CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11510	**Date: July 28, 2022**
	Change Request 12801

SUBJECT: Masking the Medicare Beneficiary Identifier (MBI) on the Medicare Summary Notice (MSN)

I. SUMMARY OF CHANGES: The purpose of this change request is to establish a level of effort for re-masking the MBI on the MSN. The CMS is moving to establish the level of effort required to mask the MBI on all MSNs.

EFFECTIVE DATE: January 1, 2023
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 3, 2023

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	21/10.3.3/Specifications for Section 1: Summary (Page 1)

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: 11510	Date: July 28, 2022	Change Request: 12801

SUBJECT: Masking the Medicare Beneficiary Identifier (MBI) on the Medicare Summary Notice (MSN)

EFFECTIVE DATE: January 1, 2023
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 3, 2023

I.   GENERAL INFORMATION

A.   Background: The CMS is moving to establish the level of effort required to re-mask the MBI on all MSNs. Before CMS issued an MBI to all beneficiaries, the Health Insurance Claim Number (HICN) was displayed on page one (1) of the MSN and all but the last four (4) digits of the HICN were masked. Once we issued MBIs, we decided to print the entire MBI on the MSN so that beneficiaries would have a place, other than their Medicare card, to access their MBI. CMS would now like to mask the MBI in a manner similar to the way the HICN was masked in the past.

B.   Policy: There are no legislative or policy implications.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12801.1	Contractors shall mask the MBI on all MSNs, moving forward, replacing all but the last four characters with "X"s. For example: MBI "J78Y539KD12" would be displayed as "XXXXXXXKD12".	X	X	X	X	X	X	X		RRB-SMAC
12801.2	Contractors shall perform testing to ensure the masked MBI prints correctly.	X	X	X	X	X	X	X		RRB-SMAC

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			DME MAC	CEDI	
		A	B	HHH			
	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): John Parry, 410-786-7845 or john.parry@cms.hhs.gov, Cindy Ardissone, 410-786-7410 or cynthia.ardissone@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

Medicare Claims Processing Manual

Chapter 21 - Medicare Summary Notices

Table of Contents
(Rev.11510; 07-28-22)

10.3.3 - Specifications for Section 1: Summary (Page 1)
(Rev. 11510, Issued: 07-28-22, Effective: 01-01-23, Implementation: 01-03-23)

A. Notice Title

This section names the notice, specifies the function of the notice and the Medicare program under which the notice's claims are paid, and identifies the Federal agencies responsible for generating the notice.

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″), and is full page or 540 points in width, 72 points in height.

The Department of Health & Human Services seal, a flash image, is 72 points by 72 points. Indent 9 points from the seal to start the three text elements.

MACs are not to change the format of the Notice Title subsection in order to use double window envelopes.
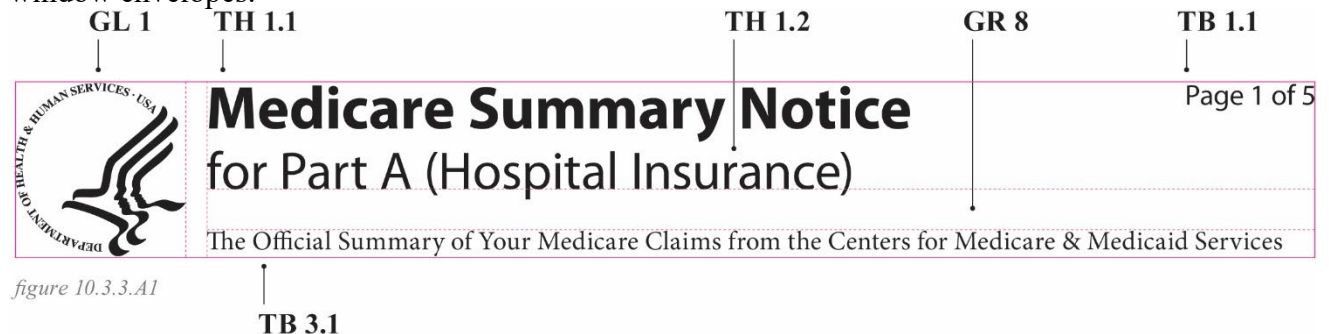

figure 10.3.3.A1

figure 10.3.3.A2

FORMATTING
[GL 1] DHHS Seal
[TH 1.1] notice title
[TH 1.2] notice subtitle, indicating to which Medicare program the notice relates
[TB 3] notice descriptive tagline

NOTE: Pagination specification on next subsection
NOTE: Use [TH 1.3] or [TH1.4] instead of [TH 1.2] for combined subtitle to fit in one line.
NOTE: Use [TH 1.4] only if using [TH 1.3] for combined subtitle will not fit in one line.

DYNAMIC RULES

The notice subtitle is dynamically generated based on which type(s) of claims are present on the MSN:

- Only claims paid by the Part A program;

- Part B, 'B of A', or DME claims - all of which are paid by the Part B program; or

- A combination of Part A Inpatient and 'B of A' claims that are paid by both Part A and Part B.

PART A INPATIENT, HOSPICE, AND HOME HEALTH (A) SPECIFICATIONS

CONTENT

Notices with only claims paid by the Part A program should have text content as follows:

Medicare Summary Notice
for Part A (Hospital Insurance)
The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

PART B (ASSIGNED & UNASSIGNED), HOME HEALTH (B), 'B OF A', AND DME SPECIFICATIONS
CONTENT
Notices with only claims paid by the Part B program should have text content as follows:

Medicare Summary Notice
for Part B (Medical Insurance)
The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

COMBINED PART A INPATIENT AND 'B OF A' SPECIFICATIONS

CONTENT

Notices that include both claims paid by the Part A program and also claims paid by the Part B programs - as on notices that have both inpatient hospital claims and outpatient 'B of A' claims - should have text content as follows:

Medicare Summary Notice
for Part A (Hospital Insurance) and Part B (Medical Insurance)
The Official Summary of Your Medicare Claims from the Centers for Medicare &
Medicaid Services

B. Pagination

The page number indicator, in the format Page 1 of #, must include the dynamically generated total page count for the notice in the second numeric position. Refer to specimen on section A for type style and placement relative to Notice title.

NOTE: This specification is for pagination on page 1 only. See section 10.3.4 for pagination included on page header for other pages.

POSITION

This subsection contains information of a fixed size. It does not vary in overall height but may vary in width depending on total page count.

The content area begins (0″, 6.75″), right aligned from right margin. It is 90 points in width, 11 points in height.

FORMATTING
[TB 2.1] all text, right aligned

C. Recipient Address

POSITION

This subsection contains information of a variable size.

The content area begins (0″, 1.35″) with 32 point indent from left margin. It is 1-column or 259 points in width with variable height, from 3 to 6 lines of text, not to exceed 82 points at 6 lines.

The name and address information is listed with 9-point clearance around the address when inserted into window envelope, to meet U.S. Postal Service regulations. For specifications on window size and position, see section 10.3.10.

The position may vary for envelope to align with the recipient address of the inserted MSN. Depending on the alignment, the address field of the printed MSN may be adjusted for ideal positioning.

```
        FACILITY NAME
        JENNIFER WASHINGTON          ◄── TB 1.1
        STREET ADDRESS
        CITY, ST 12345-6789
        LINE 5
        LINE 6
```

figure 10.3.3.C1

[The below figure is new.]

```
        FACILITY NAME
        JENNIFER WASHINGTON          ◄── TB 1.3
        STREET ADDRESS
        CITY, ST 12345-6789
        LINE 5
        LINE 6
```

figure 10.3.3.C2

```
        FACILITY NAME
        JENNIFER WASHINGTON          ◄── TB 1.4
        STREET ADDRESS
        CITY, ST 12345-6789
        LINE 5
        LINE 6
```

figure 10.3.3.C3

FORMATTING
[TB 1.1] all text, all caps

NOTE: MACs may also use a smaller font size [TB 1.3] or [TB 1.4] if needed.

DYNAMIC RULES

All of the content in this subsection is dynamically generated.

At minimum, the beneficiary name and one- or two-line mailing address should be printed. The name should be printed with the given name first, followed by any middle initial(s), the family name, then any suffixes (e.g., Jr.)

If applicable, when the beneficiary's primary residence is a healthcare facility, a facility name may be appended above the beneficiary's name.

As necessary, a second name (the beneficiary's legal representative) may be added above the beneficiary's name, followed by "for". The name should be printed in bold with the given name first, followed by any middle initial(s), the family name, then any suffixes (e.g., Jr.)

In the case that a legal representative is indicated, the designated recipient's mailing address (if different from the beneficiary's address) should be used instead of the beneficiary's address.

The hierarchy of address should be as follows:
- Legal representative
- Beneficiary's temporary address
- Beneficiary's permanent address

CONTENT

{BENEFICIARY'S GIVEN NAME}{BENEFICIARY'S MIDDLE INITIAL}{BENEFICIARY'S FAMILY NAME}{BENEFICIARY'S SUFFIX}
{PERMANENT STREET ADDRESS}
{SECOND LINE OF STREET ADDRESS}
{CITY}, {STATE ABREVIATION} {ZIP+4}

Or

{BENEFICIARY'S GIVEN NAME}{BENEFICIARY'S MIDDLE INITIAL}{BENEFICIARY'S FAMILY NAME}{BENEFICIARY'S SUFFIX}
{TEMPORARY ADDRESS FACILITY NAME OR STREET ADDRESS}
{SECOND LINE OF STREET ADDRESS}
{CITY}, {STATE ABREVIATION} {ZIP+4}

Or

{LEGAL REPRESENTATIVE'S GIVEN NAME}{LEGAL REPRESENTATIVE'S MIDDLE INITIALS}{LEGAL REPRESENTATIVE'S FAMILY NAME}{LEGAL REPRESENTATIVE'S SUFFIX} FOR
{BENEFICIARY'S GIVEN NAME}{BENEFICIARY'S MIDDLE INITIAL}{BENEFICIARY'S FAMILY NAME}{BENEFICIARY'S SUFFIX}
{LEGAL REPRESENTATIVE'S STREET ADDRESS}
{SECOND LINE OF STREET ADDRESS}
{CITY}, {STATE ABREVIATION} {ZIP+4}

NOTE: Comma between City and State is optional, to follow current practice.

D. Notice Details

This subsection provides a summary of whom the notice is for and what time period it covers.

POSITION

This subsection has a fixed size and position.

The subsection is printed on a gray highlight box. The gray area begins (0″, 2.75″). It is one-column or 259 points in width and 108 points in height.

Indent in 8 points all around to begin content area.

The three lines of body content are organized into static and dynamic text. Static text is in regular text, without changing content. Indent 133 points in from left margin to start dynamic text (e.g., beneficiary's Medicare number) in bold.

figure 10.3.3.D1

figure 10.3.3.D2

FORMATTING

[GR 1] gray background
[TH 3] notice details header
[GR 4.1] spacing after header
[GR 3.1] dotted rule
[TB 2.1] static body content [TB 2.2] dynamic body content
[GR 3.1] dotted rule
[TB 2.1] static body content [TB 2.2] dynamic body content
[GR 3.1] dotted rule
[TB 2.1] static body content [TB 2.2] dynamic body content

DYNAMIC RULES

This subsection is comprised of four lines; each line has both static and dynamic content.

Notice for…

The first line has the static text "Notice for" followed by the beneficiary's given and family names. Note that for space purposes the middle initial(s) and suffixes should not be included here.

Medicare Number

The second line has a static title and the beneficiary's Medicare number.

When possible, the number should be broken by dashes in the format (e.g., 1EG4-TE5-MK72).

Date of This Notice

The third line has a static title and the date that the notice was printed. The date is listed with a spelled-out month, numeric day, and complete numeric year (e.g., October 15, 2021).

Claims Processed…

On a typical MSN, the fourth line has a static title, "Claims Processed Between" and dates that represent the start and end dates of the complete claim-processing period. The first date printed should correspond to the first day of the period that was reviewed for claims prior to the generation of the notice. The final date printed should reflect the final day that was reviewed for claims prior to the printing of the notice. This period typically spans an entire 90-day period prior to the printing of the notice. (Note that this is not the same as the processing dates of the first- and last-processed claims on the notice, which may cover a much shorter period.)

The dates are listed with a spelled-out month, numeric day, and complete numeric year (e.g., October 15, 2021) and are separated by an en-dash (not a hyphen); insert spaces to each side of the en-dash. If both the first and last date are within the same calendar year, drop the year from the first date (e.g., October 15 - November 3, 2021). If the dates are in different calendar years, keep the year in both dates (e.g., October 15, 2021 - January 3, 2022).

NOTE: When printing a Pay MSN or other MSN with a single processing date, replace static text "Claims Processed Between" with the label "Claims Processed"; on an MSN of this kind, only the single processing date should be listed, following the formatting conventions described above.

CONTENT

Notice for {Beneficiary Given Name}{Beneficiary Family Name}
Medicare Number   {*XXXX-XXX*-**MK72**}

Date of This Notice	{**Month DD, YYYY**}
Claims Processed	{**Month DD, YYYY**} -
Between	{**Month DD, YYYY**}

Or, if the notice is a Pay MSN or an MSN with a single processing date, use the following:

Notice for {Beneficiary Given Name}{Beneficiary Family Name}	
Medicare Number	{*XXXX-XXX*-**MK72**}
Date of This Notice	{**Month DD, YYYY**}
Claims Processed	{**Month DD, YYYY**}