

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11110	Date: November 10, 2021
	Change Request 12238

SUBJECT: Phase two: Undeliverable Medicare Summary Notices (UMSNs) - Beneficiary Do Not Forward Process

I. SUMMARY OF CHANGES: This Change Request (CR) provides hours for the ViPS Medicare System (VMS) to implement a Beneficiary Do Not Forward (DNF) process for VMS and to create summary MSNs when a beneficiary's address is no longer undeliverable.

EFFECTIVE DATE: April 1, 2022; July 1, 2022; October 1, 2022; January 1, 2023

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

IMPLEMENTATION DATE: April 4, 2022 - Analysis, Design, and Coding of Business Requirements 12238.8, 12238.9, 12238.11, 12238.13, 12238.14, 12238.17, and 12238.18; July 5, 2022 - Coding, Testing and Implementation of Business Requirements 12238.8, 12238.9, 12238.11, 12238.13, 12238.14, 12238.17, and 12238.18; October 3, 2022 - Analysis, Design, and Coding of all remaining requirements, and CR 12238.11; January 3, 2023 - Coding, Testing, and Implementation of all remaining requirements, and CR 12238.11

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

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I. GENERAL INFORMATION

A. Background: Currently, there is no process in the ViPS Medicare System (VMS) to withhold payments for beneficiaries who are on a Do Not Forward (DNF) or Undeliverable notice due to a bad address. The Health Insurance General Ledger Accounting System (HIGLAS) developed changes to implement a beneficiary Undeliverable process that mirrors the current provider DNF process for the Multi-Carrier System (MCS). Now that the HIGLAS transition in VMS is complete, VMS and HIGLAS will need to make changes to implement this process in VMS. A previous CR implemented a process to reproduce MSNs for beneficiaries who are removed from DNF when their address is no longer undeliverable. This process creates a summary MSN for these beneficiaries to ensure they receive the MSNs they need, but only for one year prior. The purpose of this CR is to implement the changes discussed in prior analysis calls on UMSNs in VMS.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	M I C M S S	V C M S S	C W F		
12238.1	VMS shall count claims that have their provider payee on Do Not Forward (DNF) in the VMS workload reports when the claim is returned from HIGLAS as DNF instead of when the claim is released from DNF.								X		
12238.2	VMS shall count claims that have their beneficiary payee on an Undeliverable Address hold in the VMS workload reports when the claim is returned from HIGLAS as an Undeliverable Address hold.								X		
12238.3	VMS shall accept the value of 'UH' as a valid PLB code in the HIGLAS 835 Interface.								X		

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		
12238.4	VMS shall not produce an MSN and not create a beneficiary check for claims in the payment set when a PLB code of 'UH' is received in the HIGLAS 835 Interface.							X			
12238.5	VMS shall produce a summary MSN and create a beneficiary check for claims in the payment set when a PLB code of 'DR' is received in the HIGLAS 835 Interface for a beneficiary payee.							X			
12238.6	VMS shall produce a summary MSN for informational (no-pay to the beneficiary) MSN claims for any claim being held for that beneficiary in the informational MSN file for an undeliverable address situation when the beneficiary record is updated with a deliverable address.							X			
12238.7	VMS shall increase the page number size on the MSN to a maximum of seven digits to account for the potential for very large MSNs being produced for released undeliverable address claims.							X			
12238.8	VMS shall create a new daily job to process beneficiary address updates from the U.S. Postal Service (USPS) to replace the current request job.							X			
12238.9	VMS shall create a hierarchy within VMS processing for which beneficiary address updates to apply, when multiple beneficiary updates are received on the same day as follows: Primary - The beneficiary address update on the Common Working File (CWF) trailer 12 Secondary - The beneficiary address update on the CWF HUAD transaction Lastly - The beneficiary address update from USPS							X			
12238.10	VMS shall not withhold MSNs for beneficiaries that choose to receive their MSNs in electronic format when their address is undeliverable and the claims do not involve payment to the beneficiary (no-pay).							X			
12238.10.1	VMS shall follow the standard paper MSN process for claims that involve payment to the beneficiary when the beneficiary has selected electronic MSNs as a preference.							X			
12238.11	VMS shall apply changes made under this change request to be effective for claims processed on or after the effective date of the applicable requirements.							X			
12238.12	DME MACs shall work with their print vendor to accommodate changes to the VMS MSN and perform				X						

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		
	testing.										
12238.13	GDIT shall modify the VMS process for generating the HIGLAS 271 transactions so that the undeliverable flag is set based on the beneficiary's active address instead of the beneficiary's permanent address.								X		
12238.14	GDIT shall develop a one-time process to generate HIGLAS 271 transactions for those beneficiaries that have had previous HIGLAS 271 transactions generated and have active temporary addresses. These 271 transactions will account for setting the undeliverable flag based on the beneficiary's active address instead of basing the setting of the undeliverable flag on the permanent address.								X		
12238.15	GDIT shall modify VMS to account for the claims that involve payment to both the beneficiary and the provider (i.e., split pay processing scenarios): For split pay processing, the provider can be on DNF; or the beneficiary can have an undeliverable address; or both. For any of these scenarios, the payment hold processes shall apply to the correct entities.								X		
12238.16	GDIT shall send the updated layout of the MSN Text file to Noridian at the beginning of the Alpha Test period.								X		
12238.17	GDIT shall update the name of the VMS Provider Check History Screen (i.e., BUDS/CHIP 27) to Payee Check History and update the layout of the screen to display the type associated with each payment.								X		
12238.18	GDIT shall modify the daily batch process that maintains the comma-delimited file of claims for HIGLAS processing so that it includes all claims held for an undeliverable address.								X		
12238.19	HIGLAS shall enhance the VMS 271 Interface to place the hold or release on the beneficiary from the UNDEL Hold using Undeliverable flag on the Bene record. HIGLAS 271 shall cascade the Hold/Release to the HIC changes.										HIGLAS
12238.20	HIGLAS/VMS shall use PLB Code "UH" to report the UNDEL Hold on the HIGLAS 835 Interface.								X		HIGLAS
12238.21	HIGLAS/VMS shall use PLB Code "DR" to report the UNDEL Release on the HIGLAS 835 Interface.								X		HIGLAS
12238.22	VMS shall accept/process the UNDEL Hold/Release from HIGLAS (similar to provider DNF process) and transmit the 811-check register interface to HIGLAS.								X		HIGLAS
12238.23	VMS 835 Interface shall report UNDEL hold/release for 837 Claim Bene Account Receivables (ARs) similar to Provider DNF hold for Provider 837 Claim ARs.								X		HIGLAS

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers			Other	
		A	B		H H H	F I S S	M C S		V M S
12238.24	HIGLAS shall create a one time data fix to propagate the UNDEL hold to all Beneficiaries based on the existing 271 staging data using undeliverable flag.								HIGLAS
12238.25	HIGLAS extensions (Holds Form/Holds Cascade/Stale Date processes/Void Extensions/Invoice Cleanup) shall handle UNDEL holds for DME Beneficiaries.								HIGLAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC		D M E	C E D I	
		A	B			H H H
	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

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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