

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2220	Date: January 11, 2019
	Change Request 11069

SUBJECT: Direct Mailing Notification to MACs Regarding Addressing the Opioid Crisis

I. SUMMARY OF CHANGES: Notification about an upcoming direct mailing to be completed by MACs on addressing the opioid crisis.

EFFECTIVE DATE: February 15, 2019

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

IMPLEMENTATION DATE: February 15, 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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I. GENERAL INFORMATION

A. Background: Direct Mailing from the Medicare Administrative Contractors (MACs) related to CMS' response to the Opioid Crisis.

B. Policy: Comprehensive Addiction and Recovery Act (P.L. 114-198).

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	F M V C	M I C S	V M S		C W F
11069.1	Contractors shall identify all active Medicare providers within their jurisdiction and determine the best mailing address on file in accordance with Internet Only Manual Pub. 100-09, Chapter 6, section 20.4.2.	X	X	X	X					
11069.2	Contractors shall send a direct mail package to active Medicare providers using the best mailing address on file, taking the following actions: <ol style="list-style-type: none"> 1. Include in the direct mail package the letter, in PDF format, from CMS to be sent at a later date via the Provider Customer Service Program (PCSP) Contractor User Group (PCUG) electronic mailing list. For planning purposes, MACs shall assume the letter will be no longer than four pages (two page duplex document). 2. Duplicate all required content in hard copy using black ink, making no alterations to the letter. 3. Use envelopes typically used to mail information to providers. As the letter will be sent using the PDF format with no white space, MACs will need to use an address insert page. 	X	X	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			
	<p>4. Complete the direct mailing no later than 10 business days after receipt of the letter, via the PCUG electronic mailing list.</p> <p>5. Send a single package to groups.</p>											
11069.3	<p>Contractors shall report the following information about this direct mailing in an e-mail titled “Opioid Crisis Direct Mailing” to the Provider Services mailbox at providerservices@cms.hhs.gov within one business day of completing the mailing:</p> <p>1. Date completed</p> <p>2. Number of packages sent</p>	X	X	X	X							
11069.4	<p>Contractors shall report the following information about this direct mailing into the Special Initiatives/Opioid portion of the Provider Customer Service Program Contractor Information Database (PCID) by the 10th of the month following the month of the actual completion date:</p> <p>1. Date completed</p> <p>2. Number of packages sent</p> <p>3. Number of providers covered by packages sent</p> <p>4. Number of packages returned</p> <p>5. Cost</p>	X	X	X	X							
11069.5	MACs shall track and report undeliverable packages for 3 months after the packages are mailed.	X	X	X	X							
11069.5.1	If MACs need to change the numbers reported in PCID, corrections shall be sent to the PCID resource mailbox at pcid@cms.hhs.gov. MACs shall not make multiple entries into PCID regarding this direct mailing.	X	X	X	X							
11069.6	Since DME suppliers may have national enrollment and can potentially bill all four regions, DME MACs shall divide the mailing workload, as appropriate, and send one letter to each DME supplier.				X							
11069.6.1	DME MACs shall ensure that all suppliers are covered under the DME MAC consolidated approach.				X							
11069.7	MACs shall follow their standard internal procedures concerning undeliverable mail.	X	X	X	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): Paul Zawicki, 410-786-2984 or Paul.Zawicki@cms.hhs.gov, Alikia Mack, 410-458-3975 or alikia.mack@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