DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop N1-19-21

Baltimore, Maryland 21244-1850

**Notice of Compliance Review Closure**

Date of Notice: FULLDATE

CONTACTNAME

JOBTITLE

CENAME

ADDRESS1

ADDRESS2

CITY, ST ZIP

Re: Compliance Review Number **XXXXX**

Dear FIRSTNAME LASTNAME:

On (month, day, year), the Department of Health and Human Services (HHS), National Standards Group (NSG) within the Centers for Medicare & Medicaid Services (CMS) finalized the **<Covered Entity Name>** 20XX compliance review.

The compliance review included an assessment of transactions, code sets, unique identifiers, and operating rules based on the **<Covered Entity Name>** artifacts submitted. It incorporated the use of a validation tool to determine HIPAA compliance with the applicable 5010 ASC X12 standards and implementation guides. In addition, it included a manual review of companion guides and operating rule attestations, if applicable.

On (month, day, year), we received verification of Corrective Action Plan completion, and that **<Covered Entity Name>** has brought all discovered violations into compliance. This closure notice is to inform you that the compliance review for **<Covered Entity Name>** is complete and no further action is required. Refer to the enclosed Final Violations Summary Report for additional information and the final status for each violation.

Thank you for working with us towards a successful resolution. To avoid future violations, we encourage all covered entities to periodically validate their electronic transactions using the ASETT validation tool as well as checking their processes for operating rule compliance.

If you have any questions regarding this notice, please send an email to [HIPAAcompliance@cms.hhs.gov](mailto:HIPAAcompliance@cms.hhs.gov). Please include the compliance review number located at the top of this notice.

Sincerely,

**Michael Cimmino**

Director, National Standards Group

Office of Healthcare Experience and Interoperability

Centers for Medicare & Medicaid Services

Enclosure – Final Violations Summary Report

**Final – Violations Summary Report**

| **VIOLATION # 1** |
| --- |
| **Covered Entity File Name:** |
| **Validation Tool Reports** |
| **Consolidated Output File Name:** |
| **Individual Output File Name(s):** |
| **Violation Information** |
| **Violation Error ID:** |
| **Category:** <Select an option.> |
| **Violation Description:** |
| **Reference(s):** |
| **Warrant Corrective Action:** <Select an option.> |
| **Covered Entity Response** |
|  |
| **NSG Reply to Covered Entity (NSG Only)** |
|  |

| **VIOLATION # 2** |
| --- |
| **Covered Entity File Name:** |
| **Validation Tool Reports** |
| **Consolidated Output File Name:** |
| **Individual Output File Name(s):** |
| **Violation Information** |
| **Violation Error ID:** |
| **Category:** <Select an option.> |
| **Violation Description:** |
| **Reference(s):** |
| **Warrant Corrective Action:** <Select an option.> |
| **Covered Entity Response** |
|  |
| **NSG Reply to Covered Entity (NSG Only)** |
|  |

| **VIOLATION # 3** |
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| **Covered Entity File Name:** |
| **Validation Tool Reports** |
| **Consolidated Output File Name:** |
| **Individual Output File Name(s):** |
| **Violation Information** |
| **Violation Error ID:** |
| **Category:** <Select an option.> |
| **Violation Description:** |
| **Reference(s):** |
| **Warrant Corrective Action:** <Select an option.> |
| **Covered Entity Response** |
|  |
| **NSG Reply to Covered Entity (NSG Only)** |
|  |