

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1467</b>	<b>Date: FEBRUARY 29, 2008</b>
	<b>Change Request 5959</b>

**SUBJECT: Modification to Existing Medicare Summary Notice (MSN) Procedures Regarding the MSN Customer Service Information Box**

**I. SUMMARY OF CHANGES:** In an effort to provide the most timely and effective customer service to Medicare beneficiaries, the Centers for Medicare and Medicaid Services is encouraging beneficiaries to first call 1-800 MEDICARE with their questions or concerns before sending in written inquiries. If after speaking to a customer service representative (CSR), beneficiaries still wish to correspond in writing, a mailing address will be provided to them by the CSR.

This change request requires contractors to make changes to the Customer Service Information Box of the MSN to remove all references to a mailing address.

**NEW/REVISED MATERIAL**

**EFFECTIVE DATE: March 31, 2008**

**IMPLEMENTATION DATE: March 31, 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>	21/10.3.8/Appeals Section

**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: 1467	Date: February 29, 2008	Change Request: 5959
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**SUBJECT: Modification to Existing Medicare Summary Notice (MSN) Procedures Regarding the MSN Customer Service Information Box**

**Effective Date: March 31, 2008**

**Implementation Date: March 31, 2008**

## I. GENERAL INFORMATION

**A. Background:** In an effort to provide the most timely and effective customer service to Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) is encouraging beneficiaries to first call 1-800 MEDICARE with their questions or concerns before sending in written inquiries. If after speaking to a customer service representative (CSR), beneficiaries still wish to correspond in writing, a mailing address will be provided to them by the CSR.

This change request (CR) requires contractors to make changes to the Customer Service Information Box of the Medicare Summary Notice (MSN) to remove all references to a mailing address. The contractor ID # should remain in the Customer Service Information Box, as well as the last 2 lines, containing the Interactive Voice Response (IVR) prompting information, and the Text Telephone (TTY) number. Continue to follow the existing instructions regarding which IVR prompting statement to print in the CS Information box. For example, Part A MSNs should state “Ask for Hospital Services, B- Ask for Doctor’s services and D- Ask for medical supplies.

This CR also provides clarifying instructions for those contractors have not transitioned over to an A/B MAC or DME MAC, and their MSNs contain appeals section instructions that direct the beneficiary to the Customer Service Information Box for an appeals address.

**B. Policy: N/A**

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A/B MA C	D M E M A C	F I E R	C A R I E R	R H I	Shared- System Maintainer s				OTH ER
							F I S S	M C S	V M S	C W F	
5959.1	Contractors and MACs shall remove the address below from all MSNs:  Medicare Beneficiary Contact Center	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MA C	D M E M A C	F I M A C	C A R I E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	<p>PO Box 39 Lawrence, KS 66044</p> <p>The revised Customer Service Information Box should resemble the example below:</p> <p><b>EXAMPLE:</b></p> <p><b>CUSTOMER SERVICE INFORMATION</b></p> <p><b>Your Medicare Number: 111-11-1111A</b></p> <p>If you have questions, write or call: 1-800 MEDICARE (1-800-633-4227) (#12345)</p> <p><b>Ask for Hospital Services</b> TTY for hearing impaired: 1-877-486-2048</p>										
5959.2	<p>The FIs and carriers who opted to use an "interim solution" for written correspondence during the transition to the BCC, and before being fully transitioned to a MAC, shall follow the <u>modified interim process</u> described below. This requirement only applies to those contractors who have not transitioned to a MAC or DMAC, and their current MSN Appeals section language directs the beneficiary to refer to the Customer Service Information Box for an appeals address.</p> <p><b>Interim Process:</b> Contractors shall add the following message in the General Information section of the MSN:</p> <p><b>NOTICE:</b> Please send written appeal requests to (insert contractor appeals address). <b>Only appeals related correspondence sent to this address will be answered.</b> For general inquiries, please call 1-800</p>	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MA C	D M E M A C	F I M A C	C A R E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	<p>MEDICARE.</p> <p>AVISO: Por favor envíe las apelaciones por escrito a (introduzca la dirección del contratista responsable por la apelación). <b>Sólo contestaremos correspondencia relacionada con apelaciones enviada a esta dirección.</b> Para información general, por favor llame GRATIS al 1-800-MEDICARE.</p> <p>Therefore, those contractors following the interim process, described above, shall have a Customer Service Information Box that resembles the example in requirement 5959.1, and shall print the General Information section message described in this requirement.</p>										

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E M A C	F I M A C	C A R E R	R H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

### 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:
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<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
	N/A

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

## V. CONTACTS

**Pre-Implementation Contact(s):** Julie Day [Julie.day@cms.hhs.gov](mailto:Julie.day@cms.hhs.gov).

**Post-Implementation Contact(s):** Julie Day [Julie.day@cms.hhs.gov](mailto:Julie.day@cms.hhs.gov).

## VI. FUNDING

**A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):**

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

**B. For Medicare Administrative Contractors (MAC):**

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. 1467; Issued: 02-29-08; Effective/Implementation Date: 03-31-08)*

#### 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.
  - 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. At a minimum, however, they must still include the contractor ID number, 1-800-MEDICARE (1-800-633-4227), and the national TTY number (1-877-486-2048). All changes must be approved by each contractor’s RO. The RO will notify CO of the approved change.

*Contractors, A/B MACs, and DME MACs should have a Customer Service Information Box that resembles the example below. Continue to follow the existing instructions regarding which IVR prompting statement to print in the CS Information box. For example, Part A MSNs should state “Ask for Hospital Services, B- Ask for Doctor’s services and D- Ask for medical supplies.*

#### **EXAMPLE:**

#### **CUSTOMER SERVICE INFORMATION**

***Your Medicare Number: 111-11-1111A***

*If you have questions, write or call 1-800 MEDICARE  
(1-800-633-4227) (#12345)*

***Ask for Hospital Services***

*TTY for hearing impaired: 1-877-486-2048*

## **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 the appropriate contractor ID. 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).*

#### 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.

### **10.3.8 - Appeals Section**

*(Rev. 1467; Issued: 02-29-08; Effective/Implementation Date: 03-31-08)*

This section informs the beneficiary of his/her appeal rights. Print only Part B medical insurance language if only Part B information is on the MSN. Print only Part A information if only Part A information is on the MSN. Print both Part A and B appeals language side by side if both claim types are on the MSN.

#### **B. Technical Specification**

The following outlines the technical specifications for the Appeals section.

- The “Appeals Section” must be printed in its entirety. Display it at the bottom of the last page of the MSN if space permits. Otherwise, print it in its entirety at the top of the next page (which then becomes the last page).
- Print “Appeals Information - Part B” or “Part A,” whichever is applicable, equivalent to 14-point bold mixed case type flush left. The word “(Outpatient)” or “(Inpatient)” should follow Part B or Part A.
- Allow equivalent to 12-point blank line.

- Fiscal intermediaries only, print, “If you disagree with any claims decision on either Part A or Part B of this notice, your appeal must be received by (appeal date). Follow the directions below:” in equivalent to 12-point mixed case type, flush left.
  - “If you disagree with any claims decision on either Part A or Part B of this notice,” and the appeal date should be bold.
  - The appeal date is 125 days from the notice date on page 1 for Part B and 125 days from the notice date on page 1 for Part A. Date format is month, day, year (e.g., October 1, 1997).
- Carriers only, print, “If you disagree with any claims decision on this notice, your appeal must be received by (appeal date). Follow the directions below:” in equivalent to 12-point mixed case type, flush left.
  - “If you disagree with any claims decision on this notice,” and the appeal date should be bold.
  - The appeal date is 125 days from the notice date on page 1 for Part B and 125 days from the notice date on page 1 for Part A. Date format is month, day, year (e.g., October 1, 1997).

**NOTE:** Section 1869(a)(3)(C) of the Act eliminates the distinction between the time limits for requesting a Part A reconsideration and Part B review by creating a 120-day time limit for filing requests for appeal of all initial determinations. This time limit is calculated based upon 120 calendar days from the date the beneficiary receives the MSN. For the purposes of calculating the receipt of the MSN, it is presumed that the beneficiary received the MSN 5 days after the date on the MSN, unless there is evidence to the contrary. Therefore, the cut off for the appeal date noted on the MSN shall be calculated based on 125 days from the notice date on page 1 of the MSN.

- Allow equivalent to 12-point blank line.
- Format each of the following 3 lines by indenting 11 bytes:
  - Intermediaries number 1 through 3 each and skip 3 additional bytes;
  - Carriers print the number followed by the closed parenthesis and skip 2 additional bytes;
  - Allow equivalent to 12-point blank line between each printed line. Print all information equivalent to 12-point mixed case type. This information should only be shown once and centered if both Part A and B appeals language is shown. (See exhibit 1 in [§30](#).)

“1. Circle the item(s) you disagree with and explain why you disagree.

“2. Send this notice, or a copy, to the address in the “Customer Service Information” box on page 1. (You may also send any additional information you may have about your appeal.)

“3. Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_.

The DMERCs/DME MACs shall change the Appeals Information section of the MSN to read as follows:

If you disagree with any claims decisions on this notice, your appeal must be received by (appeal date). Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address: **(INSERT YOUR DMERC or DME MAC ADDRESS)** (You may also send any additional information you may have about your appeal.)

3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

The DMERCs/DME MACS shall make these changes for both English and Spanish MSNs.

The DMERC/DME MAC appeals address should start on the same line immediately following the colon after the phrase “Send this notice, or a copy, to the following address:”

The J3 MAC and all future MACs shall change the Appeals Information section of the MSN to read as follows:

If you disagree with any claims decisions on this notice, your appeal must be received by (appeal date). Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address: **(INSERT YOUR MAC ADDRESS)** (You may also send any additional information you may have about your appeal.)

3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

The J3 MAC and all future MACs shall make these changes for both English and Spanish MSNs.

The MAC appeals address should start on the same line immediately following the colon after the phrase “Send this notice, or a copy, to the following address:”

*The FIs and carriers who opted to use an “interim solution” for written correspondence during the transition to the BCC, and before being fully transitioned to a MAC, shall follow the modified interim process described below. This only applies to those contractors who have not transitioned to a MAC or DMAC, and their current MSN Appeals section language directs the beneficiary to refer to the Customer Service Information Box for an appeals address. All other contractors, A/B MACs, and DME MACs should follow the already existing appeals instructions above.*

***Interim Process:***

*Contractors shall add the following message in the General Information section of the*

***MSN:***

***NOTICE:*** *Please send written appeal requests to (insert contractor appeals address). Only appeals related correspondence sent to this address will be answered. For general inquiries, please call 1-800 MEDICARE.*

***AVISO:*** *Por favor envíe las apelaciones por escrito a (introduzca la dirección del contratista responsable por la apelación). Sólo contestaremos correspondencia relacionada con apelaciones enviada a esta dirección. Para información general, por favor llame GRATIS al 1-800-MEDICARE.*