

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 922

Department of Health & Human Services (DHHS)

Center for Medicare & Medicaid Services (CMS)

Date: APRIL 28, 2006

Change Request 5071

NOTE: This CR rescinds and replaces Transmittal 854, CR 4341, which was issued on February 13, 2006. CR 4341 only applied to DME MACs and this CR is directed at both DMERCs and DME MACs.

SUBJECT: MSN Format Changes for DMERCs and the DME MAC Transition

I. SUMMARY OF CHANGES: This CR rescinds and replaces CR4341, transmittal # 854, which was issued on 2/13/2006. CR 4341 only applied to DME MACs and this CR is directed at both DMERCs and DME MACs.

NEW/REVISED MATERIAL

EFFECTIVE DATE: July 1, 2006

IMPLEMENTATION DATE: July 3, 2006

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:

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	21/10.3.5/ Title Section of the MSN
R	21/10.3.8/ Appeals Section
R	21/20.6/Appeals Section

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: 922	Date: April 28, 2006	Change Request 5071
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NOTE: This CR rescinds and replaces Transmittal 854, CR 4341, which was issued on February 13, 2006. CR 4341 only applied to DME MACs and this CR is directed at both DMERCs and DME MACs.

SUBJECT: MSN Format Changes for DMERCs and the DME MAC Transition

I. GENERAL INFORMATION:

A. Background: On January 6, 2006 The Centers for Medicare and Medicaid Services (CMS) announced the four durable medical equipment medicare administrative contracts (DME MAC) contracts. The DME MACs replaced the previous durable medical equipment regional carriers (DMERC). DME MACs will receive and process all DME appeals requests, but will not handle beneficiary inquiry work. General Medicare will handle and process all beneficiary telephone and written inquiries until the Beneficiary Contact Centers have been fully implemented in 2007.

The purpose of this CR is to instruct the DMERCs and the DME MACs to change their Medicare Summary Notices (MSNs) to reflect the DMERC or the new DME MAC appeals address and to reflect a new centralized inquiry address located in the Customer Service Information Box for all other beneficiary inquiries.

B. Policy: The Medicare Prescription Drug Improvement and Modernization Act of 2003 (section 911) requires all Medicare Fee-For-Service Part A and Part B contractors to be replaced with the new Medicare Administrative Contractors. This is referred to as Medicare Contracting Reform.

The awarding of the DME MAC contracts represents a first step in implementing Medicare Contracting Reform, one of CMS’ initiatives designed to improve service to beneficiaries and providers, support the delivery of coordinated and quality care, and provide greater administrative efficiency and effectiveness for fee- for- service contractors.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers			Other DME MAC	
		I	H	A	M	F	M	V	C	
			H	R	E	I	C	M	W	
			I	I	R	S	S	S	F	
			r	e	C					

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 DME MAC
						F I S S	M C S	V M S	C W F	
5071.1	<p>Effective for all MSNs printed on or after July 1, 2006, DMERCs/DME MACs shall change the Appeals Information section of the MSN to read as follows:</p> <p>If you disagree with any claims decisions on this notice, your appeal must be received by (appeal date). Follow the instructions below:</p> <ol style="list-style-type: none"> 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 _____ <p>The DMERC or DME MAC address should start on the same line immediately following the colon after the phrase “Send this notice, or a copy, to the following address:”</p>				X					X
5071.1.1	<p>DMERCs/DME MACs shall make these changes for both English and Spanish MSNs. The Spanish translation for the phrase “Send this notice, or a copy, to the following address” is: Envíe esta notificación, o una copia, a la dirección siguiente</p>				X					X
5071.2	<p>DMERCs /DME MACs shall print the following address in the Customer Service Information box on all MSNs printed on or after July 1, 2006: Palmetto GBA PO Box 100297 Columbia, SC 29202-3297 The centralized mailbox address should start</p>				X					X

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 DME MAC
F I S S	M C S					V M S	C W F			
	on the <u>next line</u> following the colon after the phrase “If you have questions, write or call:”									
5071.2.1	DMERCs/DME MACS shall make these changes for both English and Spanish MSNs.				X					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:

X-Ref Requirement #	Instructions
5071.3	Per CR 3895, effective 7/11/2005, DMERCs/DME MACs shall continue to print their appropriate contractor ID number on all MSNs in the customer service information box, next to, and on the same line as, the contractor name. (Palmetto GBA)

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements
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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>Effective Date*: July 1, 2006</p> <p>Implementation Date: July 3, 2006</p> <p>Pre-Implementation Contact(s): Julie Day Julie.day@cms.hhs.gov and Nancy Conn nancy.conn@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Julie Day Julie.day@cms.hhs.gov and Nancy Conn nancy.conn@cms.hhs.gov</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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***Unless otherwise specified, the effective date is the date of service.**

10.3.5 - Title Section of the MSN

(Rev. 922, Issued: 04-28-06, Effective: 07-01-06, Implementation: 07-03-06)

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;
- Customer Service Information including:
 - Beneficiary Medicare number
 - Contractor’s mailing address and 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. For example, they may or may not choose to list the Suite number in the address. At a minimum, however, they must still include the contractor’s address, the contractor ID number, 1-800-MEDICARE (1-800-633-4227), and the national TTY number (1-877-486-2048). There must be one blank line between the address and phone numbers. All changes must be approved by each contractor’s RO. The RO will notify CO of the approved change.

The DMERCs/DME MACs shall change the address in the Customer Service Information box, to read as follows on all MSNs printed on or after July 1, 2006:

*Palmetto GBA
PO Box 100297
Columbia, SC 29202-3297*

The DMERCs/DME MACs shall make these changes for both English and Spanish MSNs. The centralized mailbox address should start on the next line following the colon.

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 “If you have questions, write or call:” in mixed case equivalent to 12-point type.
- Indent 4 bytes and print the contractor’s mailing address (*DMERCs/DME MACS only shall print the centralized mailing/PO Box*) on the next 5 lines equivalent to 12-point type. Print the appropriate contractor ID number next to, and on the same line as, the contractor name. 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).
- Allow equivalent to 12-point blank line.

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.

The DMERCs/DME MACs shall change the address in the Customer Service Information box to read as follows on all MSNS printed on or after July 1, 2006:

*Palmetto GBA
PO Box 100297
Columbia, SC 29202-3297*

The centralized mailbox address should start on the next line following the colon after the phrase “If you have questions, write or call:”

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. 922, Issued: 04-28-06, Effective: 07-01-06, Implementation: 07-03-06)

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:”

20.6 - Appeals Section

(Rev. 922, Issued: 04-28-06, Effective: 07-01-06, Implementation: 07-03-06)

ENGLISH - Appeals Information - Part B

SPANISH - Información de Apelaciones - Parte B

Fiscal intermediary Only ENGLISH - If you disagree with any claims decisions on either Part A or Part B of this notice, your appeal must be received by (_____). Follow the instructions below:

Fiscal intermediary Only SPANISH - Si usted no está de acuerdo con cualquier decisión en la Parte A o la Parte B de esta notificación, debemos recibir su apelación antes de (_____). Siga las instrucciones indicadas abajo:

Carrier Only ENGLISH - If you disagree with any claims decision on this notice, your appeal must be received by (_____). Follow the instructions below:

Carrier Only SPANISH - Si usted no está de acuerdo con cualquier decisión en esta notificación, debemos recibir su apelación antes de (_____). Siga las instrucciones indicadas abajo:

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

SPANISH - Indique con un círculo los detalles con los que usted no está de acuerdo y explique la razón.

ENGLISH - 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.)

SPANISH - Envíe esta notificación o una copia a la dirección indicada en la sección Información de Servicios al Cliente en la página 1. (Usted también puede enviar cualquier información adicional que tenga sobre su apelación.)

ENGLISH - Sign here _____ Phone Number (____)_____

SPANISH - Firme aquí _____ Su número de teléfono (____) _____

The DMERC/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 Spanish translation for “Send this notice, or a copy, to the following address” is: Envíe esta notificación, o una copia, a la dirección siguiente.

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:”