CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1944	Date: October 27, 2017
	Change Request 10332

SUBJECT: MCS Analysis Only: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process

I. SUMMARY OF CHANGES: This Change Request (CR) provides hours for the Multi-Carrier System (MCS) to perform analysis and develop business requirements to implement a Beneficiary Do Not Forward (DNF) process for MCS and Railroad Beneficiaries.

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	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

SUBJECT: MCS Analysis Only: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary

Do Not Forward Process

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: Currently, there is no process in place to withhold payments for beneficiaries who are on a Do Not Forward (DNF) notice due to a bad address. The Healthcare Integrated General Ledger System (HIGLAS) will develop changes to implement a beneficiary DNF process that mirrors the current provider DNF process. The Multi-Carrier System (MCS) will need to make changes to accept the HIGLAS changes as well as develop a process for Railroad Retirement Board (RRB) beneficiaries to match this process.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility																		
		A/B			D		Sha	red-		Other										
		MAC		MAC		MAC		MAC		MAC						M System				
					Е		aint													
		A	В	Н	3.4	F	M													
				Н			C		W											
				Н	A C	S	S	S	F											
10332.1	MCS shall perform analysis to develop business					ט	X													
	requirements for system changes to react to the																			
	HIGLAS changes for a new beneficiary DNF process,																			
	as outlined in the draft requirements in attachment A.																			
10332.2	MCS shall perform analysis to develop business						X													
	requirements for system changes to implement a																			
	beneficiary DNF process for the RRB beneficiaries.																			
10332.3	MCS shall email business requirements for an						X													
	implementation CR to Stacey Shagena at																			
	Stacey.Shagena@cms.hhs.gov 30 days after issuance.																			
10332.4	MCS, HIGLAS, and the MACs shall attend up to 3		X				X			HIGLAS										
	one-hour calls to resolve any differences between																			
	HIGLAS and MCS requirements for the final																			
	implementation CR, to be scheduled by MCS. Calls																			
	may be before or after the delivery of business																			
	requirements (BR 3) as needed by MCS.																			

Number	Requirement	Responsibility									
			A/B		D	Shared-				Other	
		MAC		M	System						
					Е	Maintainers			ers		
		Α	В	Н		F	M	V	С		
				Н	M	Ι	C	M	W		
				Н	A	S	S	S	F		
					C	S					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				,
		A/B				C
					ט	C
			MA(\mathcal{C}	M	Ε
					Е	D
		A	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

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

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Stacey Shagena, 410-786-8208 or Stacey.Shagena@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: 1

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

Requirement		A/B		D		<u> </u>												
	Responsil A/B MAC						A/B MAC			A/B MAC			M E	Shared-				Other
	A	В	H H H	M A C	F I S S	M C S		_										
HIGLAS shall define new Beneficiary Undelivered Hold/Release									HIGLAS									
HIGLAS shall enhance the MCS 271 Interface to place the hold/release the beneficiary from Beneficiary Undelivered Hold						X			HIGLAS									
HIGLAS/MCS shall use PLB Code 'TBD' to report the Beneficiary Undelivered Hold on the HIGLAS 835 Interface.						X			HIGLAS									
HIGLAS/MCS shall use PLB Code 'TBD' to report the Beneficiary Undelivered Release on the HIGLAS 835 Interface.						X			HIGLAS									
MCS shall make necessary changes to accept/process the Beneficiary Undelivered Hold/Release (similar to the Do Not Forward Hold for provider) and transmit the 811 check register interface. In cases of split-pay MCS shall process the provider part of payments, when the Papeliciary is on						X			HIGLAS									
Undelivered Hold. HIGLAS shall develop a form to store and cascade the Beneficiary Undelivered Hold/Release to the open payable invoice		X							HIGLAS									
HIGLAS shall modify CPT Full Hold Extension to verify un-delivered flag Hold and generate the CPT Interest till the Hold effective start date		X							HIGLAS									
HIGLAS shall modify the Stale-dating process Beneficiary Undelivered Hold		X							HIGLAS									
HIGLAS shall create a new report to provide a extract of payable invoices on un-delivered flag Hold		X							HIGLAS									
MCS shall compile a list of active Beneficiary Undelivered and provide to HIGLAS. HIGLAS shall perform one-time update to place the beneficiary open invoices on Beneficiary Undelivered Hold						X			HIGLAS									
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