

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2275	Date: April 5, 2019
	Change Request 10689

SUBJECT: User CR: MCS - Add Date to NU Screen for Health Insurance Claim Number (HICN) Changes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS system to add the date a HICN changes for a beneficiary. The benefit of this change is to make the date readily available to MSP processors and ECRS processors to determine if new information is needed. It will also assist in a situation where the beneficiary's history comes into play while processing claims.

This was originally MCS USER CR 56473.

EFFECTIVE DATE: October 1, 2019

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

IMPLEMENTATION DATE: October 7, 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
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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SUBJECT: User CR: MCS - Add Date to NU Screen for Health Insurance Claim Number (HICN) Changes

EFFECTIVE DATE: October 1, 2019

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

IMPLEMENTATION DATE: October 7, 2019

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the MCS system to add the date a HICN changes for a beneficiary. The benefit of this change is to make the date readily available to Medicare Secondary Payer (MSP) processors and Electronic Correspondence Referral System (ECRS) processors to determine if new information is needed. It will also assist in a situation where the beneficiary's history comes into play while processing claims.

This was originally MCS USER CR 56473.

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 M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10689.1	MCS shall add a new field on the NU Screen next to the XRFM & XRTO fields that displays the date the beneficiary's HICN changed.						X				
10689.1.1	MCS shall ensure that the date field only displays the date for HICN changes going forward, and will be blank if the HICN has not been updated since the installation of these changes.						X				
10689.1.2	MCS shall update both the Beneficiary Eligibility and the MCS Desktop Tool (MCSDT) Base Inquiry Window with the date.						X				
10689.1.3	MCS shall update the windows to show the To and From HICs.						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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): Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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