CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1750	Date: November 10, 2016
	Change Request 9857

SUBJECT: Increasing the Number of Address Fields in MCS to Match the Address Fields in CWF in Order to Improve the Undeliverable Medicare Summary Notices (uMSNs) Situation: Phase One of Improving FFS9372

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to provide Shared System Maintainers (SSMs) with instructions as to how they will implement changes to their systems and procedures in order to resolve the issue of undeliverable MSNs (uMSNs).

EFFECTIVE DATE: July 1, 2017
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 3, 2017 - Analysis and Design; July 3, 2017 - Development and Implementation

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1750	November 10, 2016	Change Request: 9857

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EFFECTIVE DATE: July 1, 2017
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I.   GENERAL INFORMATION

A.   Background: The purpose of this CR is to provide one of the SSMs with instructions as to how it will implement changes to its system, in order to resolve the issue of uMSNs. This is Phase One of a multifaceted approach needed to resolve all outstanding uMSN issues and corrects a long-standing problem with the address fields for the Multi Carrier System (MCS). Currently, MCS is only capable of storing a two-line address block. However, the Common Working FIle (CWF) and other SSMs, store a five-line address block. Thus, it is very difficult for MCS to match its addresses with CWF, resulting in many uMSNs being unnecessarily mailed.

B.   Policy: The Office of Inspector General (OIG), by way of an OIG audit, has instructed CMS to prepare guidelines regarding the disposition of uMSNs, in order to cease (or decrease) the wasting of funds and to meet CMS' obligation of providing an MSN to every beneficiary who receives services. As MSNs contain personally identifiable information (PII), uMSNs must either be destroyed or securely stored. However, since the contractors have no guidance on this issue, they don't know what to do with the returned MSNs. CMS would like not only to provide guidance to contractors regarding how to handle uMSNs, but would also like to provide guidance to assist the contractors in determining the correct addresses for the uMSNs, in order to decrease the overall number of uMSNs. This would save money that is currently used to destroy, store, re-print, and/or repeatedly mail MSNs to the same incorrect addresses.

This CR corrects some problems that occurred after CR 9372 was implemented, including some old code dating back to 1998.

The HIGLAS business requirements listed in this CR will be implemented in a separate HIGLAS CR.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9857.1	MCS shall accept and map the full Common Working File (CWF) address to the MCS eligibility file.						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
9857.2	MCS shall send all address lines received from CWF on the Medicare Summary Notices (MSNs), ADS letters, and Stale Dated letters. **NOTE:** MSNs and associated checks for Non Assigned and/or Split Pay Claims whose MCS address is different from the address returned by HIGLAS on the 835 will use the HIGLAS address on the MSN.						X			
9857.3	MCS shall send the last 2 non-blank lines from the eligibility file through Finalist for all out-going beneficiary documents.						X			
9857.3.1	MCS shall no longer update the eligibility file with the Finalist address.						X			
9857.4	MCS shall send the last 2 non-blank lines on the system generated TACs letters.						X			
9857.5	MACs shall send the address received from the CWF on their outbound correspondence if they do not use the MCS TAC system.		X							
9857.6	MCS shall send HIGLAS up to 4 address lines on the 271 transaction, and HIGLAS will return up to 4 address lines on the 835 transaction.						X			HIGLAS
9857.6.1	MCS and HIGLAS shall make all necessary modification to accommodate 4 address lines of Medicare beneficiary/legal rep primary address data. Currently, HIGLAS is receiving 4 address lines of data from FISS and no changes are necessary on FISS and HIGLAS side. **NOTE:** Under current architecture using the Oracle Financial application (ERP), HIGLAS is limited to 4 address lines.						X			HIGLAS
9857.6.2	MCS shall make all necessary modification to their current mapping logic with HIGLAS and send/receive either Medicare beneficiary primary address or legal rep address (and not both) based on the address on file. **NOTE:** MCS and HIGLAS shall work together and come up with common mapping logic for HIGLAS 271 and HIGLAS 835.						X			HIGLAS

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9857.7	MCS shall display the last 2 non-blank lines on the ARU Beneficiary Test (ARUB).						X			
9857.8	MCS shall display the last 2 non-blank lines on the MCS screens and corresponding MCSDT windows: • CLAM (Claim) screens, • ARUB screen, • IN (Beneficiary History) screens, • HI (Detail History) screen, • CE(B) (Correspondence Entry Beneficiary Initiated) screen, • EL (Beneficiary Eligibility Look-up) screen, • RP (Returned Personal Check) screen, • RC (Returned Company Check) screen, • FT (Financial Transaction) screen, • IP (Checks Issued to Payee) screen, • IR (Returned Check Inquiry) screen, • TX (Tacs File Maintenance) screen, • SP (Secondary Payer Inquiry) screen, • SB (Beneficiary Eligibility/HIMR BENB) screen						X			
9857.9	MCS shall display all address lines received from CWF on the internal MCS NU (beneficiary eligibility) screen as well as the corresponding MCSDT window.						X			
9857.10	MCS shall archive the BA and BR DEOL transactions.						X			
9857.10.1	MCS shall no longer allow beneficiary primary address updates on the NU screen or corresponding MCSDT windows.						X			

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
	NOTE: MCS shall continue to provide primary address update capability ONLY in TEST regions and only for non-CWF HICs during user acceptance testing for MACs to test all possible address types.									
9857.10.2	MCS shall no longer allow legal rep primary address or type be updated on NU screen or corresponding MCSDT windows when the leg rep type is "L," which is only provided by CWF.

However, MCS shall continue to allow MACs to update legal rep primary address for types, executor (X) and power of attorney (Y), provided there is no legal rep address type "L" on file.

NOTE: MCS shall continue to provide legal rep primary address update capability ONLY in TEST regions and only for non-CWF HICs during user acceptance testing for MACs to test all possible legal rep types. | | | | | | X | | | |
| 9857.10.3 | In situation where primary address for legal rep type "L" is on file but CWF sends beneficiary primary address on their correspondence to MCS, MCS shall remove legal rep primary address from their eligibility file and use beneficiary primary address. | | | | | | X | | | |
| 9857.11 | CWF shall write a one-timer to generate current addresses of all (see additional notes below for exceptions) Medicare beneficiaries with Part B claim activity in the following format:

Record format (total size 160 bytes):

- HICN – 12 positions

- Address – 138 positions

- Zip Code – 9 positions

- Rep Payee Indicator - 1 position (values: 1 - Rep Payee Address, 2 - Bene Address, 3 - Rep Payee Address Bene Deceased, 4 - Bene Address Bene Deceased)

Due to the fact that the number of records will be | | | | | | | | X | |

Number	Requirement	A	B	HHH	DME MAC	FISS	MCS	VMS	CWF	Other
	large, CWF shall break the output from the one-timer into 10 separate files based on the beneficiary HIGIT. **NOTE 1:** Medicare beneficiaries who are not active (blocked and logically deleted) in CWF will not be included. **NOTE 2:** Medicare beneficiaries who are deceased with date-of-death before 5 years from current date will not be included. Per MCS maintainer request, CWF maintainer shall provide a test file in the above record format during testing.									
9857.11.1	CWF VDC shall send the outputs (all 10 files) from the one-timer to MCS VDC **AFTER** MCS is able to accept and map the full CWF address to the MCS eligibility file.									VDCs
9857.11.2	MCS shall accept current addresses of all Medicare Part B beneficiaries from CWF and load beneficiary eligibility file. **NOTE:** MCS shall NOT reset the current deliverable flag during this initial load of Medicare Part B beneficiaries' addresses.						X			
9857.12	MCS shall remove all existing logic that edits the address from CWF and rejects it for various editing errors.						X			
9857.13	Part B contractors shall test, with their print centers, a 6-line address to ensure it fits within the address window on the envelopes.		X							
9857.14	MCS shall send the last 2 non-blank lines on the outbound COB transaction in the 2010BA N3 segment.						X			
9857.15	MCS, CWF, VDC, and MACs shall meet with CMS two times when beginning work on the April 2017 release. Each call shall last 1 hour.		X				X		X	VDC
9857.15.1	MCS shall take and distribute meeting minutes.						X			
9857.16	MCS, CWF, VDC, and MACs shall meet with CMS	A	X				X		X	VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	two times when beginning work on the July 2017 release. Each call shall last 1 hour.									
9857.16.1	MCS shall take and distribute meeting minutes.						X			

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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 , Cindy Ardissone, 410-786-7410 or cynthia.ardissone@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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and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0