CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1974	**Date: November 9, 2017**
	Change Request 10124

SUBJECT: Revision of PWK (Paperwork) Fax/Mail Cover Sheets

I. SUMMARY OF CHANGES: The purpose of this change request is to revise the PWK (paperwork) Fax/Mail Cover Sheets to remove HICN and replace it with Medicare ID. HICN is being removed from the forms as part of the Medicare Access and CHIP Re-authorization Act (MACRA) of 2015, which requires removal of the Social Security Number based Health Insurance Claim Number (HICN) from Medicare cards within four (4) years of enactment.

EFFECTIVE DATE: April 1, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 2, 2018

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:
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

Pub. 100-20	Transmittal: 1974	Date: November 9, 2017	Change Request: 10124

SUBJECT: Revision of PWK (Paperwork) Fax/Mail Cover Sheets

EFFECTIVE DATE: April 1, 2018
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 2, 2018

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to revise the three PWK (paperwork) Fax/Mail Cover Sheets to remove the Health Insurance Claim Number (HICN) from the forms and replace it with "Medicare ID". HICN is being removed from the forms as part of the Medicare Access and CHIP Re-authorization Act (MACRA) of 2015, which requires removal of the Social Security Number (SSN) based Health Insurance Claim Number (HICN) from Medicare cards within four (4) years of enactment. These fax/Mail Cover sheets are used so that providers are able to continue to submit electronic claims, which require additional documentation.

B. Policy: The Administrative Simplification provisions of the Health Insurance Portabiility and Accountability Act of 1996 (HIPAA) require the Secretary of Health & Human Services (HHS) to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
10124.1	Contractors shall provide the revised fax/mail cover sheets that replace "HICN" with "Medicare ID" (attached) to their trading partners via hardcopy and/or electronic download by the start of the New Medicare Card Project transition period April 2, 2018.	X	X	X	X					RRB
10124.1.1	Contractors shall accept only the new fax/mail cover sheets that contain "Medicare ID" beginning on April 2, 2018.	X	X	X	X					RRB
10124.1.2	Contractors shall replace the Fax/Mail cover sheets that were attached to CR7041 with the newly revised PWK (paperwork) Fax/Mail Cover sheets. The complete Guidelines for using the forms are included in CR7041. All cost estimates were included in	X	X	X	X					RRB

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CR7041 that was Final Issued September 1, 2010.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
10124.2	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	

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): Charlene Parks, charlene.parks@cms.hhs.gov

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 3

Insert Company Logo here

Medicare Part A Fax/Mail Cover Sheet

Complete all fields and fax or mail the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		DCN:
Beneficiary: Last Name	First Name	Medicare ID:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):

Title at discretion of contractor

State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)
Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information

Insert Company Logo here

Medicare Part B Fax/Mail Cover Sheet

Complete all fields and fax or mail the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		ICN:
Beneficiary: Last Name	First Name	Medicare ID:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):

Title at discretion of contractor

State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)
Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information

Insert Company Logo here

Medicare DMAC Fax/Mail Cover Sheet

Complete all fields and fax or mail the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		ICN:
Beneficiary: Last Name	First Name	Medicare ID:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):

Title at discretion of contractor

State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)
Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information