

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 682	Date: April 28, 2010
	Change Request 6877

SUBJECT: Sending DMEPOS Medicare Summary Notices on a Monthly Schedule to all beneficiaries in Miami-Dade, Broward and Palm Beach County Zip Codes in Florida

I. SUMMARY OF CHANGES: VIPS shall update VMS to allow the DME MACs in all four regions to print and send no-pay/informational Medicare Summary Notices on a monthly vs. quarterly basis by zip code.

Cigna Government Services shall send Medicare Summary Notices to all beneficiaries in Miami-Dade, Broward and Palm Beach county zip codes in Florida on a monthly basis.

EFFECTIVE DATE: *October 1, 2010
IMPLEMENTATION DATE: October 4, 2010

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-

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; contractor activities are to be carried out within 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 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

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 682	Date: April 28, 2010	Change Request: 6877
--------------------	-------------------------	-----------------------------	-----------------------------

SUBJECT: Sending DMEPOS Medicare Summary Notices on a Monthly Schedule to all beneficiaries in Miami-Dade, Broward and Palm Beach County Zip Codes in Florida

EFFECTIVE DATE: October 1, 2010

IMPLEMENTATION DATE: October 4, 2010

I. GENERAL INFORMATION

A. Background:

To allow Medicare beneficiaries to report Medicare fraud, the Centers for Medicare and Medicaid Services (CMS) established a dedicated hotline for Zone 7's Zone Program Integrity Contractor. This One-Time Notice will allow Jurisdiction C's Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) to send Medicare Summary Notices (MSN) on a monthly vs. quarterly basis to beneficiaries in Miami-Dade, Broward and Palm Beach County zip codes in Florida. This will also allow all DMEMACs to send MSNs on a monthly vs. quarterly basis to specific zip codes.

B. Policy:

HHS and the CMS Acting Administrator authorized this South Florida Project in April 2009. This OTN is required to implement that project.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M 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		
6877.1	ViPS shall update VMS to allow the DME MACs in all four regions to print and send no-pay/informational Medicare Summary Notices on a monthly vs. quarterly basis by zip code.								X		
6877.2	CGS shall send Medicare Summary Notices to all beneficiaries in Miami-Dade, Broward and Palm Beach county zip codes in Florida on a monthly basis.		X								

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 I E R	C A R I E R	R H I I S S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Rose Murphy Phone: 305-536-6588 E-Mail: rosemarie.murphy@cms.hhs.gov
 Cecilia Franco Phone: 305-536-6540 E-Mail: cecilia.franco@cms.hhs.gov

Post-Implementation Contact(s):

Rose Murphy Phone: 305-536-6588 E-Mail: rosemarie.murphy@cms.hhs.gov
 Cecilia Franco Phone: 305-536-6540 E-Mail: cecilia.franco@cms.hhs.gov

VI. FUNDING

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