

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1302	Date: November 1, 2013
	Change Request 8260

SUBJECT: Braille and Large Print Medicare Summary Notices

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) has undertaken a redesign of the MSN (Medicare Summary Notice), in order to make this document current and consistent with all applicable statutes and laws, and to render it more easily and widely understood by the beneficiary population that it serves. CMS has beneficiaries who prefer to receive their MSNs in Braille and large print. CMS is asking the contractors for their input as to the best approach to implementing the production of these non-standard MSNs. Please note that the alternative MSNs will still be produced in black and white only. At this time CMS is only seeking an analysis of the proposed project, with the Contractors feedback as to the best approach given the MAC environment.

CMS does not believe these alternative products will require any changes to Chapter 21 of the Claims Processing Manual.

EFFECTIVE DATE: December 3, 2013

IMPLEMENTATION DATE: January 6, 2014 - VMS - Analysis and Design; April 7, 2014 - For FISS, MCS and VMS

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

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 obliged 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

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

Attachment - One-Time Notification

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EFFECTIVE DATE: December 3, 2013

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) has undertaken a redesign of the MSN (Medicare Summary Notice), in order to make this document current and consistent with all applicable statutes and laws, and to render it more easily and widely understood by the beneficiary population that it serves. CMS has beneficiaries who prefer to receive their MSNs in Braille and large print. CMS is asking the contractors for their input as to the best approach to implementing the production of these non-standard MSNs. Please note that the alternative MSNs will still be produced in black and white only. At this time CMS is only seeking an analysis of the proposed project, with the Contractors feedback as to the best approach given the MAC environment.

CMS does not believe these alternative products will require any changes to Chapter 21 of the Claims Processing Manual.

This change requests refers to FFS8305 – Alternate Format Preference Identification.

B. Policy: Per section 1806(a) of the Social Security Act (the Act): CMS is required to provide an MSN (Part A, Part B, and/or DME) to each Medicare beneficiary. Applicable statutes/legislation/court decisions that impact the content and format of the MSN are: **the Plain Writing Act of 2010, which requires all government communications to be written in plain language so that it is easily understood by the target audience**; section 1806(b) of the Act; section 1816(j) of the Act; section 1842(h)(7) of the Act; section 1848(g) of the Act; section 1869(a)(4) of the Act; section 1869(a)(4)(C) of the Act; 42 C.F.R. section 405.921; section 925 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173); Gray Panthers v. Schweiker, 652 F. 2d 146, 168 (D.C. Cir. 1980); David v. Heckler, 591 F.Supp. 1033 (E.D.N.Y 1984); Vorster v. Bowen, 709 F.Supp 934 (C.D. Cal. 1989); Connecticut Department of Social Services v. Leavitt, 428 F.3d 138 (2d Cir. 2005).

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility											
		A/B MAC			D M E	F I	C A R I	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8260.1	1. The MAC Contractors will be receiving a duplicate data stream (per CR 8305) from the shared system maintainers (via the	X	X		X	X	X	X					

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I R E R	C A R R I E R	R H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	EDC) which will contain a flagged alternate format preference for the beneficiaries Medicare Summary Notice (MSN). From this data, the MAC shall produce a duplicate file (pdf) of beneficiaries' Medicare Summary Notices (MSNs) to be used by either a MAC or a third party contractor in the production of an alternate format MSN. Examples of alternate format MSNs include Braille and large print. There are seven alternate format preferences which are as follows: Preference 1 - Braille Preference 2 - Large Print Preference 3 - Audio Preference 4 - Data CD Preference 5 - Certified Mail Preference 6 - Electronic MSN Preference 7 - Other												
8260.1.1	The duplicate file (pdf) must meet the following criteria: <ul style="list-style-type: none"> Contain the same data as a standard MSN maintain the integrity of the MSN format 	X	X		X	X	X	X					
8260.1.2	The contractor shall provide the following information to CMS: <ul style="list-style-type: none"> The number of business days it would take for the contractor to produce the duplicate MSN file and transmit that file to connect direct or a secure FTP site (assuming the contractor batches the flagged alternate format MSNs weekly); an estimate of the cost involved in creating and transmitting the duplicate file for the alternate format MSNs to an secure FTP site, (based upon the rough estimation that there would be 10,000 alternate format MSNs, per jurisdiction, per year); The contractor will describe how it will transmit (connect direct or secure FTP) the duplicate file (pdf) to a MAC or third party contractor. 	X	X		X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I	C A R R I E R	R H H I	Other
	None								

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: All other recommendations and supporting information: n/a

V. CONTACTS

Pre-Implementation Contact(s): Scott Schiller, 410-786-4514 or scott.schiller@cms.hhs.gov , James Wilkerson, 410-786-5586 or james.wilkerson@cms.hhs.gov , Cindy Dickerson, 410-786-7410 or cynthia.dickerson@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.