CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12664	**Date: May 31, 2024**
	Change Request 13627

SUBJECT: Changing the Frequency of No-Pay Medicare Summary Notice (MSN) Mailings from Every 90 Days to Every 120 Days

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to change the frequency of MSN mailings from every 90 days to every 120 days, in order to conserve funding. This instruction also deletes chapter 21, section 10.1 General Requirements for the MSN in publication 100-04.

EFFECTIVE DATE: October 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 7, 2024

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	Chapter 21/Section 10/General Medicare Summary Notices (MSN) Requirements
R	Chapter 21/Section 10/10.1/General Requirements for the MSN

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: 12664	Date: May 31, 2024	Change Request: 13627

SUBJECT: Changing the Frequency of No-Pay Medicare Summary Notice (MSN) Mailings from Every 90 Days to Every 120 Days

EFFECTIVE DATE: October 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 7, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to change the frequency of the MSN mailings from every 90 days to every 120 days.

B. Policy: There is no current policy that prevents this change from being made.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13627.1	Contractors shall change the frequency of the MSN mailings from every 90 days to every 120 days. This change will only affect no-pay batch MSNs, including large print MSNs and all alternate formats other than electronic. NOTE: CMS accepts that during the first cycling through of zip code ranges, some MSNs may contain less than 120 days of data due to the movement of zip codes into different printing buckets.	X	X	X	X	X		X		
13627.1.1	Contractors shall continue to send MSNs monthly to select zip codes currently excluded from the 90-day printing process.	X	X	X	X	X		X		
13627.2	CMS shall update Chapter 21 of the IOM to reflect reflect the frequency mailing changes									CMS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	for no pay MSNs.									
13627.3	Contractors shall note this change is effective based on process/implementation date.	X	X	X	X	X		X		
13627.4	DME MACs shall provide the new zip code ranges to VMS via a mainframe TSO file in the attached format, and work with the data centers to ensure that file location is accessible to VMS.				X					
13627.5	Part A A/B MACs shall update online PARM CTLMNZIP with the new zip code ranges/timeframes.	X								
13627.6	Part B A/B MACs shall update MCS with the new zip code ranges/timeframes.		X							
13627.7	Contractors shall note, this CR does not change any processing for undeliverable MSNs, duplicate MSNs, or expatriate MSNs.	X	X	X	X	X				
13627.8	Contractors shall perform testing for this change request prior to its implementation.	X	X	X	X					

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

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 - General Medicare Summary Notices (MSN) Requirements

(Rev.)

Effective July 1, 2002, the MSN is used by all A/B MACs (A), (B), (HHH), and DME MACs.

The MSN is the primary vehicle by which beneficiaries are notified of decisions on their claims for Medicare benefits. The A/B MAC (A), (B), (HHH), or DME MAC mails a single MSN at the end of the month to each beneficiary for whom claim was processed during the month to inform the beneficiary of the disposition of all claims. All MACs shall issue No-Pay MSNs on a *120-day* mailing cycle. MSNs with checks to the beneficiary will continue to be mailed out as processed. To ensure that all messages are uniform throughout the Medicare program, A/B MACs (A), (B), (HHH), and DME MACs may not use locally developed MSN messages until approved by the regional office (RO).

The MSNs are not sent to providers. Providers receive remittance advice records. (See Chapter 22 for instructions about the provider remittance record.)

The MSN contains the following sections or areas:

- Disclaimer;
- Title;
- Claims Information;
- Message; and
- Appeals.

Detailed requirements for completion of each section are included in §10.3. Generally, A/B MAC (A), (B), (HHH), or DME MAC requirements are the same. Where there are differences or where the specific specification applies to only the A/B MAC (B)/DME MAC or to only the A/B MAC (A)/(HHH), the difference is noted in the specific instruction.

Although every attempt has been made to make the MSN as simple as possible, the MSN is sufficiently complex that MACs must maintain continuing training efforts directed at beneficiaries and providers for understanding and interpretation of data on the MSN. Although providers are not mailed copies of MSNs, beneficiaries frequently show MSNs to providers to establish deductible status for provider billing.

10.1 - General Requirements for the MSN

(Rev.)

A. A/B MAC (A)/(HHH) MSN

The MSN is used to notify Medicare beneficiaries of action taken on A/B MAC (A)/(HHH) processed claims. MSNs are not used by A/B MACs (HHH) for RAPs, and RAP data are not included on the monthly MSN.

The MSN provides the beneficiary with a record of services received and the status of any deductibles. The MSN also informs the beneficiary of appeal rights. The Balanced Budget Act of 1997 requires all Part A benefit notices to include the amount of Medicare payment for each service. A/B MACs (A) and (HHH), must furnish an MSN to all beneficiaries for whom claims are filed during the month unless the situation is specifically excluded by other manual instructions. MACs shall issue No-Pay MSNs on a *120-day* mailing cycle. MSNs with a payment check to the beneficiary shall continue to be mailed out as processed. No-pay MSNs are defined as those MSNs which do not require payment to the beneficiary for the respective claim(s).

The MSN replaced the following documents:

- Form CMS-1533, Part A Medicare Benefit Notice, also known as the Part A Notice of Utilization (NOU) sent for inpatient services;
- Form CMS-1954, Benefit Denial Letter (BDL), sent for partially denied claims; and
- Form CMS-1955, BDL sent for totally denied claims.

Since CMS eliminated BDLs, Medicare beneficiaries receive the information previously conveyed on BDLs through narrative messages contained on the MSN. Providers no longer receive a separate written notification or copy of the BDL. Providers must utilize the coding information (e.g., ANSI Reason Codes) conveyed on the financial remittance advice to ascertain reasons associated with Medicare claims determinations affecting payment and applicable appeal rights and/or appeals information.

B. A/B MAC (B)/DME MAC MSN

The MSN is used to notify Medicare beneficiaries of action taken on their processed claims. The MSN provides the beneficiary with a record of services received and the status of any deductibles. The MSN also informs the beneficiary of appeal rights.
Back to top of chapter

Field Name	Starting Position	Ending Position	Length	Attributes	Sample	Valid Values and Notes
Cycle Number	1	2	2	Numeric-2	01	Values: 01 - 17
Filler	3	3	1	Alphanumeric-1	N/A	Space fill
Zip Code Range Start	4	8	5	Numeric-5	12345	Values: 00001 - 99999
Filler	9	9	1	Alphanumeric -1	N/A	Space fill
Zip Code Range End	10	14	5	Numeric-5	23456	Values: 00001 - 99999

The conversion process will be forced to abend when/if any of the following conditions are found:

1. If any of the cycle number values are not numeric.
2. If any of the cycle number values are less than 01 or greater than 17.
3. If any of the zip code values are not numeric.
4. If the Zip Code Range Start value is less than the Zip Code Range End value on any record.
5. If the Zip Code Range End value on any record is equal to or greater than the Zip Code Range Start value on the next record.
6. If there is more than 1 record on the file for a given Cycle Number
7. If there aren't records for each Cycle Number

Sample file contents to illustrate the format:

```
01 00001 04999
02 05000 09999
03 10000 14999
04 15000 19999
05 20000 24999
06 25000 29999
07 30000 34999
08 35000 39999
09 40000 44999
10 45000 45999
11 50000 54999
```

```
12 55000 59999
13 60000 64999
14 65000 69999
15 70000 74999
16 75000 79999
17 80000 99999
```