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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1921 | Date: September 20, 2017 |
| | Change Request 9938 |

Transmittal 1909, dated August 18, 2017, is being rescinded and replaced by Transmittal 1921, dated, September 20, 2017 to correct a translation error found in the Notice and Taglines attachment. All other information remains the same.

SUBJECT: Implementation of Section 1557 for Medicare Redetermination Notices (MRNs) by Adding a Notice and Tagline Sheet

I. SUMMARY OF CHANGES: This Change Request (CR) instructs all Medicare Administrative Contractors (MACs), including Part A/B MACs, Home Health and Hospice (HHH) MACs, and Durable Medical Equipment (DME) MACs, to add a new last page to the Medicare Redetermination Notices (MRNs).

EFFECTIVE DATE: October 1, 2017

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

IMPLEMENTATION DATE: October 2, 2017

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: 1921 | Date: September 20, 2017 | Change Request: 9938 |
|-------------|-------------------|--------------------------|----------------------|

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SUBJECT: Implementation of Section 1557 for Medicare Redetermination Notices (MRNs) by Adding a Notice and Tagline Sheet

EFFECTIVE DATE: October 1, 2017

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IMPLEMENTATION DATE: October 2, 2017

I. GENERAL INFORMATION

A. Background: On May 13, 2016, the Department of Health and Human Services (HHS) Office for Civil Rights issued the final rule implementing Section 1557. The final rule requires that covered entities post notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services in significant communications targeted to beneficiaries.

B. Policy: The beneficiary notification provided by this CR is required by the Final Rule for Section 1557 of the Nondiscrimination Provision of the Affordable Care Act. This Change Request (CR) instructs all Medicare Administrative Contractors (MACs), including Part A/B MACs, Home Health and Hospice (HHH) MACs, and Durable Medical Equipment (DME) MACs, to add a new last page to the Medicare Redetermination Notices (MRNs). The Notice and Tagline sheet shall be added to the last page of MRNs issued to beneficiaries in response to beneficiary filed appeals only. Within this CR, an appeal filed on behalf of a beneficiary, such as those filed by a beneficiary's representative, is considered a beneficiary filed appeal. The business requirements provide specific direction on when a Notice and Tagline sheet is required. The MACs shall not include the Notice and Tagline sheet with responses to reopenings, when the beneficiary is carbon copied on the MRN of a provider filed appeal, with the file that is sent to the alternate format contractor, or with other beneficiary correspondence not specified in this CR.

MACs use a variety of systems for MRN production. For those MACs that use the Medicare Appeals System (MAS) for correspondence, the Centers for Medicare & Medicaid Services (CMS) will pursue a corresponding MAS CR to add an indicator for beneficiary filed appeals (including appeals filed on behalf of a beneficiary), as well as template changes to add the Notice and Tagline sheet. To assist MACs using the Multi-Carrier System (MCS) for correspondence, this CR instructs MCS to create an indicator that will identify those claims filed by either a beneficiary or a beneficiary's representative. DME MAC users of Client Letter should be able to accomplish the business requirements without shared system changes. MACs using a correspondence tool outside of the shared system are instructed to make changes necessary to ensure that the Notice and Tagline sheet is added to MRNs as instructed in this CR.

Similar direction has also been provided to the Qualified Independent Contractors (QIC), for the second level of appeal. The Notice and Tagline sheet provided by the QICs is specific to reconsiderations and also directs the beneficiary to contact 1-800-Medicare for further translation assistance.

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | | | |
|----------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|--|----------|
| | | A/B MAC | | | D M E M A C | Shared- System Maintainers | | | | Other | | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | | |
| 9938.1 | The Medicare Administrative Contractors (MACs) shall add the attached Notice and Tagline sheet to the Medicare Redetermination Notices (MRNs) issued to beneficiaries in response to beneficiary filed appeals (and appeals filed on behalf of a beneficiary) only. | X | X | X | X | | | | | | | |
| 9938.1.1 | MACs shall print this notice on no more than one sheet of paper printed on the front and back. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.1.2 | MACs shall use the same white paper that they use for the rest of the MRN. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.1.3 | MACs shall print the sheet of paper in black ink, to match the black ink used on the rest of the MRN. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.1.4 | MACs shall NOT print a page number on this new sheet. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.1.5 | MACs shall ensure the insert matches the formatting of the attachment. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.2 | MACs shall place this sheet after the last page of the MRN. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.3 | MACs that provide Spanish MRNs shall include the Notice and Tagline sheet in the previously specified situations to those beneficiaries that have selected Spanish as an alternate format. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.3.1 | Additional translation of the sheet is not required as Spanish translation is already provided. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.4 | If the beneficiary who filed the appeal has a Section 504 alternate format preference, MACs shall provide the Notice and Tagline sheet with the standard format MRNs issued. | X | X | X | X | | | | | | | RRB-SMAC |
| 9938.4.1 | If the beneficiary who filed the appeal has a Section 504 Large Print format preference, MACs shall provide the Notice and Tagline sheet in large print with the Large Print MRN in the previously specified | X | X | X | X | | | | | | | RRB |

| Number | Requirement | Responsibility | | | | | | | | | |
|------------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|----------|
| | | A/B MAC | | | D M E M A C | Shared- System Maintainers | | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | |
| | situations. | | | | | | | | | | |
| 9938.4.1.1 | MCS shall be modified to allow previously specified MRNs issued to beneficiaries that have selected Large Print as an alternate format, to flow to a distinct print queue. | | | | | | | X | | | |
| 9938.4.2 | MACs shall not include the Notice and Tagline sheet in the file for alternate format production for braille, audio, CD-ROM, or electronic formats. | X | X | X | X | | | | | | RRB |
| 9938.5 | MCS shall be modified to indicate a beneficiary filed appeal (includes appeals filed on behalf of a beneficiary) in such a way that it can be identified for separate printing. | | | | | | | X | | | |
| 9938.5.1 | MCS shall be modified to allow previously specified standard MRNs that require a Notice and Tagline sheet to flow to a distinct print queue. | | | | | | | X | | | |
| 9938.6 | MACs that use MAS for MRN production shall ensure that the MRNs issued in response to beneficiary filed appeals include the Notice and Tagline sheet. MAS changes, including the addition of an indicator as well as template changes, are planned. | X | | X | | | | | | | MAS |
| 9938.7 | MACs that use the shared systems for MRN production shall ensure that the MRNs issued in response to beneficiary filed appeals include the Notice and Tagline sheet. | | X | | X | | | | | | RRB |
| 9938.8 | MACs that use an internal correspondence system for MRN production shall ensure that the MRNs issued in response to beneficiary filed appeals include the Notice and Tagline sheet. | X | X | X | X | | | | | | RRB |
| 9938.9 | MACs shall include the Notice and Tagline sheet in the case file when the MRN includes the sheet. | X | X | X | X | | | | | | MAS, RRB |
| 9938.10 | MACs shall provide the Notice and Tagline sheet when the beneficiary requests a duplicate MRN, if the original included the Notice and Tagline sheet. | X | X | X | X | | | | | | RRB |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|--------|-------------|----------------|---|-------------|-------------|------------------|
| | | A/B MAC | | | D M E | C E D I |
| | | A | B | H H H | M A C | |
| | 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): Liz Hosna, 410-786-4993 or katherine.hosna@cms.hhs.gov , Teri White, 410-786-2394 or theresa.white@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 1

Nondiscrimination Notice - The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by:

- Calling 1-800-368-1019. TTY users should call 1-800-537-7697.
- Visiting hhs.gov/ocr/civilrights/complaints.
- Writing: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201

Notice of Availability of Auxiliary Aids & Services - We're committed to making our programs, benefits, services, facilities, information, and technology accessible in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973. We'll take appropriate steps to make sure that people with disabilities, including people who are deaf, hard of hearing or blind, or who have low vision or other sensory limitations, have an equal opportunity to participate in our services, activities, programs, and other benefits. We provide various auxiliary aids and services to communicate with people with disabilities, including:

- Relay service — TTY users should call 1-877-486-2048.
- Alternate formats — This Medicare Redetermination Notice is available in alternate formats, including large print, Braille, data CD and audio CD. To request your notice in an alternate format, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Aviso sobre la discriminación - Los Centros de Servicios de Medicare y Medicaid (CMS) no excluye, niega beneficios o discrimina contra ninguna persona por motivos de raza, color, origen nacional, incapacidad, género o edad. Si cree que ha sido discriminado o tratado injustamente por cualquiera de estos motivos, puede presentar una queja ante el Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles:

- Llamando al 1-800-368-1019. Los usuarios de TTY deben llamar al 1-800-537-7697.
- Visitando hhs.gov/ocr/civilrights/complaints.
- Escribiendo a la: Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Ayuda y servicios auxiliares para personas con incapacidades - Medicare está dedicado a ofrecerles a todos sus beneficiarios los programas, beneficios, servicios, dependencias, información y su tecnología, en cumplimiento con las Secciones 504 y 508 de la Ley de Rehabilitación del 1973. Medicare tomará las medidas necesarias para asegurarse de que las personas incapacitadas, entre los que se incluyen los que tiene problemas auditivos, son sordos, ciegos, tienen problemas visuales u otro tipo de limitaciones, tengan las mismas oportunidades de participar y aprovechar los programas y beneficios disponibles. Medicare ofrece varios servicios y ayuda para facilitar la comunicación con las personas incapacitadas incluyendo:

- Servicios de retransmisión de mensajes — Los usuarios de TTY deben llamar al 1-877-486-2048.
- Formatos alternativos — Los productos de Medicare, incluyendo esta redeterminación, están disponible en letra grande, versión digital, Braille y audio. Para ordenar su aviso en un formato alternativo, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-MEDICARE (TTY: 1-877-486-2048).

(Arabic) العربية ملاحظة: إن كنت تتحدث لغة أخرى غير الانجليزية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل بالرقم 1-800-MEDICARE (الهاتف النصي: 1-877-486-2048).

հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-MEDICARE (TTY (հեռատիպ)՝ 1-877-486-2048)

繁體中文 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-MEDICARE (TTY: 1-877-486-2048)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-MEDICARE (TTY: 1-877-486-2048) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-MEDICARE (ATS: 1-877-486-2048).

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-MEDICARE (TTY: 1-877-486-2048).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-MEDICARE (TTY: 1-877-486-2048).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-MEDICARE (TTY: 1-877-486-2048).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-MEDICARE (TTY: 1-877-486-2048) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-MEDICARE (TTY: 1-877-486-2048) 번으로 전화해 주십시오.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-MEDICARE (TTY: 1-877-486-2048).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-MEDICARE (TTY: 1-877-486-2048).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-MEDICARE (телетайп: 1-877-486-2048).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-MEDICARE (TTY: 1-877-486-2048).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-MEDICARE (TTY: 1-877-486-2048).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-MEDICARE (TTY: 1-877-486-2048).