

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services</b>
<b>Transmittal 1399</b>	<b>Date: DECEMBER 19, 2007</b>
	<b>Change Request 5770</b>

**SUBJECT: Handling Personally Identifiable Information on the Medicare Summary Notice**

**I. SUMMARY OF CHANGES:** The purpose of this change request is to (1) Provide instructions to contractors regarding how to handle claims when the beneficiary's health insurance claim number (HICN) and name do not match, and (2) Eliminate identification of the beneficiary's HICN on the Medicare Summary Notice.

**NEW/REVISED MATERIAL**

**EFFECTIVE DATE: JANUARY 7, 2008**

**IMPLEMENTATION DATE: JANUARY 7, 2008**

*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**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>R</b>	21/10.3.5/Title Section of the MSN
<b>R</b>	27/20.2.2.2 Disposition Code 51 (True Not in File on CMS Batch System)
<b>R</b>	27/20.2.2.6/Disposition Code 55 (Personal Characteristic Mismatch)

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**SECTION B: 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:**

**Business Requirements**

**Manual Instruction**

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 1399	Date: December 19, 2007	Change Request: 5770
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**SUBJECT: Handling Personally Identifiable Information on the Medicare Summary Notice**

**Effective Date: January 7, 2008**

**Implementation Date: January 7, 2008**

## I. GENERAL INFORMATION

**A. Background:** CWF rejects a claim and sends back disposition code 55 with the 08 trailer containing error code 5052 or disposition code 51 without the 01 trailer containing error code 5052 when the beneficiary's name does not match any Medicare Health Insurance Claim Number (HICN). When the provider submits a claim with the incorrect HICN or name and that claim is denied, a Medicare Summary Notice (MSN) is sent to the beneficiary with personally identifiable information (PII) that does not belong to the beneficiary. This situation increases the potential for beneficiary identity theft or claims fraudulently billed by the provider. In addition, the number of inquiries and complaints to the beneficiary call center increases. The purpose of this change request is two-fold:

Provide instructions to contractors regarding how to handle claims when the beneficiary's HICN and name do not match.

Eliminate identification of the beneficiary's HICN on the MSN.

**B. Policy:** As a result of the CMS Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA), Medicare fee-for-service contractors shall protect a beneficiary's personal health information (PHI).

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A B M A C	D M A A C	F I I E R	C A R I E R	R H R I S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
5770.1	If CWF rejects a claim and sends back disposition code 55 with the 08 trailer containing Error Code 5052 or disposition code 51 without the 01 trailer containing error code 5052 when the beneficiary name does not match the HICN, contractors shall return the claim to the provider as unprocessable.	X		X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B	D M E	F I	C A R R I E R	R H R I	Shared-System Maintainers			
		M A C	M A C			F I S S	M C S	V M S	C W F	
5770.1.1	Contractors shall return to provider (RTP) Part A claims.	X		X		X				
5770.1.1.1	Contractors shall not mail an MSN for these RTP'd Part A claims.	X		X		X				
5770.1.2	Contractors shall return/reject Part B claims.	X			X					
5770.1.2.1	Contractors shall use Reason Code 140 (Patient/Insured health identification number and name do not match).	X			X					
5770.1.2.2	Contractors shall not mail an MSN for these Part B return/reject claims.	X			X					
5770.1.3	For unassigned Part B submitted by the beneficiary on the Form CMS-1490S, contractors shall develop the claim for the correct HICN.	X			X					
5770.1.3.1	If contractors do not receive a response after 45 days for these developed unassigned claims submitted by the beneficiary on the Form CMS-1490S, they shall deny the claim.	X			X					
5770.2	In order to protect a beneficiary's PHI, contractors shall replace the first 5 numerics of the HICN with "X's" on all Medicare Summary Notices at the time that they are printed. This requirement applies to pay, no-pay, and duplicate copies of the MSN.	X	X	X	X	X	X	X	X	
5770.2.1	Shared system maintainers shall provide the capability for requirement 5770.2 to be done by either the shared system or by the contractor.						X	X	X	
5770.2.2	Shared system maintainers shall continue to retain the HICN on all appropriate online records.						X	X	X	
5770.2.3	If contractors receive a beneficiary appeal request without the HICN and it is needed to process the appeal, contractors shall search the shared system and/or CWF records for the HICN using any available information.	X	X	X	X	X				
5770.2.3.1	If the HICN is not found, contractors shall develop for it in writing or by telephone.	X	X	X	X	X				
5770.2.3.2	If the HICN is not received within 14 days and the appeal request cannot be processed without it, then contractors shall dismiss the request as incomplete.	X	X	X	X	X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M  M A C	F I  M A C	C A R R I E R	R H I  I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
5770.3	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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.</p>	X	X	X	X	X					

**IV. SUPPORTING INFORMATION**

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

**B. For all other recommendations and supporting information, use this space: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Mia Minion, 410-786-0876, [Mia.Minion@cms.hhs.gov](mailto:Mia.Minion@cms.hhs.gov) or Randi Yablon, 410-786-2073, [Randi.Yablon@cms.hhs.gov](mailto:Randi.Yablon@cms.hhs.gov)

**Post-Implementation Contact(s):** Mia Minion, 410-786-0876, [Mia.Minion@cms.hhs.gov](mailto:Mia.Minion@cms.hhs.gov) or Randi Yablon, 410-786-2073, [Randi.Yablon@cms.hhs.gov](mailto:Randi.Yablon@cms.hhs.gov)

## **VI. FUNDING**

### **A. For *Fiscal Intermediaries and Carriers***

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

### **B. For *Medicare Administrative Contractors (MACs)***

The Medicare administrative contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

### 10.3.5 - Title Section of the MSN

*(Rev. 1399; Issued: 12-19-07; Effective: 01-07-08; Implementation: 01-07-08)*

#### A. General Information About the “Title” Section

This section contains a fixed display of information. It does not vary in length. It contains the following elements:

- Title of notice;
- Beneficiary name and mailing address;
- “Be Informed” statement; and
- Customer Service Information including:
  - Beneficiary Medicare number - *In order to protect a beneficiary’s PHI, contractors shall replace the first five numerics of the HICN with “X’s” on all Medicare Summary Notices at the time that they are printed. This requirement applies to pay, no-pay, and duplicate copies of the MSN.*
  - BCC mailing address and contractor ID number
  - 1-800-MEDICARE (1-800-633-4227)
  - TTY telephone number;
  - “Summary of Claims Processed” statement.

**NOTE:** Contractors have the option of changing the type of information in the Customer Service Information box. For example, they may or may not choose to list the Suite number in the address. At a minimum, however, they must still include the BCC address, the contractor ID number, 1-800-MEDICARE (1-800-633-4227), and the national TTY number (1-877-486-2048). There must be one blank line between the address and phone numbers. All changes must be approved by each contractor’s RO. The RO will notify CO of the approved change.

#### B. Technical Specifications for “Title” Section

Details of the technical specifications for each element in the title section follow.

##### Title of Notice

“Medicare Summary Notice” is printed in mixed case equivalent to 30-point bold type. The title is centered within a box of 10-percent shading. The box extends from left margin to right margin. In the left corner of the box, the CMS logo (imported) is printed. In the upper right hand corner of box “Page 1 of \_\_” is printed in mixed case equivalent to 10-point type.

In the bottom right hand corner of the title box, the date the notice was printed is shown in mixed case equivalent to 10-point type.

Then a blank line equivalent to 10-point type occurs.

## **Beneficiary Name and Mailing Address**

The beneficiary name, mailing address, and dollar amounts are printed in all uppercase letters equivalent to 10-point size fixed pitch font (the font may not be script, italic or any other stylized font). The name and address information is placed as shown in exhibits to conform to U. S. postal regulations. (The beneficiary name, mailing address, and dollar amounts are the only data elements that may be printed in fixed pitch fonts. The rest of the MSN is printed using proportional fonts.)

Contractors are not to change the format of the “Title” section in order to use double window envelopes. Include a separate mailing sheet with both a return and delivery address for double window envelopes.

## **Customer Service Information (refer to note in A above)**

Print a box equivalent to a 1-point line around the following customer service information. Extend from center of page to the right margin. Height is 2 1/2 inches. Width is 3 1/2 inches.

- Allow equivalent to 12-point blank line.
- Print “Customer Service Information” in upper case equivalent to 12-point bold type.
- Print “Your Medicare Number: \_\_\_\_\_” centered in the box equivalent to 12-point bold mixed case.
- Print “If you have questions, write or call:” in mixed case equivalent to 12-point type.
- Indent 4 bytes and print the BCC mailing address on the next 5 lines equivalent to 12-point type. Print the appropriate contractor ID number next to, and on the same line as, the contractor name. The ID number should be preceded by the number sign, and both the number sign and the ID number should be enclosed in parentheses and printed in bold-faced type (if possible).

- Allow equivalent to 12-point blank line.

### **INTERMEDIARIES ONLY:**

- Indent 4 bytes and print “Call:” then “1-800-MEDICARE (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.

- Indent 4 bytes and print “Ask for Hospital Services” in mixed case equivalent to 12-point bold type



- Indent 4 bytes and print “TTY for Hearing Impaired:” then “1-877-486-2048” in mixed case equivalent to 12-point type.

**CARRIERS ONLY:**

- Indent 4 bytes and print: “Call:” then “1-800-Medicare (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.

- Indent 4 bytes and print “Ask for Doctor Services” in mixed case equivalent to 12-point bold type.

- Indent 4 bytes and print “TTY for Hearing Impaired:” then “1-877-486-2048” in mixed case equivalent to 12-point type.

**DMERCs ONLY:**

- Indent 4 bytes and print: “Call:” then “1-800-Medicare (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.

- Indent 4 bytes and print “Ask for Medical Supplies” in mixed case equivalent to 12-point bold type.

- Indent 4 bytes and print “TTY for Hearing Impaired:” then “1-877-486-2048” in mixed case equivalent to 12-point type.

**Be Informed Statement**

- Print “Be Informed:” in upper case letters and bold equivalent to 12-point type. Begin printing the fraud message on the same line as “Be Informed:” Print the fraud message in mixed case equivalent to 12-point type. It may continue for 2 additional lines. Fraud messages are found in §50.24. Print only those messages approved for the “Be Informed” section. The “Be Informed” section should end no lower than the bottom of the “Customer Service Information” box. There should be at least 2 bytes between the end of each line and the beginning of the “Customer Service” box.

- Allow equivalent to 12-point blank line.

- For intermediaries, on all notices processed for services on multiple days, print “This is a summary of claims processed from mm/dd/yyyy to mm/dd/yyyy.” in mixed case equivalent to 14-point type centered between the margins. For all notices for services processed on a single day, print “This is a summary of claims processed on mm/dd/yyyy.” in mixed case equivalent to 14-point type centered between the margins.

- Allow equivalent to 18-point blank line.

- For carriers, for unassigned and assigned claims with no payment to the beneficiary, and with different finalization dates, print, “This is a summary of claims

processed from mm/dd/yyyy through mm/dd/yyyy” in mixed case equivalent to 14-point type centered between the margins.

- For carriers, for unassigned and assigned claims with no payment to the beneficiary and the same finalization dates, print “This is a summary of claims processed on mm/dd/yyyy in mixed case equivalent to 14-point type centered between the margins.”

- For unassigned and assigned claims with payment to the beneficiary, print “This is a summary of claims processed on mm/dd/yyyy in mixed case equivalent to 14-point type centered between the margins. The mm/dd/yyyy inserts should be high/low claim finalization dates.”

Allow equivalent to 18-point blank line.

## 20.2.2.2 - Disposition Code 51 (True Not in File on CMS Batch System)

*(Rev. 1399; Issued: 12-19-07; Effective: 01-07-08; Implementation: 01-07-08)*

The Host gives this response with a 08 Trailer and error code 5052. The CMS has performed an alpha search of its records and cannot locate the beneficiary's records. Alpha search is the process of searching for the records based on the first six positions of the surname. All beneficiaries with the same first six letters in their surnames are listed with their HICNs. The system checks for possible matches, including the possibility that numbers were transposed. This search is performed only if no match is found during the search by HICN.

This code can be given in two forms:

**1. With Trailer 01** - Trailer 01 will contain a possible corrected HICN. The carrier or FI investigates the possible HICN and, if it believes the new HICN is for the same beneficiary, it resubmits the claim with the new HICN to the Host. The CWF will respond with the appropriate disposition code and any associated trailers for processing the claim.

**2. Without Trailer 01** - This response indicates that after performing the alpha search operation, no match is found against the HICN submitted and CMS records. Since Medicare eligibility cannot be established, *contractors shall return the claim to the provider as unprocessable and take the following actions:*

- *Contractors shall return to provider (RTP) Part A claims. Contractors shall not mail an MSN for these claims.*
- *Contractors shall return as unprocessable Part B claims. Contractors shall use Reason Code 140 (Patient/Insured health identification number and name do not match). Contractors shall not mail an MSN for these claims.*
- *For unassigned Part B claims submitted by the beneficiary on the Form CMS-1490S, contractors shall develop the claim for the correct HICN. If contractors do not receive a response after 45 days, they shall deny the claim.*

### **20.2.2.6 - Disposition Code 55 (Personal Characteristic Mismatch)**

*(Rev. 1399; Issued: 12-19-07; Effective: 01-07-08; Implementation: 01-07-08)*

- The Host provides the Satellite with this disposition code and Trailer 08 with error code 5052 when it discovers a mismatch of name and personal characteristics such as sex or date of birth.
- The Host returns what it believes to be the proper information on Trailer 10. The header portion of the response also contains the corrected sex and birth date, if applicable.

*If CWF rejects a claim and sends back disposition code 55 with the 08 trailer containing Error Code 5052 when the beneficiary name does not match the HICN, contractors shall return the claim to the provider as unprocessable and take the following actions:*

- *Contractors shall return to provider (RTP) Part A claims. Contractors shall not mail an MSN for these claims.*
- *Contractors shall return as unprocessable Part B claims. Contractors shall use Reason Code 140 (Patient/Insured health identification number and name do not match). Contractors shall not mail an MSN for these claims.*
- *For unassigned Part B claims submitted by the beneficiary on the Form CMS-1490S, contractors shall develop the claim for the correct HICN. If contractors do not receive a response after 45 days, they shall deny the claim.*