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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1469 | Date: FEBRUARY 29, 2008 |
| | Change Request 5958 |

Subject: Document Control Number (DCN) Search Feature

I. SUMMARY OF CHANGES: Change Request (CR) 5770, Handling Personally Identifiable Information on the Medicare Summary Notice, required contractors to replace the first 5 numerics of the health insurance claim number (HICN) with “X’s” on all Medicare Summary Notices at the time that they are printed, in order to protect a beneficiary’s personal health information (PHI). If a beneficiary does not include his or her HICN on an appeal request or written inquiry and other personally identifiable information is missing or incomplete, FISS users will have a difficult time identifying the correct beneficiary. The purpose of this change request is to facilitate this process by adding a search feature by DCN to the FISS system.

New / Revised Material

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

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:

SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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|-------------|-------------------|-------------------------|----------------------|
| Pub. 100-04 | Transmittal: 1469 | Date: February 29, 2008 | Change Request: 5958 |
|-------------|-------------------|-------------------------|----------------------|

SUBJECT: Document Control Number (DCN) Search Feature

Effective Date: July 1, 2008

Implementation Date: July 7, 2008

I. GENERAL INFORMATION

A. Background: CR 5770, Handling Personally Identifiable Information on the Medicare Summary Notice, required contractors to replace the first 5 numerics of the health insurance claim number (HICN) with “X’s” on all Medicare Summary Notices at the time that they are printed, in order to protect a beneficiary’s personal health information (PHI). If a beneficiary does not include his or her HICN on an appeal request or written inquiry and other personally identifiable information is missing or incomplete, FISS users will have a difficult time identifying the correct beneficiary. The purpose of this change request is to facilitate this process by adding a search feature by DCN to the FISS system.

B. Policy: The FISS users need to be able to identify beneficiaries when the HICN is missing.

II. BUSINESS REQUIREMENTS TABLE

| Number | Requirement | Responsibility (place an “X” in each applicable column) | | | | | | | | | |
|----------|--|---|--------------------------------|--------|---------------------------------|-------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 5958.1 | FISS shall create a feature to allow users to search by document control number (DCN). | X | | X | | | X | | | | |
| 5958.1.1 | FISS shall display all matches for a DCN that has duplicate entries. | X | | X | | | X | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility (place an “X” in each applicable column) | | | | | | | | | |
|--------|-------------|---|--------------------------------|--------|---------------------------------|-------------|---------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E M A C | F I | C A R R I E R | R 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:

Use "Should" to denote a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | |

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Mia Minion 410-786-0876 or Randi Yablon 410-786-2073

Post-Implementation Contact(s): Mia Minion 410-786-0876 or Randi Yablon 410-786-2073

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)* use only one of the following statements: 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)*, use the following statement:

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.