CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1847	Date: May 12, 2017
	Change Request 10097

SUBJECT: Common Working File (CWF) to reject CWF Provider Queries containing Health Insurance Claim Numbers (HICNs) starting with '9'

I. SUMMARY OF CHANGES: The purpose of this change request is to reject CWF Provider Queries, ELGA, ELGH, HIQA, HIQH, and HUQA, for Medicare eligibility data containing HICNs starting with '9' as Medicare beneficiary HICNs starting with '9' are invalid.

EFFECTIVE DATE: October 1, 2017

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 2, 2017

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	N/D CHAPTER / SECTION / SUBSECTION / TITLE			
N/A	N/A			

III. FUNDING:

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

Attachment - One-Time Notification

SUBJECT: Common Working File (CWF) to reject CWF Provider Queries containing Health Insurance Claim Numbers (HICNs) starting with '9'

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I. GENERAL INFORMATION

A. Background: Providers, Clearinghouses, and/or Third Party Vendors, herein referred to as "Trading Partners," verify an individual's Medicare eligibility and entitlement status prior to and/or during the services before billing Medicare for services rendered to Medicare beneficiaries using HIPAA Eligibility Transaction System (HETS) and/or CWF.

Within CWF, Trading Partners use CWF Provider Queries, ELGA, ELGH, HIQA, HIQH, and HUQA. Standard Medicare beneficiary HICNs are Social Security Number (SSN) followed by a Beneficiary Identification Code (BIC). Based on the analysis conducted by CWF maintainer, the Centers for Medicare & Medicaid Services (CMS) is directing CWF to reject HICNs starting with '9' as invalid. Per Social Security Administration (SSA), the SSNs will never start with '9'.

B. Policy: There has been no change in policy.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B		A/B			D		Sha	red-	.	Other
		MAC		MAC]			Sys	tem				
								Maintainers				
		Α	В	Η		F	Μ	V	C			
				Η	Μ	-	С	Μ	W			
				Η	A	S	S	S	F			
					С	S						
10097.1	The contractor shall reject CWF Provider Queries,								Х			
	ELGA, ELGH, HIQA, HIQH, and HUQA, containing											
	HICNs starting with '9' with CWF error code A002 -											
	INVALID HIC/SSN.											

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B MAC		D M	C E
		A	В	H H H	E M A C	D I
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Vinay Vuyyuru, 410-786-9111 or Vinay.Vuyyuru@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0