CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11845	Date: February 9, 2023
	Change Request 13087

SUBJECT: Modify the Health Insurance Claim Number (HICN)/Medicare Beneficiary's Identification (MBI) Correction Process for Fiscal Intermediary Shared System (FISS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify the HICN/MBI correction processes that were identified from the FS1970 FISS change. This change will ensure that the FISS system is identifying and using the correct beneficiary on all transactions within the FISS system.

EFFECTIVE DATE: July 1, 2023
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 3, 2023

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	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

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I.   GENERAL INFORMATION

A.   Background: FISS change FS1970 retrospective review created a task for FISS to improve the beneficiary HICN match process.

B.   Policy: N/A

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13087.1	FISS SSM shall ensure claims are not transferred to the wrong beneficiary by adding the beneficiaries name to the HICN/MBI file matching process.					X				
13087.2	FISS SSM shall ensure duplicate HIC/MBI transfer requests are not processed in the FISS system.					X				
13087.3	FISS SSM shall enhance the existing report FSSB1252 (RPT1252A) Beneficiary Cross Reference Correction Monthly Totals to identify HIC/MBI corrections blocked by this additional name matching.					X				
13087.4	FISS SSM shall update RUNDOCs to have the jobs run before the first purge/retrieval process after the month.					X				

III.   PROVIDER EDUCATION TABLE

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

IV.   SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Tammy Nelson, Tammy.Nelson@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