

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10863	Date: July 13, 2021
	Change Request 11447

SUBJECT: User CR: MCS - Beneficiary Do Not Forward DLV Flag Changes Needed

I. SUMMARY OF CHANGES: Current processing does not exist in MCS to process the beneficiary undeliverable hold (UH) and subsequent undeliverable reissue (DR) transactions. Currently in MCS, when a beneficiary address is undeliverable and an MSN is created, the MSN is suppressed, as there is no valid address on file. If the MSN is a no pay MSN, the 'check' is not retained on the bank file or bank history.

This Change Request (CR) is to update the beneficiary deliverable address logic. Currently, when the beneficiary's address is undeliverable, duplicate MSNs are suppressed. This includes internal/clerk duplicate requests. This change will allow creation of internal/clerk duplicate MSN requests when the beneficiary address is undeliverable.

EFFECTIVE DATE: October 1, 2021

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

IMPLEMENTATION DATE: October 4, 2021

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: 10863	Date: July 13, 2021	Change Request: 11447
-------------	--------------------	---------------------	-----------------------

SUBJECT: User CR: MCS - Beneficiary Do Not Forward DLV Flag Changes Needed

EFFECTIVE DATE: October 1, 2021

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

IMPLEMENTATION DATE: October 4, 2021

I. GENERAL INFORMATION

A. Background: This Change Request (CR) is to update the beneficiary deliverable address logic. Currently, when the beneficiary's address is undeliverable, duplicate Medicare Summary Notices (MSNs) are suppressed. This includes internal/clerk duplicate requests. This change will allow creation of internal/clerk duplicate MSN requests when the beneficiary address is undeliverable. Current processing does not exist in MCS to process the beneficiary undeliverable hold (UH) and subsequent undeliverable reissue (DR) transactions. Currently in MCS, when a beneficiary address is undeliverable and an MSN is created, the MSN is suppressed, as there is no valid address on file. If the MSN is a no pay MSN, the 'check' is not retained on the bank file or bank history.

B. Policy: This CR does not based on policy or regulation.

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	
11447.1	MCS shall update MCS processing to send beneficiary no pay checks for either undeliverable and/or reissues to the Bank File.					X			

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:
--------------------------------	--

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):

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