

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1090	Date: OCTOBER 27, 2006
	Change Request 5342

SUBJECT: Medicare Summary Notice (MSN) Format Changes for Jurisdiction 3 A/B MAC Transition

I. SUMMARY OF CHANGES: The purpose of this CR is to instruct the J3 MAC and all future MACs to change their MSNs to reflect the new MAC appeals address and to reflect a new centralized inquiry address located in the Customer Service Information Box for all other beneficiary inquiries.

NEW / REVISED MATERIAL

EFFECTIVE DATE: APRIL 1, 2007

IMPLEMENTATION DATE: APRIL 2, 2007

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
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 2007 operating budgets.

IV. ATTACHMENTS:

**Manual Instruction
Business Requirements**

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1090	Date: October 27, 2006	Change Request: 5342
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SUBJECT: Medicare Summary Notice (MSN) Format Changes for Jurisdiction 3 A/B MAC Transition

Effective Date: April 1, 2007

Implementation Date: April 2, 2007

I. GENERAL INFORMATION: On July 31, 2006, The Centers for Medicare & Medicaid Services (CMS) announced that it awarded the first contract for a Part A/Part B Medicare Administrative Contractor (A/B MAC) to Noridian Administrative Services. CMS selected NAS to be the A/B MAC for Jurisdiction 3 (J3) which is comprised of Arizona, Montana, North Dakota, South Dakota, Utah, and Wyoming. The J3 MAC will receive and process all MAC 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 J3 MAC to change their MSNs to reflect the new J3 MAC appeals address and to reflect a new centralized inquiry address located in the Customer Service Information Box for all other beneficiary inquiries.

A. Background: The awarding of the J3 MAC contract 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.

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.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I	C A R E R	D M R E C	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	CWF		
5342.1	Effective for all MSNs printed on or after April 1, 2007, the J3 MAC shall change the Appeals Information section of the MSN to read as follows: If you disagree with any claims	X						X	X			

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M R E C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	CWF	
	<p>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 J3 MAC ADDRESS) (You may also send any additional information you may have about your appeal.) 3) Sign here _____ Phone number _____ <p>The J3 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>											
5342.1.1	<p>The J3 MAC 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	X			
5342.2	<p>The J3 MAC shall print the following address in the Customer Service Information box on all MSNs printed on or after April 1, 2007:</p> <p>General Medicare- BIC PO Box 100297 Columbia, SC 29202-3297</p> <p>The centralized mailbox address should start on the <u>next line</u> following the colon after the phrase</p>	X						X	X			

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E A A C	F I	C A R I E R	D M R C	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
	"If you have questions, write or call:"											
5342.3	The J3 MAC shall make these changes for both English and Spanish MSNs.	X						X	X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E A A C	F I	C A R I E R	D M R C	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
	None.											

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5342.1	Per CR 3895, effective 7/11/2005, the J3 MAC 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. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s): Julie Day julie.day@cms.hhs.gov and Nancy Conn nancy.conn@cms.hhs.gov

Post-Implementation Contact(s): Julie Day julie.day@cms.hhs.gov and Nancy Conn nancy.conn@cms.hhs.gov

VI. FUNDING

A. For TITLE XVIII Contractors, use only one of the following statements:

N/A

B. For Medicare Administrative Contractors (MAC), use only one of the following statements:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.

10.3.5 - Title Section of the MSN

(Rev. 1090, Issued: 10-27-06; Effective: 04-01-07; Implementation: 04-02-07)

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; and
- 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.

The J3 MAC and all future MACs shall change the address in the Customer Service Information box, to read as follows on all MSNs printed on or after April 1, 2007:

*General Medicare- BIC
P.O. Box 100297
Columbia, S.C. 29202-3297*

The J3 MAC and all future 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) *(the J3 MAC and all future 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:”

The J3 MAC and all future MACs shall change the address in the Customer Service Information box to read as follows on all MSNs printed on or after April 1, 2007:

*General Medicare- BIC
P.O. Box 100297
Columbia, S.C. 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. 1090, Issued: 10-27-06; Effective: 04-01-07; Implementation: 04-02-07)

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:”

The J3 MAC and all future 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 MAC ADDRESS**) (You may also send any additional information you may have about your appeal.)*

3) Sign here _____ Phone number (____)_____

The J3 MAC and all future MACs shall make these changes for both English and Spanish MSNs.

The 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. 1090, Issued: 10-27-06; Effective: 04-01-07; Implementation: 04-02-07)

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:”

The J3 MAC and all future 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 MAC ADDRESS**) (You may also send any additional information you may have about your appeal.)*

3) Sign here _____ Phone number () _____

The J3 MAC and all future 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 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:”