

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10072	Date: May 1, 2020
	Change Request 11609

SUBJECT: Removal of Signature Line from Appeals Page of the Medicare Summary Notice (MSN) and MSN Envelope Correction

I. SUMMARY OF CHANGES: On May 7, 2019, CMS published a final rule, 84 FR 19855, which removes the requirement for signatures on appeal requests that are filed under 42 CFR Part 405, Subpart I. This final rule became effective July 8, 2019. MACs have been instructed through previously issued technical direction that effective July 8, 2019, MACs shall no longer dismiss appeal requests for lack of signature. Because of this, we are now instructing contractors to remove the signature line from the appeals page of the Medicare Summary Notice (MSN).

Also included in this change request (CR) is information correcting the text that should be displayed on MSN envelopes. There is conflicting information in the IOM and the MSN envelope exhibits posted online, so we are using this CR as an opportunity to correct this issue, since the envelope correction also involves changes to Chapter 21 of the IOM.

EFFECTIVE DATE: October 1, 2020

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

IMPLEMENTATION DATE: October 5, 2020

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
R	21/10/3.8/ Specifications for Section 4 (Last Page): Denials and Appeals

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 10072	Date: May 1, 2020	Change Request: 11609
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SUBJECT: Removal of Signature Line from Appeals Page of the Medicare Summary Notice (MSN) and MSN Envelope Correction

EFFECTIVE DATE: October 1, 2020

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

IMPLEMENTATION DATE: October 5, 2020

I. GENERAL INFORMATION

A. Background: On May 7, 2019, CMS published a final rule, 84 FR 19855, which removes the requirement for signatures on appeal requests that are filed under 42 CFR Part 405, Subpart I. This final rule became effective July 8, 2019. MACs have been instructed through previously issued technical direction that became effective July 8, 2019, MACs shall no longer dismiss appeal requests for lack of signature. As a result of this, CMS is instructing contractors to remove the signature line from the appeals page of the Medicare Summary Notice (MSN).

B. Policy: In order to promote consistency between appeal levels, ensure transparency in developing our appeal request requirements, help ensure that we do not impose nonessential requirements on appellants, reduce the burden on appellants, and improve the appeals process based on our experience, we have removed the requirement for signatures on appeal requests that are filed under 42 CFR Part 405, Subpart I.

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 S	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11609.1	On the "How to Handle Denied Claims or File an Appeal" page (the Appeals page) of the Medicare Summary Notice (MSN) contractors shall remove the "Your or your representative's signature" text and signature box from the "File an Appeal in Writing" section.	X	X	X	X			X		RRB-SMAC
11609.1.1	Shared System Maintainers (SSMs) shall work with the Medicare Administrative Contractors (MACs) (or their print centers, if applicable) to update the form flash changes of the Appeals page, and provide the updated form flash to the MACs.					X	X			
11609.2	Contractors shall, after removing the signature text and box from the "File an Appeal in Writing" section of the Appeals page, move up the remaining text in	X	X	X	X			X		RRB-SMAC

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	that column, in order to maintain the visual continuity of the page.									
11609.2.1	Contractors shall maintain the current justification in the “File an Appeal in Writing” section of the Appeals page of the MSN (i.e., all text shall continue to line up as it currently does).	X	X	X	X				X	RRB-SMAC
11609.2.2	Contractors shall ensure the “File an Appeal in Writing” section of the Appeals page maintains the existing line spacing.	X	X	X	X				X	RRB-SMAC
11609.3	Contractors shall adhere to the guidance provided in the revised Medicare Claims Processing Manual (MCPM), Pub. 100-04, Chapter 21, section 10.3.8.	X	X	X	X					RRB-SMAC
11609.4	SSMs shall provide CMS with estimated timelines from both IBM and Xerox for the development of the revised MSN Appeals page.					X	X			
11609.5	SSMs shall provide the updated print resources to the MACs by August 1, 2020.					X	X			
11609.6	Contractors shall submit, 15 calendar days prior to implementation, PDF samples of complete Pay and No-Pay MSNs generated from their print center(s), to the Centers for Medicare & Medicaid Services (CMS) for approval by emailing them to Scott Schiller at Scott.Schiller@cms.hhs.gov and Cindy Ardissonne at Cynthia.Ardissone@cms.hhs.gov.	X	X	X	X	X				RRB-SMAC
11609.6.1	CMS shall review and approve drafts within 2 business days of when they are received.									CMS
11609.7	The contractor shall provide copies of the Advanced Function Printing (AFP) page segments and Xerox print resources to the Next Generation Desktop (NGD) at NGDTier3@anthem.com.	X	X	X					X	RRB-SMAC
11609.8	All above BRs also apply to the Spanish version of the MSN. The signature box shall also be removed from the Spanish version of the Appeals page of the MSN.	X	X	X	X	X	X	X		RRB-SMAC
11609.9	Contractors shall remove the "Return Service Requested" text from MSN envelopes, if their MSN envelopes contain that text.	X	X	X	X					RRB-SMAC

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	
11609.9.1	Contractors shall refer to Pub 100-04, Chapter 21, section 10.3.10.B, figure 10.3.10.BI for an example of a correct Pay MSN envelope.	X	X	X	X					RRB-SMAC
11609.9.2	Contractors shall also refer to revised Exhibit 2.15 - Pay MSN Envelope, located online at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html , by clicking on Chapter 21 - Medicare Summary Notices - English Exhibits, which now displays a correct example of a Pay MSN envelope.	X	X	X	X					RRB-SMAC
11609.10	Changes made pursuant to this Change Request (CR) shall be effective upon implementation, and not based on date of service.	X	X	X	X	X	X	X		RRB-SMAC
11609.11	A status update call shall be held during the week of September 7, 2020, to determine if all contractors are on track to implement the CR on October 1, 2020.	X	X	X	X	X	X	X		CMS, RRB-SMAC
11609.11.1	If the CR cannot be implemented on schedule, remedial actions shall be determined and a new implementation date shall be established.	X	X	X	X	X	X	X		CMS, RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Ardissonne, cynthia.ardissone@cms.hhs.gov , Scott Schiller, scott.schiller@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: 0

10.3.8 - Specifications for Section 4 (Last Page): Denials and Appeals

(Rev.10072, Issued: 05-01-2020, Effective: 10-01-2020. Implementation: 10-05-2020)

This section of the MSN helps beneficiaries understand how to handle denied claims; it also explains how and when to file an appeal. This section should be printed in its entirety on exactly one page, and it should always appear on the MSN's final page. It can appear on either the front or reverse of a sheet.

A. Section Title

POSITION

This subsection contains information of a fixed size. It does not vary in overall width or length.

The content area begins (0", 5"), 7 points from the baseline of Headers of Other Pages subsection. It is full-page or 540 points in width and 24 points in height.



figure 10.3.8.A

FORMATTING

[GR 2.1] black rule

[TH 2] section header

DYNAMIC RULES

N/A - this section is static

CONTENT

How to Handle Denied Claims or File an Appeal

B. Get More Details

GLOBAL SPECIFICATIONS

POSITION

This subsection contains information of a fixed size. It does not vary in overall width or length.

The content area begins (0", 0.94") or 28 points from the baseline of the Section Title subsection. It is one-column or 259 points in width and 167 points in height.

TH 3	Get More Details	GR 2.1
TB 1.2	If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent in the right information.	GR 4.1
TB 1.1	If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.	GR 6
	Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.	

figure 10.3.8.B

FORMATTING

- [GR 2.1] black rule
- [TH 3] subsection header
- [GR 4.1] space after header
- [TB 1.2] highlight first sentence [TB 1.1] body text
- [GR 6] space between paragraph
- [TB 1.1] body text

DYNAMIC RULES

N/A - this section is static

PART A INPATIENT AND 'B OF A' SPECIFICATIONS

CONTENT

Get More Details

If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

PART B (ASSIGNED AND UNASSIGNED), HOSPICE, AND HOME HEALTH SPECIFICATIONS

CONTENT

Get More Details

If a claim was denied, call or write the provider and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the provider to

contact our claims office to correct the error. You can ask the provider for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

DME (ASSIGNED AND UNASSIGNED) SPECIFICATIONS

CONTENT

Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they did not, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

C. If You Disagree

POSITION

The position of this subsection is dynamic. The content area begins 19 points from the baseline of the Get More Details subsection. It is one-column or 259 points in width and 132 points in height. The last line has a black rule around the appeal due date. The date field is 158 points wide.

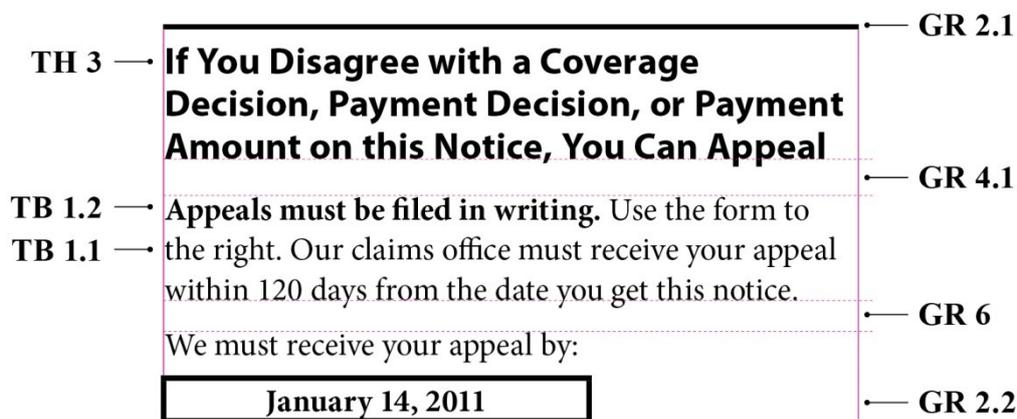


figure 10.3.8.C

Formatting

[GR 2.1] black rule

[TH 3] subsection header

[GR 4.1] space after header

[TB 1.2] highlight first sentence [TB 1.1] body text

[GR 6] space between paragraph

[TB 1.1] body text

[TB 1.2] appeals due date, center aligned [GR 2.2] highlight edges of Column 2

DYNAMIC RULES

This subsection contains a dynamically generated date: the beneficiary’s appeal deadline. The date printed should be 125 days from the notice date in the Notice Details subsection of Part 1. The date is listed with a spelled-out month, numeric day, and complete numeric year (e.g., October 15, 2021).

CONTENT

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:
{Month DD, YYYY}

D. If You Need Help Filing Your Appeal

GLOBAL SPECIFICATIONS

POSITION

The position of this subsection is dynamic. The content area begins 19 points from the baseline of the If You Disagree subsection. It is one-column or 259 points in width and 190 points in height.



figure 10.3.8.D

FORMATTING

- [GR 2.1] black rule
- [TH 3] subsection header
- [GR 4.1] space after header
- [TB 1.2] highlight first sentence [TB 1.1] body text
- [GR 6] space between paragraph
- [TB 1.2] highlight first sentence, [TB 1.1] body text
- [GR 6] space between paragraph
- [TB 1.2] highlight first sentence [TB 1.1] body text

DYNAMIC RULES

If the mailing address is that of the legal representative, the beneficiary's address state should be used to identify the SHIP contact number, not that of the legal representative.

NOTE: If the mailing address is that of the legal representative and the beneficiary's address indicates that the beneficiary lives outside of the 50 U.S. states and U.S. territories, then the final paragraph on page 2 should be suppressed. See alternate language in the Content specifications below.

When there is a combined MSN that has Part A Inpatient claims with Hospice and/or Home Health claims, use the content for Part A Inpatient specification.

PART A INPATIENT AND 'B OF A' SPECIFICATIONS

CONTENT

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your facility: Ask your facility for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Or, if the MSN mailing address is outside the 50 states, use the following language:

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE for help before you file your written appeal, including help appointing a representative.

Call your facility: Ask your facility for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

PART B (ASSIGNED AND UNASSIGNED), HOSPICE, AND HOME HEALTH SPECIFICATIONS

CONTENT

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your provider: Ask your provider for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Or, if the MSN mailing address is outside the 50 states, use the following language:

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE for help before you file your written appeal, including help appointing a representative.

Call your facility: Ask your facility for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

DME (ASSIGNED AND UNASSIGNED) SPECIFICATIONS

CONTENT

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your supplier: Ask your supplier for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Or, if the MSN mailing address is outside the 50 states, use the following language:

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE for help before you file your written appeal, including help appointing a representative.

Call your facility: Ask your facility for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

E. Find Out More

POSITION

The position of this subsection is dynamic. The content area begins 19 points from the baseline of the If You Need Help Filing Your Appeal subsection. It is one-column or 259 points in width and 72 points in height.

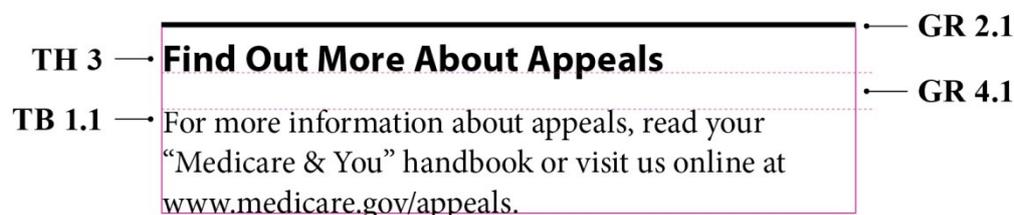


figure 10.3.8.E

FORMATTING

[GR 2.1] black rule
[TH 3] subsection header
[GR 4.1] space after header
[TB 1.1] body text

CONTENT

Find Out More About Appeals

For more information about appeals, read your “Medicare & You” handbook, or visit us online at www.medicare.gov/appeals.

F. File an Appeal in Writing

GLOBAL SPECIFICATIONS

POSITION

This subsection contains information of a fixed size. It does not vary in overall width or length.

This subsection begins (3.9”, 0.94”). This should top align with the Get More Details subsection in the left column. It is one-column or 259 points in width and 652 points in height.

Indent in 8 points top and left and 16 points from right to begin content area. Tab 12 points from left to start appeal instructions and fill-in box.

The beneficiary fill-in box in Step 3 *is* 218 points in width and 22 points in height.

The telephone number fields are split further, with 19 points of width for each number and 7 points of space in between the fields. Any space after the 10 digit fields should be left as gray fill.

In Step 7 of the File an Appeal in Writing subsection, beneficiaries are instructed where to mail their appeals material. The mailing address listed should be the preferred mailing address of the MAC generating the MSN.

The address should appear in the following format:

First Line: Medicare Claims Office (static text)
Second Line: c/o { A/B MAC (A), (B), (HHH), or DME MAC Name} Third Line:
{ MAC Street Address or PO Box, Suite Number}
Fourth Line: { MAC City}, {ST} {ZIP+4}

If the MAC uses another name to refer to the 'Medicare Claims Office,' add an additional line after the second line with an 'attn:' to refer to the department. The first line should stay static for all return addresses.

First Line: Medicare Claims Office (static text)
Second Line: c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}
Third Line: attn: {Appeals Department Name}
Fourth Line: {MAC Street Address or PO Box, Suite Number}
Fifth Line: {MAC City}, {ST} {ZIP+4}

When there is a combined MSN that has Part A Inpatient claims with Hospice and/or Home Health claims, use the content for Part A Inpatient specification.

PART A INPATIENT AND 'B OF A' SPECIFICATIONS

CONTENT

File an Appeal in Writing

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

Your complete Medicare number
- 4 Include any other information you have about your appeal. You can ask your facility for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office

c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}
{MAC Street Address}
{MAC City}, {ST} {ZIP+4}

PART B (ASSIGNED AND UNASSIGNED), HOSPICE, AND HOME HEALTH SPECIFICATIONS

CONTENT

File an Appeal in Writing

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office

c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}
{MAC Street Address}
{MAC City}, {ST} {ZIP+4}

DME (ASSIGNED AND UNASSIGNED) SPECIFICATIONS

CONTENT

File an Appeal in Writing

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

Your telephone number

Your complete Medicare number

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office

c/o {A/B MAC (A), (B), (HHH), or DME MAC Name}

{MAC Street Address}

{MAC City}, {ST} {ZIP+4}