

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2377</b>	<b>Date: November 1, 2019</b>
	<b>Change Request 10766</b>

**SUBJECT: User Change Request: Analysis for Medicare Summary Notices (MSNs) without Beneficiary Address after Finalist**

**I. SUMMARY OF CHANGES:** Medicare Administrative Contractors may use Finalist software to refine the beneficiary address on the MSNs. Certain Finalist error codes indicate that the MSN will not be mailable because the address is missing or incomplete. This Change Request will direct the Medicare Administrative Contractors to work with CMS to identify the scenarios where the beneficiary address is not present in the beneficiary file so that the root cause can be corrected to prevent future errors.

**EFFECTIVE DATE: December 3, 2019**

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

**IMPLEMENTATION DATE: December 3, 2019**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

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**I. GENERAL INFORMATION**

**A. Background:** Finalist is a software program that reduces postage costs by verifying/refining the address on correspondence and applying Postal Service bar coding for efficient mail handling. When Finalist returns error codes 4301 and 4399, the associated MSN will not be mailable because there is no associated address. This analysis CR will look at examples of MSNs where no valid address is present in the Fiscal Intermediary Shared System (FISS) with the goal of correcting the source of the incomplete/missing address information. This issue was identified by Finalist users but all Medicare Administrative Contractors will be required to participate and provide examples of beneficiary files with missing or incomplete addresses.

**B. Policy:** This is an Analysis CR and has no impact to policy.

**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		F I S S	M C S	V M S	C W F	
10766.1	Contractors shall attend up to five calls to review examples of MSNs that could not be mailed. Each call should be no more than one hour. Calls will begin approximately 30 days after issuance and will be held weekly. CMS will schedule and distribute the agenda for all calls.	X		X					
10766.2	Contractors shall submit the name and contact information for participants five days after issuance. The information shall be submitted to rita.hazlip@cms.hhs.gov.	X		X					
10766.3	Contractors shall submit examples to CMS of beneficiary addresses that are incomplete or missing within the FISS beneficiary file five business days prior to the first scheduled call. Examples should include screen prints of the Common Working File Health Insurance Master Record (CWF HIMR)	X		X					

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	address, the FISS beneficiary file and the trailer 12 information from the FISS CWF attachments for the last processed claim if available. If the claim rejected due to a bad Medicare Identification Number, a screen print showing the reason code assigned to the claim is sufficient. Only one example for each unique scenario identified by the contractor shall be sent.										
10766.3.1	The contractors shall use due diligence to protect Personally Identifiable Information (PII) when submitting examples to CMS.	X		X							
10766.4	Responsibility for capturing minutes will be rotated among the contractors in attendance. CMS will assign responsibility for the first call in the meeting invitation. No other deliverables will be required from the contractors.	X		X							

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	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):** Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@cms.hhs.gov , Rita Hazlip, 410-786-5755 or Rita.Hazlip@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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