

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2307	Date: May 17, 2019
	Change Request 11289

SUBJECT: Additional Processing Instructions to Update the Standard Paper Remit (SPR)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide additional instructions to the contractors to update the SPR to ensure that none are mailed after the implementation of this CR with a Health Insurance Claim Number (HICN) per the Social Security Number Fraud Prevention Act of 2017.

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: Additional Processing Instructions to Update the Standard Paper Remit (SPR)

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IMPLEMENTATION DATE: October 7, 2019

I. GENERAL INFORMATION

A. Background: The Social Security Number Fraud Prevention Act of 2017 (Public Law No 115-59) requires Federal Government agencies to discontinue including Social Security Numbers (SSNs) on documents sent by mail no later than September 15, 2022.

This CR instructs contractors to update their systems to comply with the Act.

B. Policy: The Social Security Number Fraud Prevention Act of 2017.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
11289.1	<p>Effective October 1, 2019, contractors shall mask the Patient Control Number field (also named the Patient CNTRL Number) or the Patient Account Number (ACNT) field on any print file used to create an SPR for mailing if it contains a HICN or SSN.</p> <p>The HICN and Railroad Retirement Board (RRB) HICN formats are defined in CR11112.</p> <p>SSN defined as a 9-digit number, formatted excluding dashes as 999999999, or formatted including dashes as 999-99-9999 ("9" represents any numeric digit 0-9); and excluding SSN Area Numbers 000, 666, or 900-999 per SSN Allocations source: ssa.gov.</p> <p>Note 1: The Patient Control Number field is a “free format” field and the HICN or SSN could be present anywhere in the field.</p>	X	X	X	X	X	X	X		STC	

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	Note 2: This direction does not affect any SPRs used for the portal process.								
11289.1.1	<p>Contractors shall interrogate the Patient Control Number field (also named the Patient CNTRL Number) or the ACNT field to determine if there is a HICN or SSN identified anywhere within the field and, if identified, the contractors shall replace the first five digits of the HICN and/or SSN with capital Xs on any print file used to create an SPR for mailing. Contractors shall follow the RRB HICN masking criteria defined in CR11112 to mask the Patient Control Number field (also named the Patient CNTRL Number) or the ACNT field. Examples for reference are below.</p> <p>HICN Examples</p> <ul style="list-style-type: none"> • XXXXX7777A • XXXXX7777C1 <p>RRB HICN Examples</p> <ul style="list-style-type: none"> • AXXXXX1370 • WCAXXXXX2388 • CAXXXXX1 <p>Note 1: This masking requirement does not apply to RRB numbers issued before March 1964, which included an alpha prefix and 6 digits; e.g., A000000.</p> <p>SSN Examples:</p> <ul style="list-style-type: none"> • XXXXX1234 • XXX-XX-1234 <p>Note 2: Medicare Beneficiary Identifier (MBI) will not be masked</p>	X	X	X	X	X	X	X	STC
11289.2	Contractors shall test no less than 15 ready-to-mail SPRs per lines of business from their appropriate shared system's print file to ensure the HICN and SSN are masked correctly.	X	X	X	X				STC

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
11289.2.1	Contractors shall provide testing results, prior to the implementation date of this CR, to matthew.klischer@cms.hhs.gov and charlene.parks@cms.hhs.gov.	X	X	X	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			
11289.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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): matthew klischer, matthew.klischer@cms.hhs.gov , Char 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: 0