Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-17
Baltimore, Maryland 21244-1850

Notice of Final Assessment

Date of Report: FULLDATE

CONTACTNAME
JOBTITLE
CENAME
ADDRESS1
ADDRESS2
CITY, ST ZIP

Re: Assessment Number **XXXXX**

Dear TITLE LASTNAME:

On (month, day, year), the Department of Health and Human Services (HHS), Division of National Standards (DNS) within the Centers for Medicare & Medicaid Services' (CMS) finalized the **<Covered Entity Name>** administrative simplification assessment.

The assessment process included a review of transactions, code sets, unique identifiers, and operating rules. It was comprised of employing a validation software tool to determine whether HIPAA transactions were compliant with the applicable 5010 ASC X12 standards and implementation guides. In addition, it included a manual review of companion guides and operating rule attestations.

The validation tool report(s) contain(s) detailed information pertaining to the violations found during the assessment. If a unique violation occurred multiple times within the report(s), they were considered one violation for assessment purposes. In addition, "Warning" or "Informational" violations were not considered. See the validation error report(s) located in the assessment secure site for <**Covered Entity Name**>.

This final report is to inform you that the assessment findings for **<Covered Entity Name>** demonstrates noncompliance in the following areas: transactions, code sets, unique identifiers, and operating rules. The enclosed violations summary report includes a list of all violations cited for assessment purposes. Each violation includes the unique error number from the validation error report, if applicable, and a reference to the pertinent Technical Report (TR3) and/or Operating Rule. In addition, the validation error report for the description of the violation, if applicable, and the corresponding business message.

DNS considers your compliance to be an essential part in preventing administrative simplification burdens to industry trading partners and covered entities. Therefore, DNS expects your full cooperation and that **<Covered Entity Name>** will correct all violations cited within this report.

In summary, there were one or more violations found during the assessment process that warrants a subsequent corrective action. <**Covered Entity Name**> will be notified in a separate letter that will provide the corrective action information and details within 30 days.

If you have any questions about this report, contact the HIPAA compliance team via email at hipaacomplaint@cms.hhs.gov. Please include the assessment reference number located at the top of this report.

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Sincerely,
Madhu Annadata, Director
Division of National Standards
Office of Information Technology

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Enclosure – Violations Summary Report

Violations Summary Report (Example)

File Name(s): Health_Plan_835_14.txt
Violation #1

Validation Error ID: 0x3938eda	Assessment Category: Transaction
Violation Description: 835 transaction does not balance at the transaction level.	
Reference: 005010X221A1, Section 1.10.2.1.3 Transaction Balancing	
Covered Entity Response	
DNS Reply to Covered Entity (DNS Only)	

Violation #2

Validation Error ID: 0x39393b5	Assessment Category: Unique ID
Violation Description: 835 transaction contains an invalid NPI number.	
Reference: 005010X221A1, 1000B, N1 Payee Identification, N103 Identification Code Qualifier XX, External Code Source 537, N104 Payee Identification Code	
Covered Entity Response	
DNS Reply to Covered Entity (DNS Only)	

Violation #3

Validation Error ID: 0x3938bbe	Assessment Category: Code Set
Violation Description: 835 transaction contains a claim(s) with a second iteration of a CAS segment, with the same group code, before exhausting the first trio of the first CAS segment.	
Reference: 005010X221A1, Section 1.10.2.4 Claim Adjustment and Service Adjustment Segment Theory	
Covered Entity Response	
DNS Reply to Covered Entity (DNS Only)	

Operating Rules
Violation #4
Reference: Operating Rule 360, Requirement 4.1.2   Assessment Category: Operating Rule
Violation Description: Attestation indicates health plan has not mapped their CARC/RARC/CAGC crosswalk to their internal codes since 2014, and is out of alignment with the current code combinations.
Covered Entity Response
DNS Reply to Covered Entity (DNS Only)