

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1717	Date: September 15, 2016
	Change Request 9730

Transmittal 1702, dated August 5, 2016, is being rescinded and replaced by Transmittal 1717 dated, September 15, 2016 to correct a few typographical errors in the CR. All other information remains the same.

SUBJECT: Section 504: Adding a Qualified Reader Preference in Alternate Formats

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) has an obligation to provide the MSN in alternate formats for beneficiaries who elect one of the formats as a preference. The purpose of this Change Request (CR) is to have the Shared System Maintainers (SSMs) be responsible for transmitting any beneficiary with a Qualified Reader preference for their MSNs print files to be sent to the Next Generation Desktop (NGD).

EFFECTIVE DATE: January 1, 2017 - For MCS, VMS and CWF; April 3, 2017 - For FISS

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

IMPLEMENTATION DATE: January 3, 2017 - For MCS, VMS and CWF; April 3, 2017 - For FISS

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

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			
9730.2	A metadata file for Qualified Reader file shall be included with all files being sent to the Next Generation Desktop (NGD). Duplicate MSNs shall not be sent to the NGD.					X	X	X				NGD, VDC
9730.3	The Qualified Reader alternate format preference applies to both non-Pay MSNs and Pay-MSNs.					X	X	X				NGD, VDC
9730.3.1	Beneficiaries shall receive their Pay MSNs and non-Pay MSNs from the MACs in the normal manner.	X	X	X	X							
9730.3.1.1	The Qualified Reader assistance shall be provided to both Pay MSN-Recipients and non-Pay Recipients.											NGD
9730.4	The CWF shall accept the following MSN media preference indicator from the CMS Enrollment Database (EDB). This field shall be alphanumeric. Valid Values: <ul style="list-style-type: none">Q = Qualified Reader										X	EDB
9730.4.1	The Shared System Managers shall include Qualified Reader (Q) MSN data stream in with the other alternative format data streams, such as: <ul style="list-style-type: none">A = Audio (CD)B = BrailleC = CD-ROM (data CD)E = Electronic (email)H = MSNL = Large Print					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	
	<ul style="list-style-type: none"> M = Certified Mail 								
9730.4.1.1	The SSMs shall update the values that will be coming back from CWF.					X	X	X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	I
		A	B	H H H			
	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): Scott Schiller, 410-786-4514 or scott.schiller@cms.hhs.gov , James Wilkerson, 410-786-5586 or james.wilkerson@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