

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 753

Department of Health &  
Human Services (DHHS)

Centers for Medicare &  
Medicaid Services (CMS)

Date: NOVEMBER 10,  
2005

Change Request 4122

**SUBJECT: Update of Contact Information for the Do Not Forward Reports**

**I. SUMMARY OF CHANGES:** This instruction updates the e-mail addresses carriers and DMERCs use to submit quarterly DNF reports.

**NEW/REVISED MATERIAL :**

**EFFECTIVE DATE : December 12, 2005**

**IMPLEMENTATION DATE :December 12, 2005**

*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
R	1/80.5.1.1/Reporting Requirements - Carriers

**III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

**IV. ATTACHMENTS:**

Business Requirements

Manual Instruction

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 753	Date: November 10, 2005	Change Request 4122
-------------	------------------	-------------------------	---------------------

**SUBJECT: Update of Contact Information for the Do Not Forward Reports**

## I. GENERAL INFORMATION

### A. Background:

The Centers for Medicare and Medicaid Services (CMS) has recently changed the format for their e-mail addresses. The current version of the Do Not Forward (DNF) instructions contains the old version of the e-mail addresses. This instruction updates the e-mail addresses to which quarterly DNF reports must be sent.

### B. Policy:

In accordance with instructions contained in Chapter 1, Section 80.5.1.1, carriers and durable medical equipment regional carriers (DMERCs) shall send the quarterly DNF reports to the appropriate contact by the 15<sup>th</sup> of the month following the end of a calendar quarter (i.e. the 15<sup>th</sup> of January, April, July, and October).

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H I	C H I	D R I	Shared System Maintainers			
					F I S S	M C S	V M S	C W F	
4122.1	Carriers shall send the quarterly DNF reports to the corrected address of <a href="mailto:melvia.pagelasowski@cms.hhs.gov">melvia.pagelasowski@cms.hhs.gov</a> no later than the 15 <sup>th</sup> calendar day of the month following the end of the calendar quarter (i.e. the 15 <sup>th</sup> of January, April, July, and October).			X					
4122.2	DMERCs shall send the quarterly DNF reports to the corrected address of <a href="mailto:renee.hildt@cms.hhs.gov">renee.hildt@cms.hhs.gov</a> no later than the 15 <sup>th</sup> calendar day of the month following the end of the calendar quarter (i.e. the 15 <sup>th</sup> of January, April, July, and October).				X				

**III. PROVIDER EDUCATION**

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions: N/A**

X-Ref Requirement #	Instructions

**B. Design Considerations: N/A**

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

## V. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date*:</b> December 12, 2005</p> <p><b>Implementation Date:</b> December 12, 2005</p> <p><b>Pre-Implementation Contact(s):</b> carriers: Melvia Page-Lasowski at (410) 786-4727 or <a href="mailto:melvia.pagelasowski@cms.hhs.gov">melvia.pagelasowski@cms.hhs.gov</a> DMERCs: Renée Hildt at (410) 786-1446 or <a href="mailto:renee.hildt@cms.hhs.gov">renee.hildt@cms.hhs.gov</a></p> <p><b>Post-Implementation Contact(s):</b> carriers: Melvia Page-Lasowski at (410) 786-4727 or <a href="mailto:melvia.pagelasowski@cms.hhs.gov">melvia.pagelasowski@cms.hhs.gov</a> DMERCs: Renée Hildt at (410) 786-1446 or <a href="mailto:renee.hildt@cms.hhs.gov">renee.hildt@cms.hhs.gov</a></p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
--	--

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

## 80.5.1.1 - Reporting Requirements - Carriers

*(Rev. 753, Issued: 11-10-05; Effective: 12-12-05, Implementation: 12-12-05)*

### A. Field Definitions for DNF Spreadsheet

To be certain that all parties understand what information CMS needs to get from these reports, the following definitions have been created for each field. No rolling or annual totals should be included.

#### Suppliers/Providers Flagged/Corrected Counts

Field #	Definition
1	<b>New Flags:</b> the number of all suppliers or providers the contractor flagged for DNF during the reporting quarter (regardless of whether or not they still have a flag, and regardless of whether the contractor flagged them due to a returned check or returned remittance advice), that were not flagged at the end of the previous reporting quarter.
2	<b>Removed Flags:</b> the number of all suppliers or providers who supplied a verified, correct address, causing the contractor to remove the DNF flag, during the reporting quarter.
3	<b>Total Flags:</b> the total number of all suppliers or providers who still have a DNF flag on the last day of the reporting quarter, regardless of whether the contractor flagged them due to a returned check or returned remittance advice), including those the contractor flagged in a previous quarter who did not supply a verified, corrected address.

#### Check Counts

Field #	Definition
4	<b>Returned Checks:</b> the total number of checks the post office returned to the contractor due to an incorrect address during the reporting quarter, regardless of whether or not the supplier provided a corrected address and may have been reissued the check during the quarter.
5	<b>Held Checks:</b> the total number of all checks that contractors did not issue due to DNF flags in the system during the reporting quarter, regardless of whether or not the supplier provided a corrected address and was later paid.
6	<b>Reissued and Released Checks:</b> the total number of all checks (both those the post office returned, and those the contractor had been holding due to a DNF flag in the system) the contractors reissued or released during the reporting quarter, to suppliers or providers who submitted a verified, correct address.

## Dollar Counts

Field #	Definition
---------	------------

- |    |   |
|----|---|
| 7  | <b>Amount Returned:</b> the total dollar amount of all checks the post office returned due to an incorrect address during the reporting quarter, that you are still holding at the end of the reporting quarter.  |
| 8  | <b>Amount Held:</b> the total dollar amount of all checks the contractors did not issue due to DNF flags in the system during the reporting quarter, that you are still holding at the end of the reporting quarter.  |
| 9  | <b>Amount Reissued/Released:</b> the total dollar amount of all payments (both those the post office returned, and those the contractor had been holding due to a DNF flag in the system) the contractors reissued during the reporting quarter, to suppliers or providers who submitted a verified, correct address. |
| 10 | <b>Net Amount:</b> the value in field 7 plus the value in field 8, minus the value in field 9 - it is possible that this number will be a negative figure.  |

### NOTE A

If a contractor flags a provider or supplier for DNF more than one time within a quarter, only count that supplier or provider once for fields 1, 2, and 3.

### NOTE B

Multi-Carrier Systems contractors may use a claim count for items 4-6, 8, and 9, rather than a check count.

## B. Systems Requirements

Carriers and DMERCs generate reports out of the shared systems and must be able to generate figures for each field in accordance with the above descriptions.

Furthermore, shared systems must be certain that when the system calculates the totals, it includes the first returned check that prompted the DNF flag. The shared systems should program the reports so that the contractors may request monthly detail reports to verify the quarterly totals. However, carriers only send the quarterly reports to CMS central office (CO) and regional office (RO), not the monthly reports.

## C. Quarterly Reporting Requirements

Contractors must forward the DNF reports to their appropriate RO and CO contacts, by the fifteenth day of each month that follows the end of a quarter (i.e., January 15, April 15, July 15, and October 15). DMERCs must e-mail their reports to [renee.hildt@cms.hhs.gov](mailto:renee.hildt@cms.hhs.gov), and carriers e-mail their reports to [melvia.pagelasowski@cms.hhs.gov](mailto:melvia.pagelasowski@cms.hhs.gov).

## D. Other Requirements

Contractors must continue to follow all other aspects of the DNF reporting initiative (e.g., use of “Return Service Requested” envelopes, assignment of a DNF flag to appropriate providers/suppliers) as instructed in the §80.5.

**E. Examples - Blank Report**

<b>DO NOT FORWARD PROJECT</b>			
Activity for the _____ Quarter of FY _____	\$\$	Region	Medicare Contractor
<b>Suppliers/Providers Flagged/Correct Counts</b>			
1. # new supplier/providers flagged during the reporting quarter			
2. # suppliers/providers flagged, end of the reporting quarter			
3. # suppliers/providers flagged, end of the reporting quarter			
<b>Check Counts</b>			
4. # new checks returned during the reporting quarter			
5. # of checks held during the reporting quarter			
6. # checks reissued during the reporting quarter			
<b>Dollar Counts</b>			
7. \$ amount of new checks returned during the reporting quarter			
8. \$ amount of checks held during the reporting quarter			



**DO NOT FORWARD PROJECT**

Activity for the ____ Quarter of FY ____	\$\$	Region	Medicare Contractor
9. \$ amount reissued during the reporting quarter			
10. \$ amount returned to trust fund during the reporting quarter			
Report By: _____			
Report Date: _____			

**Sample Completed Report**

<b>SAMPLE - DO NOT FORWARD PROJECT</b>			
Activity for the <u>3RD</u> Quarter of FY <u>2003</u>	<b>\$\$</b>	<b>Region</b>	<b>Medicare Contractor</b>
		<b>Q</b>	<b>XYZ Contractor</b>
<b>Suppliers/Providers Flagged/Correct Counts</b>			
<b>1.</b> # new supplier/providers flagged during the reporting quarter	125		
<b>2.</b> # suppliers/providers flagged, end of the reporting quarter	30		
<b>3.</b> # suppliers/providers flagged, end of the reporting quarter	117		
<b>Check Counts</b>			
<b>4.</b> # new checks returned during the reporting quarter	40		
<b>5.</b> # of checks held during the reporting quarter	100		
<b>6.</b> # checks reissued during the reporting quarter	60		

**SAMPLE - DO NOT FORWARD PROJECT**

Activity for the <u>3RD</u> Quarter of FY <u>2003</u>	\$\$	Region	Medicare Contractor
		Q	XYZ Contractor
<b>Dollar Counts</b>			
7. \$ amount of new checks returned during the reporting quarter	100,000		
8. \$ amount of checks held during the reporting quarter	600,000		
9. \$ amount reissued during the reporting quarter	500,000		
10. \$ amount returned to trust fund during the reporting quarter	200,000		
Report By: <u>    Jane Doe    </u>			
Report Date: <u>    April 02, 2003    </u>			