

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2085	Date: May 4, 2018
	Change Request 10035

SUBJECT: Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs) and Summary MSNs for Previously Undeliverable MSNs for FISS and MCS (No-Pay only)

I. SUMMARY OF CHANGES: The purpose of this CR is to (1) provide the MACs with guidance on the disposition and handling of Pay uMSNs, provide and mail a limited “Initial Summary MSN” when the beneficiary undeliverable flag is removed, create an “Additional Summary MSN” that can be mailed to the beneficiary, if requested, for claims older than one year, and provide guidance on the appeal rights for uMSNs.

EFFECTIVE DATE: October 1, 2018 - Based on process date of the MSN

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

IMPLEMENTATION DATE: October 1, 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/revise 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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EFFECTIVE DATE: October 1, 2018 - Based on process date of the MSN

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) implemented CR 9372 – Implementation of Procedures for Undeliverable Medicare Summary Notices (uMSNs) to provide contractors guidelines for handling uMSNs, and automate a process through the Shared Systems to indicate a beneficiary has an undeliverable address on record and suppress the mailing of the MSN until the address is updated. This CR only addressed Non-Pay MSNs (MSNs that do not include a check to the beneficiary.) Because a Pay uMSN contains a check, and Personally Identifiable Information (PII), the USPS cannot send a Pay uMSN to a forwarding address, and the contractor cannot directly mail a Pay uMSN to a forwarding address. While Pay uMSNs represent less than 1% of all uMSNs, the fact that they contain the same PII, as well as checks, makes it just as, if not more, important that they be properly handled and destroyed.

With the implementation of CR 9372, a situation was created where an extremely large volume of MSNs, going back several years in time, were printed and mailed when the undeliverable flags were removed from numerous beneficiaries' records. The Office of Inspector General (OIG), through an audit, has instructed CMS to prepare guidelines regarding the disposition of uMSNs in order to meet CMS guidelines to provide an MSN to every beneficiary who receives Medicare services.

The purpose of this CR is to (1) provide the MACs with guidance on the disposition and handling of Pay uMSNs, (2) provide and mail a limited "Initial Summary MSN" when the beneficiary undeliverable flag is removed, (3) create an "Additional Summary MSN" that can be mailed to the beneficiary, if requested, for claims older than one year, and (4) provide guidance on the appeal rights for uMSNs.

A contractor is already assisting CMS in determining which beneficiary addresses are currently undeliverable. This outside contractor has been provided with all beneficiary addresses in the Social Security Administration's (SSA's) master file (and will be provided with any updates). The contractor then runs those addresses through postal software, as well as compares them to the National Change of Address (NCOA) listings, in order to compile a list of all undeliverable beneficiary addresses, which are then provided to CMS. CMS, in turn, provides the list to the Virtual Data Centers (VDCs), so the Shared Systems can flag those addresses as undeliverable and suppress the mailing of Non-Pay print MSNs to those undeliverable addresses. This CR will instruct the SSMs and MACs to follow the same procedures as for Pay uMSNs. Whenever an updated beneficiary address is provided to SSA, the respective beneficiary's print Pay and Non-Pay MSNs will be un-suppressed, and mailing of their print Pay and Non-Pay MSNs will resume. (Railroad Board (RRB) Call Centers do not refer beneficiaries to SSA for address changes, but to the RRB office.)

Currently, after the outside contractor runs all undeliverable beneficiary addresses against the NCOA, and determines which beneficiaries have informed the USPS of an address change, the contractor mails letters to all the changed beneficiary addresses provided by the NCOA, directing those beneficiaries to contact SSA (or the RRB office, in the case of RRB beneficiaries) and provide SSA/RRB with their new address, so they may resume receiving their CMS and SSA correspondence. Beneficiaries who are sent these letters, but who do not update their address with SSA/RRB within 3 months of receiving the letter, receive a second letter.

The second letter includes the same information as the first letter. This process repeats every 6 months, until the beneficiary contacts SSA/RRB and updates his/her address.

NOTE: CMS has agreed to automate the beneficiary "Do Not Forward" process in HIGLAS for (MCS Users only) in a similar way it works today for providers. Therefore, those requirements have been removed from this CR, and a new CR will be created for the MCS changes for this process. CMS has also agreed that due to the very low volume of beneficiary Pay MSNs in FISS, changes to suppress beneficiary Pay MSNs will not be part of this CR. FISS will only provide reporting of all beneficiary Pay claims paid while the undeliverable MSN flag was set to YES. All change to VMS systems have been removed from this CR due to potential conflicts with the DME HIGLAS implementation. A new CR will be created for DME claims after the HIGLAS transition is finalized.

B. Policy: The OIG, by way of an audit, has instructed CMS to prepare guidelines regarding the disposition of all uMSNs (Pay and Non-Pay), in order to cease (or substantially decrease) the wasting of funds, to protect PII and Medicare checks, and to meet CMS' obligation of providing an MSN to every beneficiary who receives Medicare services. The OIG has also instructed CMS, through an audit, to prepare guidelines regarding the disposition of uMSNs in order to meet the requirement that CMS provide an MSN to every beneficiary who receives Medicare services. The Initial Summary MSNs and the Additional Summary MSNs will carry the same appeal rights as standard MSNs, see Internet Only Manual (IOM) 100-04 Chapter 29.

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 S	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
10035.1	MACs shall, if necessary, determine and execute a pay uMSN destruction schedule compatible with their current (respective) business operations.	X	X	X								RRB-SMAC
10035.2	All MSN requirements in this CR are for no-pay MSNs, unless specifically noted. Pay MSN changes will be implemented in a separate CR for the MCS and VMS systems. Due to very low volumes, changes will not be made to suppress undeliverable pay MSNs for the FISS system.		X				X					
10035.3	FISS shall no longer use the SUPPRESS RPT IND, and only use the SUPPRESS NON-BENE-PAY MSN field to determine if a beneficiary address is undeliverable. FISS will rename the SUPPRESS NON-BENE PAY MSN field to SUPPRESS IND.					X						
10035.3.1	FISS shall create a one-time utility to correct the issues with the differences between the SUPPRESS RPT IND and SUPPRESS NON BENE PAY MSN fields as follows:					X						

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		
	<p>If the SUPPRESS RPT IND is N and the SUPPRESS NON BENE PAY MSN field is Y, then the SUPPRESS IND = Y</p> <p>If the SUPPRESS RPT IND is Y and the SUPPRESS NON BENE PAY MSN field is N, then the SUPPRESS IND = N</p>										
10035.4	The Shared Systems shall create an Initial Summary MSN (if applicable) for a beneficiary, if that beneficiary's undeliverable address flag is turned off. (That is, undeliverable address flag OFF = Shared Systems create and mail Initial Summary MSN to the beneficiary.)					X	X				
10035.4.1	Contractors shall, on the Initial Summary MSN, include all claims not printed on previous MSNs, going back to either (a) the date the beneficiary's address flag was set to ON (Undeliverable), or (b) one (1) calendar year (based on the date claims finalized), whichever is more recent.					X	X				
10035.4.2	<p>If any of the claims from the entire undeliverable timeframe were beneficiary PAY claims, then all beneficiary PAY claims shall appear on the Initial Summary MSN, even if they are older than one year.</p> <p>Note: Since FISS and MCS will not suppress PAY MSNs at this time, CMS understands that the Initial Summary MSN will not include PAY MSNs.</p>					X	X				
10035.4.3	Shared Systems shall follow current processing to split the Initial Summary MSN if the size of the MSN is large enough to require splitting.					X	X				
10035.5	Contractors shall be aware that the appeal rights for an Initial Summary MSN are the same as for a normal MSN. The beneficiary shall be allowed 125 days from the date of the Initial Summary MSN to submit a timely appeal.	X	X	X		X	X				
10035.6	Contractors shall, in the Initial Summary MSN, print the following message in the "Be Informed" section on page 1 of the MSN (in place of the current "Be Informed" message): "This notice includes up to one year of claims you may have missed due to an incorrect address. If you think you may have missed					X	X				

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		
	claims older than one year, call 1-800-MEDICARE (1-800-633-4227) for more information.” This message shall take precedence over any other "Be Informed" message, such as messages for Dual Eligibility Beneficiary (DEB) or Qualified Medicare Beneficiary (QMB).										
10035.7	Contractors shall, in any Initial Summary MSNs generated by the Railroad Board (RRB) SMAC, use the following message in the “Be Informed” section on page 1 of the MSN (in place of the current “Be Informed” message): “This notice includes up to one year of claims you may have missed due to an incorrect address. If you think you may have missed claims older than one year, call 1-800-833-4455 for more information.” This message shall take precedence over any other "Be Informed" message, such as messages for Dual Eligibility Beneficiary (DEB) or Qualified Medicare Beneficiary (QMB).						X				RRB-SMAC
10035.8	The Shared Systems shall, in situations when the undeliverable flag for a beneficiary’s file is already in the OFF position, create all of a beneficiary’s MSNs, both pay and non-pay, as usual. That is, undeliverable address flag "OFF".					X	X				
10035.9	When requested, the Shared Systems shall create an Additional Summary MSN if there are claims older than one (1) year from the date the beneficiary’s address flag was set to ON (Undeliverable), and which were not included on the Initial Summary MSN.					X	X				
10035.9.1	Contractors shall not , if no claims are older than one (1) year from the date the beneficiary’s address flag was set to ON , create an Additional Summary MSN .					X	X				
10035.10	Shared Systems shall follow current processing to split the Additional Summary MSN if the size of the MSN is large enough to require splitting.					X	X				
10035.11	Contractors shall generate both the Additional Summary MSN and the Initial Summary MSN with the same MSN process date. In other words, when the Additional Summary MSN is generated after being requested by the beneficiary, it shall have the same MSN process date as the Initial Summary MSN.					X	X				

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	C W F		
10035.12	Contractors shall be aware that the appeal rights for an Additional Summary MSN are the same as for a normal MSN. The beneficiary shall be allowed 125 days from the date of the Additional Summary MSN to submit a timely appeal.					X	X				
10035.13	Contractors shall, for the Additional Summary MSN , use the following message in the “ Be Informed ” section on page 1 of the MSN (in place of the current “Be Informed” message): “This notice includes any additional claims over one year you may have missed due to an incorrect address. If you have any questions call 1-800-MEDICARE (1-800-633-4227) for more information.” This message shall take precedence over any other "Be Informed" message, such as messages for Dual Eligibility Beneficiary (DEB) or Qualified Medicare Beneficiary (QMB).					X	X				
10035.14	Contractors shall, for Additional Summary MSNs generated by the RRB SMAC, use the following message in the “ Be Informed ” section on page 1 of the MSN (in place of the current “Be Informed” message): “This notice includes any additional claims over one year you missed due to an incorrect address. If you think you may have missed any other claims, call 1-800-833-4455 for more information.” This message shall take precedence over any other "Be Informed" message, such as messages for Dual Eligibility Beneficiary (DEB) or Qualified Medicare Beneficiary (QMB).						X			CMS ZIP Code File, RRB-SMAC	
10035.15	SSMs shall not include more than the 3 most current years deductible status on the Initial or Additional Summary MSNs, even if they contain claims older than 3 years.					X	X				
10035.16	Contractors shall include all available claims on the Additional Summary MSN. CMS understands that some claims may have been purged, and it is possible some of these very old claims may not appear on the Additional Summary MSN. Contractors shall not make system changes to exclude claims from the purge process for this reason.					X	X				
10035.17	When a duplicate or office copy of an Initial or Summary MSN is requested, the special messages for Initial Summary and Additional Summary MSNs are					X	X				

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	C W F		
	not required. When a duplicate copy of a single claim included in the Initial or Summary MSN is requested, the entire MSN shall be recreated and sent.										
10035.18	Contractors shall mail Initial Summary MSNs to beneficiaries per normal processing procedures.	X	X	X							
10035.19	Contractors shall mail Additional Summary MSNs to beneficiaries only upon request.	X	X	X							
10035.20	<p>The MSN message numbers and Spanish translations for the Initial Summary MSN are as follows:</p> <p>MSN Message 16.80</p> <p>English: This notice includes up to one year of claims you may have missed due to an incorrect address. If you think you may have missed claims older than one year, call 1-800-MEDICARE (1-800-633-4227) for more information.</p> <p>Spanish: Este aviso incluye hasta un año de reclamaciones que pudo haber perdido debido a una dirección incorrecta. Si cree que pudo haber perdido las reclamaciones de más de un año, llame al 1-800-MEDICARE (1-800-633-4227) para obtener más información.</p> <p>MSN Message 16.81</p> <p>English: This notice includes up to one year of claims you may have missed due to an incorrect address. If you think you may have missed claims older than one year, call 1-800-833-4455 for more information.</p> <p>Spanish: Este aviso incluye hasta un año de reclamaciones que pudo haber perdido debido a una dirección incorrecta. Si cree que pudo haber perdido las reclamaciones de más de un año, llame al 1-800-833-4455 para obtener más información.</p>	X	X	X		X	X				
10035.21	<p>The MSN messages and Spanish translation for the Additional Summary MSN are as follows:</p> <p>MSN Message 16.82</p>	X	X	X		X	X				

Number	Requirement	Responsibility								Other
		A/B MAC		D M E M A C	Shared- System Maintainers				C W F	
		A	B		H H H	F I S S	M C S	V M S		
	<p>English: This notice includes any additional claims over one year you may have missed due to an incorrect address. If you have any questions call 1-800-MEDICARE (1-800-633-4227) for more information.</p> <p>Spanish: Este aviso incluye cualquier reclamación adicional de más de un año que usted pudo haber perdido debido a una dirección incorrecta. Si tiene alguna pregunta, llame al 1-800-MEDICARE (1-800-633-4227) para obtener más información.</p> <p>MSN Message 16.83</p> <p>English: This notice includes any additional claims over one year you may have missed due to an incorrect address. If you have any questions call 1-800-833-4455 for more information.</p> <p>Spanish: Este aviso incluye cualquier reclamación adicional de más de un año que usted pudo haber perdido debido a una dirección incorrecta. Si tiene alguna pregunta, llame al 1-800-833-4455 para más información.</p>									
10035.22	FISS shall add a new MSN-HOLD flag to the recycling MSN file (MNEF) to indicate if the record is awaiting the normal quarterly MSN generation.					X				
10035.23	FISS shall set the MSN-HOLD flag to suppressed "S" for any MSNs that have been suppressed in that cycle due to the undeliverable MSN flag.					X				
10035.24	When the undeliverable MSN flag is set to YES, FISS shall set the local beneficiary undeliverable flag from "Y" to "I" for the initial reset.					X				
10035.25	When generating MSNs, FISS shall create a "catch-up" MSN for any MNEF records with the MSN-HOLD flag set to "S". If the beneficiary has additional claims awaiting MSN generation, but are not yet pulled for the quarterly process (MSN-HOLD flag is spaces), they shall remain on the file until the next quarterly MSN generates.					X				
10035.26	To limit the Initial Summary MSN to one year, FISS shall delete No-Pay MSNs older than one year from					X				

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	
	the file.								
10035.27	FISS shall create a new online screen that allows MACs to generate an Additional Summary MSN by beneficiary HICN and a start and end date.					X			
10035.28	FISS shall process the requests from the new online request screen weekly to generate the Additional Summary MSNs.					X			
10035.29	FISS shall create a weekly MSN report listing all beneficiary pay claims paid while the undeliverable flag was set to ON in the last 12 months.					X			
10035.29.1	MACs shall review the report weekly to see if payments need to be reissued for any of the beneficiary claims listed on the report.	X		X					
10035.30	No later than 90 days after the final implementation of this CR, contractors shall release the hold on and mail previously undeliverable MSNs created from issues from CR 9372.	X	X	X			X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC		H H H	D M E M A C	C E D I	I
		A	B				
	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): Cindy Ardissonne, 410-786-7410 or cynthia.ardissone@cms.hhs.gov ,
Scott Schiller, 410-786-4514 or scott.schiller@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