhibition

March 2011
Mar 30   5010 National Call – Provider Testing and Readiness

April 2011
Apr 27   MAC Hosted Outreach and Education Session - Are You Ready to Test?

May 2011
May 2-5   20th Annual WEDI National Conference
May 25   5010 National Call – Call to Action: Test!

June 2011
June 15   National MAC Testing Day

July 2011
Jul 20   MAC Hosted Outreach and Education Session - Troubleshooting with your MAC

August 2011
Aug 31   5010 National Call - MAC Panel
Aug 22-26   National MAC Testing Week

October 2011
Oct 5   MAC Hosted Outreach and Education Session - Last Push for Late Implementers
Oct 24-27   WEDI 2011 Fall Conference

December 2011
Dec 31   End of the transition year and the beginning of 5010 production environment

Purpose and Scope of Testing Day and Testing Week

This document was designed to provide a description of the extensive 5010 trading partner testing outreach. It additionally provides a fundamental outline for a testing process which is designed to closely replicate the production process of the trading partner's regular submission of claims to the contractor. It will include a general background to the project, description of testing day and testing week, concept and content, testing environment, prior outreach, registration and feedback to CMS. Please note, the two CMS sponsored testing events should not preclude any willing trading partner from testing immediately.

General Description of Testing Day and Testing Week

The 5010 testing day and testing week have been created to generate enthusiasm, awareness and interest to grow trading partner testing with contractors. The testing day and testing week will be used to encourage and promote trading partners to contact their contractors to facilitate testing and a better understanding of contractor testing protocols. The concept of trading partner testing was designed to validate the trading partners' ability to meet technical compliance and performance processing standards while measuring data integrity through the exchange of the transaction standards. Therefore, the 5010 testing day and testing week have been designed to allow trading partner's immediate direct access to the contractors for testing with real-time help desk support. The events will be conducted virtually and will be posted on each contractor's website as well as CMS' website.

Concept

A paramount step in preparing your trading partners for this upgrade is testing transactions in the new Versions 5010 and D.0 format. The concept of trading partner testing is designed to validate each trading partners' ability to meet technical compliance and performance processing standards while measuring data integrity through the exchange of transaction standards. Testing transactions using Versions 5010 and D.0 standards will assure that trading partners are able to send and receive compliant transactions effectively. Testing will allow trading partners to identify any potential issues, and address them in advance of the January 1, 2012 compliance date. Trading partner testing for National testing day and testing week should consist of your standard 5010 testing protocols. Testing should include the following:

1. Sufficient transaction volumes;
2. Connectivity;
3. Transmission schedules;
4. Turnaround time for cycle;
5. Varied data values;
6. Security; and

7. Acknowledgement/reporting (sending and receiving) for all supported 5010 transactions standards.

Content

Trading partner testing should include test files that will generate positive and negative results for the applicable transaction standard. The following transactions will be supported during the testing day and testing week:
1. Inbound 837 Institution and Professional Claim;
2. Outbound 835 Remittance Advice;
3. Interchange Acknowledgement TA1;
4. Acknowledgement for Health Care Insurance 999;
5. Health Care Claim Acknowledgement 277CA; and
6. Health Care Claim Request and Response 276/277.

Test Environments

External testing will require trading partners to work with each other and evaluate their own associated challenges and risks. Trading partners should consider the following while testing:

- Test all applicable transaction standards;
- Include a variety of claims for payers that represent a significant impact to their practice; and
- Send specific data values that impact operations (e.g., billing providers, new NPI information).

Additionally, critical components of a transaction to evaluate are content, syntax, translation or validation:

- Syntax: Syntax and Content validation is useful for checking the software commands, code and content in the application. Content validation ensures the transaction conforms to the defined structure as well as the format.

- Translation: Each trading partner will need to review the translation of all applicable transaction standards inbound and outbound. It will be necessary to review past performance for syntax and for data content.

- Validation: Each trading partner will need to define validation. Validation can include structural compliance and business compliance at varying levels. The level of compliance will decide if additional testing is necessary prior to turning to production.

Outreach Prior to Testing Day and Testing Week

The 5010 National Testing Day and Testing Week have been announced on all HIPAA 5010 National Calls conducted since December of 2010. In addition, outreach and education related to the testing events will be announced via Medicare Fee-For-Service 5010 Calendar Implementation List Serve updates, additional Provider Communication messaging, HIMMS broadcasts, and WEDI conferences. Broadcasting of the events will start immediately with an in increase in messaging beginning two week prior to the testing day and testing week. A Provider e-News Article will be issued two weeks prior to the testing events describing the expectations of the testing day and testing week and discussing how trading partners can properly prepare their files in advance for the testing events. The Office of E-Health Standards and Services (OESS) and the Office of External Affairs (OEA) will support the Office of Information Services (OIS) by issuing a press release and list serve messages to the provider community.

The contractors are requested to announce and actively promote the testing events via list serve messages and to post the information on their website.

Registration

Each contractor will host a registration site for the testing day and testing week. Providers, vendors, clearinghouses, and billing services will access a registration site provided by the contractor and will complete a set of registration questions. The registration site shall open at least four week prior to the testing day and testing week and the opening of the registration site should be well publicized to the trading partners. Following registration by the trading partner, the contractors shall complete the following:
1. Intake procedures to determine eligibility to test;
2. Verify EDI enrollment and registration – including list of providers on whose behalf claims will be submitted;
3. Assess readiness to test;
4. Review testing requirements with the trading partner and identify the scope of testing; and
5. Trading partner set up within contractors system.

Day of Testing

Two independent testing events will be facilitated by the contractors to promote and generate 5010 & D.0 trading partner testing. Testing day and testing week support hours shall begin at 9:00a.m and will conclude at 4:00p.m local time. Testing event support times should be standard across all contractors unless the contractors EDI Help Desk can't support the proposed hours. During the testing events the contractors shall have adequate staff to operate their EDI help desk to provide real time support:

- June 15th, 2011: National MAC Testing Day
- August 22nd -26th, 2011: National MAC Testing Week

The contractor may also encourage trading partners to report issues and submit questions via email. The contractor shall respond to all emails resulting from testing events within 5 business days.

CMS strongly encourages the contractors to do an independent outreach to several of their larger clearinghouses and vendors to support key trading partner testing on June 15th. On August 24th the key type of trading partners to engage are providers.

Areas of Interest to Report to Medicare

Following the testing day and testing week CMS will use the Division of Transaction and Application Standards (DTAS) Transition Reporting Web site to compile contractor specific data related to each testing event. Results such as the following will be generated from the DTAS Transition Reporting Web site:

1. Number of trading partners testing on testing day and testing week;
2. Number of submitted and accepted transactions;
3. Number of outbound 835 remittance advices full production parallel 4010 value returned to trading partners;
4. Number of successful large volume testing (Over1,000 claims) and average length of time; and
5. Number and type (837I, 837P) of transactions submitted.

Additionally CMS will request the contractors to report the following:

1. Percentage of trading partners conducting testing on testing day and testing week;
2. Report of any other error scenarios that warrant further discussions; and
3. Top ten reported errors causing transactions to fail on testing day and testing week.

The combined results will be posted on the CMS 5010 website titled "Testing Day Survey Results" or "Testing Week Survey Results". The results will be used to identify any trends and/or hotspots for further testing.

Broadcast Trends, Error Reporting and Points of Interest Resulting From Testing Day and Testing Week

CMS plans to broadcast the trends, error reporting and points of interest resulting from the testing day on the CMS 5010 website and via a Provider Communication Group (PCG) E-News Article approximately one week following each of the Testing Events. Feedback on Medicare's National Testing events will primarily consist of lessons and experiences learned.

Follow Up Survey to Trading Partners

Following the testing day and testing week CMS will devise a survey to send to the contractors who will then disseminate the survey to all trading partners participating in the National Testing event. Using this survey CMS hopes to gain the trading partners insight on the value and usefulness of testing day or testing week.

Underlying Objectives to Testing Day and Testing Week

At the conclusion of the testing event, you should be able to:

1. Prove the ability to process ASC X12 4010 and 5010 transactions (837 I,837 P, 835, 276 and 277 simultaneously;
2. Verify the ability to receive and process the 277CA;
3. Verify the ability to return an 835 remittance advice production parallel;
4. Confirm consistent claim results regardless of processing contractor;
5. Feel confident that large volumes can efficiently move through systems at a reasonable period of time;
6. Demonstrate minimal connectivity errors; and
7. Verify the accuracy of the data related to paired or dependent transactions (for example: 276 produces a 277 and the 837 is reported accurately on the 835).