| CMS Manual System | Department of Health & Human Services (DHHS) |
|---|---|
| **Pub. 100-07 State Operations Provider Certification** | **Centers for Medicare & Medicaid Services (CMS)** |
| **Transmittal 188** | **Date: April 26, 2019** |

**SUBJECT: Revisions to the State Operations Manual (SOM 100-07) Chapter 2, The Certification Process, Chapter 3, Additional Program Activities, and Chapter 4, Program Administration and Fiscal Management**

**I. SUMMARY OF CHANGES: The purpose of this revision is to update Chapters 2, 3 and 4 in Publication 100-07 with the New Medicare Card Project-related language.**

**REVISED MATERIAL - EFFECTIVE DATE: April 26, 2019**
**IMPLEMENTATION DATE: April 26, 2019**

***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 |
|---|---|
| R | 2/2202 - Outcome and Assessment Information Set (Oasis) Requirements/2202.9B - Right to See, Review, and Request Changes |
| R | 3/3028 - Documentation Guide List - Termination for Noncompliance With §§1866(b)(2)(A) and (C)/3028B - Additional Documentation - Charging for Covered Services and/or Refusing to Refund Incorrect Collections |
| R | 4/4802 - Budget and Financial Report Files – Records to be Retained/4802K. Supplementary Medical Insurance (SMI) General Enrollment Period (GEP) Records (N1-440-95-1, Item 10) |

**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.**

**IV. ATTACHMENTS:**

| | |
|---|---|
| | **Business Requirements** |
| X | **Manual Instruction** |
| | **Confidential Requirements** |
| | **One-Time Notification** |
| | **One-Time Notification -Confidential** |
| | **Recurring Update Notification** |

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

# State Operations Manual
## Chapter 2 - The Certification Process

### 2202.9B - Right to See, Review, and Request Changes
*(Rev.188, Issued: 04-26-19, Effective: 04-26-19, Implementation: 04-26-19)*

*The term Medicare beneficiary identifier (Mbi) is a general term describing a beneficiary's Medicare identification number. For purposes of this manual, Medicare beneficiary identifier references both the Health Insurance Claim Number (HICN) and the Medicare Beneficiary Identifier (MBI) during the new Medicare card transition period and after for certain business areas that will continue to use the HICN as part of their processes.*

The "Federal Register" notice of June 18, 1999, requires that, under the Privacy Act, Medicare/Medicaid patients have the right to see, review, and request changes in their assessments. HHAs must accommodate patients (or their representative), who request this review. If the patient disputes OASIS information collected as part of a comprehensive assessment, the HHA has two options; it can agree or disagree with the dispute.

1. The HHA Agrees.--If the HHA agrees with the patient's request, it accepts the request, and changes the applicable OASIS data item(s) on the assessment. A corrected assessment can be submitted to the State, using the terms of the OASIS correction policy.

2. The HHA Disagrees.--If the HHA disagrees with the patient's request, the patient should request written documentation that the disputed information will not be changed by the HHA including the reason(s) why.

If a patient chooses to pursue his/her request at the Federal level, he/she may contact CMS at 1-800-Medicare, toll free, for further review of the disputed issue. The individual contesting a record will be advised to write to the Privacy Officer, CMS, 7500 Security Boulevard, Baltimore, Maryland, 21244-1850, identify the record, and specify the information being contested. This correspondence must include the HHA's written documentation refusing the change. It must also state the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with the Department's regulations (45 CFR 5b.7.) To preserve the privacy of the OASIS/HHA system of records, the Privacy Act Privacy Officer may require that the individual provide the following information for verification purposes: The system name, *Medicare beneficiary identifier*, and, for verification purposes, the individual's name (woman's maiden name, if applicable), social security number, address, date of birth, and sex. (Furnishing the social security number is voluntary, but it may make searching for a record easier and prevent delay.) This information must be notarized to preserve the confidentiality of this process.

The HHA Medicare/Medicaid patient who wants to know if there is a record belonging to him/her in the OASIS/HHA system of records, or wants to review the record contained in the CMS OASIS/HHA system of records repository would follow the same process. The patient can contact CMS toll free at 1-800-Medicare to get instructions for how to pursue his/her request.

# State Operations Manual
## Chapter 3 - Additional Program Activities

### 3028B - Additional Documentation - Charging for Covered Services and/or Refusing to Refund Incorrect Collections

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Additional documentation for the RO to use in making a determination of noncompliance includes:

- Name, address, *Medicare beneficiary identifier*, and dates of stay of any involved Medicare beneficiary known to have been furnished covered services by the provider;
- Where the services in question were furnished in a SNF, information relating to the beneficiary's prior qualifying hospital stay, including if appropriate, copies of the Medicare billing submitted for the period of hospitalization;
- Copies of any bills, receipts, letters, that were received by the beneficiary from the provider requesting payment, including, if available, a description of the services furnished to assure that payment was requested for "covered services";
- Copies of any checks, money orders, receipts, etc., which show payment to the provider by the beneficiary;
- Copies of any materials available which would show the payment conditions under which the beneficiary was furnished services, e.g., a contract of admittance;
- Copies of all pertinent "request for payment" forms that may have been filed by the provider for services furnished to the beneficiary during the period in question. If requests for payment were filed and the provider received program payment, the RO secures a written statement from the intermediary that shows that program payment (and the amount) was made to the provider on behalf of the beneficiary. For those cases where program payment has not been made (including cases where the provider has not filed a request for payment), secure a written opinion from the intermediary (based on available medical records and/or billings) as to the probability for making program payment;
- Copies of any requests by the beneficiary for the return of amounts paid to the provider for covered services, including any reply by the provider; and
- Authorization for the United States to act on behalf of the beneficiary. If the beneficiary has instituted any legal action to recover amounts paid to the provider, the RO does not secure the authorization. Use the following format:

*Authorization*

I hereby request that the United States act on my behalf to recover from (name of provider) amounts which I paid to said (hospital, nursing home, etc.) for services covered under title XVIII of the Social Security Act, popularly known as Medicare.

I hereby affirm that I am an eligible Medicare beneficiary and that as such I was a patient at said (hospital, etc.) from ________ to ____(insert dates) and that I paid said (hospital, etc.) $______(insert amount paid) for services rendered during this period.

Signed

*Medicare beneficiary identifier*

All of the information listed above should be obtained by the Division of Medicare as part of its responsibility in monitoring Medicare fiscal intermediaries.

# State Operations Manual
## Chapter 4 - Program Administration and Fiscal Management

**4802K. Supplementary Medical Insurance (SMI) General Enrollment Period (GEP) Records**
(N1-440-95-1, Item 10)
***(Rev.188, Issued: 04-26-19, Effective: 04-26-19, Implementation: 04-26-19)***

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Records consisting of source documents, (the CMS-L40D) for all individuals who responded in the direct mail solicitation for SMI enrollment. The records contain such information as beneficiary name, *Medicare beneficiary identifier*, address, premium amount, and a check mark reflecting individual's election or refusal of enrollment.

**DISPOSITION:**

1. Source Document - Cutoff at the close of the General Enrollment Period. Destroy 1 year after cutoff.

2. Timely Filed Yes Reply List - Cutoff at the end of the calendar year. Destroy 3 years after cutoff.