
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 159

Date: APRIL 30, 2004

CHANGE REQUEST 3195

I. SUMMARY OF CHANGES: Changes made in accordance with national 1-800-MEDICARE implementation (section 923(d) of MMA). Revisions include the addition of 1-800-MEDICARE (1-800-633-4227) and the deletion of outdated and non-applicable information. **NOTE:** Sections 10.3.1 and 50.38 have no updates, deletions only.

NEW/REVISED MATERIAL - EFFECTIVE DATE: June 1, 2004*

IMPLEMENTATION DATE: June 1, 2004*

* The Centers for Medicare and Medicaid Services is planning to migrate all contractors to 1-800-MEDICARE (1-800-633-4227) in phases during June and July of 2004. Contractors shall be ready to migrate to 1-800-MEDICARE (1-800-633-4227) as early as June 1, 2004. CMS will notify each contractor individually of their exact implementation date. Beneficiary notification is delayed until August 1, 2004, which is the anticipated date all contractors will have completed their migration to 1-800-MEDICARE (1-800-633-4227). Until then, beneficiaries will continue to call the contractor's individual beneficiary toll-free telephone number and will automatically be routed to 1-800-MEDICARE (1-800-633-4227).

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	21/10.2 Correction/Reissuance of Faulty MSNs
R	21/10.3.1 General Requirements – MSN
R	21/10.3.5 Title Section of the MSN
R	21/10.3.11 Back of the MSN – Carriers and Intermediaries
R	21/50.38 General Information Section
R	21/90.38 Sección De Información General

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 159	Date: April 30, 2004	Change Request 3195
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SUBJECT: National 1-800-MEDICARE (1-800-633-4227) Implementation (section 923(d) of MMA)

I. GENERAL INFORMATION

A. Background: Medicare contractors currently list their individual beneficiary toll-free telephone numbers on Medicare Summary Notices (MSNs), beneficiary correspondence, appeals letters (Medicare Redetermination Notices effective October 1, 2004), and on their Medicare beneficiary Web sites (if applicable). These calls are handled by the Customer Service Representatives (CSRs) at the corresponding Medicare contractors' call centers.

During the summer months of 2004, the Centers for Medicare and Medicaid Services (CMS) will migrate all current Medicare contractors' beneficiary telephone numbers over to the standard 1-800-MEDICARE (1-800-633-4227) number. Beneficiaries will call 1-800-MEDICARE (1-800-633-4227) for all questions related to Medicare claims and services, instead of calling a specific contractor phone number for each type of claim. Questions regarding specific claims will be automatically, and seamlessly to beneficiaries, routed to the appropriate Medicare contractor's call center for response. An internal CMS workgroup, with contractor participation, is developing standard operating procedures for processes and exceptions. Contractors will be informed of these procedures as final decisions are made. Workgroups have also formed to develop reporting procedures and to resolve technical issues. More information will be shared with contractors at a later date.

B. Policy: The Medicare Prescription Drug Improvement and Modernization Act of 2003 (section 923 (d)) requires all Medicare contractors to replace the listing of their individual beneficiary telephone numbers with 1-800-MEDICARE (1-800-633-4227). Publishing a single toll free number for all Medicare questions is consistent with CMS's goal to improve existing telephone customer service by providing a single, easy-to-remember number; getting callers to the correct Medicare contractor as quickly as possible; and reducing the number of calls and referrals.

C. Provider Education: A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

***NOTE:** The Centers for Medicare and Medicaid Services is planning to migrate all contractors to 1-800-MEDICARE (1-800-633-4227) in phases during June and July of 2004. Contractors shall be ready to migrate to 1-800-MEDICARE (1-800-633-4227) as early as June 1, 2004. CMS will notify each contractor individually of their exact implementation date. Beneficiary notification is delayed until August 1, 2004, which is the anticipated date all contractors will have completed their migration to 1-800-MEDICARE (1-800-633-4227). Until then, beneficiaries will continue to call the contractor’s individual beneficiary toll-free telephone number and will automatically be routed to 1-800-MEDICARE (1-800-633-4227).

Requirement #	Requirements	Responsibility
3195.1	<p>Effective for Medicare Summary Notices (MSNs) mailed August 1, 2004 and later, fiscal intermediaries shall replace their individual toll-free telephone number (including their Spanish toll-free number, if applicable) printed in the MSN Customer Service Information box with the following information as shown:</p> <p>Call: 1-800-MEDICARE (1-800-633-4227) Ask For Hospital Services</p> <p><u>Spanish:</u> Llame a: 1-800 MEDICARE (1-800-633-4227) Pregunte por Servicios de Hospital</p>	All FIs - Including Regional Home Health Intermediaries (RHHIs)
3195.1.1	Fiscal intermediaries shall print “Call 1-800-MEDICARE (1-800-633-4227) Ask For Hospital Services” on two lines (as shown above) in 12-point, bold type and capitalize “MEDICARE.”	All FIs - Including RHHIs
3195.2	<p>Effective for Medicare Summary Notices (MSNs) mailed August 1, 2004 and later, carriers shall replace their individual toll-free telephone number (including their Spanish toll-free number, if applicable) printed in the MSN Customer Service Information box with the following information as shown:</p> <p>Call: 1-800-MEDICARE (1-800-633-4227) Ask For Doctor Services</p> <p><u>Spanish:</u> Llame a: 1-800 MEDICARE (1-800-633-4227) Pregunte por Servicios Médicos</p>	All Carriers - Excluding Railroad Retirement Board (RRB)
3195.2.1	Carriers shall print “Call 1-800-MEDICARE (1-800-633-4227) Ask For Doctor Services” on two lines (as shown above) in 12-point, bold type and capitalize “MEDICARE.”	All Carriers - Excluding RRB
3195.3	Effective for Medicare Summary Notices (MSNs) mailed August 1, 2004 and later, Durable Medical	All Durable Medical Equipment

	<p>Equipment Regional Carriers (DMERCs) shall replace their individual toll-free telephone number (including their Spanish toll-free number, if applicable) printed in the MSN Customer Service Information box with the following information as shown:</p> <p>Call: 1-800-MEDICARE (1-800-633-4227) Ask For Medical Supplies</p> <p><u>Spanish:</u> Llame a: 1-800 MEDICARE (1-800-633-4227) Pregunte por Suministros Médicos</p>	Regional Carriers (DMERCs)
3195.3.1	DMERCs shall print “Call 1-800-MEDICARE (1-800-633-4227) Ask For Medical Supplies” on two lines (as shown above) in 12-point, bold type and capitalize “MEDICARE.”	All DMERCs
3195.4	Effective August 1, 2004, contractors shall instruct their Customer Service Representatives (CSRs) to begin all Medicare calls by answering the telephone, “Thank you for calling Medicare.”	All Contractors - Excluding RRB
3195.5	Effective August 1, 2004, contractors shall replace their individual beneficiary toll-free telephone numbers (including Spanish toll-free numbers, if applicable) printed on all beneficiary correspondence and appeals letters (Medicare Redetermination Notices effective October 1, 2004) with 1-800-MEDICARE (1-800-633-4227).	All Contractors - Excluding RRB
3195.6	Effective August 1, 2004, contractors shall replace their individual beneficiary toll-free telephone numbers listed on their Medicare beneficiary Web sites (if applicable) with 1-800-MEDICARE (1-800-633-4227).	All Contractors (If Applicable) - Excluding RRB
3195.7	Effective August 1, 2004, contractors shall incorporate information about the transition to 1-800-MEDICARE (1-800-633-4227) into all existing outreach and education activities. To the extent possible, this includes all beneficiary publications, newsletters, articles and bulletins. A sample flyer is attached to assist you with your outreach efforts and may be modified as necessary to suit individual contractor needs. No additional funding will be provided for outreach activities.	All Contractors - Excluding RRB
3195.8	Effective with the migration to 1-800-MEDICARE (1-800-633-4227), CMS will rely exclusively on the Federal Telephone System	All Contractors - Excluding RRB

	(FTS) network Interactive Voice Response (IVR) and will not purchase premise-based IVRs or require contractors to maintain or improve their beneficiary premise-based IVRs. Contractors shall not renew licenses or maintenance contracts for their beneficiary premise-based IVRs that will extend into FY05.	
3195.9	Effective with the migration to 1-800-MEDICARE (1-800-633-4227), all calls routed to beneficiary call centers shall be handled directly by a Customer Service Representative (CSR). All beneficiary premise-based IVR services provided by the contractor shall be discontinued at that time.	All Contractors - Excluding RRB

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
3195.1, 3195.2, 3195.3	Contractors shall continue to print their TTY telephone number in the Customer Service Information box on all MSNs. Since contractors' local numbers are no longer printed on MSNs, the only numbers printed in the Customer Service Information box, effective August 1, 2004, shall be 1-800-MEDICARE (1-800-633-4227) and the individual contractor's TTY telephone number.
3195.4	Contractors shall continue to follow the manual instructions regarding how CSRs identify themselves to callers.
3195.5	Contractors shall continue to print on beneficiary correspondence the direct dial telephone number of the person who authors the correspondence to the beneficiary. (This only applies to contractors that currently print the direct dial telephone number of the person who authors the correspondence to the beneficiary.)
3195.5	Contractors shall continue to use pre-printed letterhead that contains their individual beneficiary toll-free telephone number until August 1, 2004. Effective August 1, 2004, contractors shall destroy any remaining stock that contains their individual beneficiary toll-free telephone number and replace it with stock that contains 1-800-MEDICARE (1-800-633-4227) in the pre-printed letterhead. (This only applies to contractors that currently use pre-printed letterhead.) When ordering new stock, contractors should only order enough to last through September 30, 2004. Contractors' individual TTY telephone numbers are scheduled to be replaced with a single, standard TTY telephone number by October 1, 2004.

3195.5, 3195.6	Contractors shall continue to print their TTY telephone number on all beneficiary correspondence, appeals letters (Medicare Redetermination Notices effective October 1, 2004) and Medicare beneficiary Web sites. (This only applies to contractors that currently print their TTY telephone number on beneficiary correspondence, appeals letters, and Medicare beneficiary Web sites.)
3195.5, 3195.6, 3195.7, 3195.8, 3195.9	Contractors shall maintain their existing provider telephone number/IVR and continue to print, post and/or promote it as usual.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: June 1, 2004*(See NOTE under Business Requirements)</p> <p>Implementation Date: June 1, 2004* (See NOTE under Business Requirements)</p> <p>Pre-Implementation Contact(s): Glenn Keidel (410) 786-2133, gkeidel@cms.hhs.gov or Nancy Conn (410) 786-8374, nconn@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Glenn Keidel (410) 786-2133, gkeidel@cms.hhs.gov or Nancy Conn (410) 786-8374, nconn@cms.hhs.gov</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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Attachment

10.2 - Correction/Reissuance of Faulty MSNs

(Rev. 159, 04-30-04)

Occasionally programming errors will occur which cause inaccuracies on MSNs that do not materially affect benefits. An example of a potential programming error could be one data column writing in another data column. So long as the claims are correctly paid and the notice is intelligible, it is not necessary to identify the impacted MSNs or reissue them. The resources to identify and reissue all of the documents would not be justified. In situations where contractors feel reissuance is absolutely necessary, they must work with their regional office to identify costs involved before proceeding. When such problems occur, contractors must take actions that will inform beneficiaries of the situation. These actions should fall within the framework of routine operations. Such actions include, but are not limited to, fielding calls from beneficiaries and alerting customer service representatives of the situation *and* posting an alert on contractors' local Web sites. While not all of these solutions may be possible, contractors should take the most appropriate steps to best mitigate the potential confusion, but not incur special costs. Any communication regarding this type of situation should convey that it was a temporary programming error, which has been fixed, and is believed not to have affected the beneficiary's benefits.

A beneficiary may call the contractor to request a copy of the MSN with the correct information. In such cases, the contractor will provide one.

10.3.1 - General Requirements - MSN

(Rev. 159, 04-30-04)

A3-3726.1, AB-98-31

The MSN is specifically designed as a summary notice to beneficiaries. Providers receive a summary voucher and check. Intermediaries send MSN notices to beneficiaries for outpatient and inpatient claims combined in one notice every month. Carriers send notices to beneficiaries for assigned claims and unassigned claims with no payment to the beneficiary once every month. Carriers send notices for unassigned claims and assigned claims with payment due to the beneficiary as they are processed or according to their present schedule.

When requested by the quality assurance (QA) staff, contractors produce an exact copy of the MSN sent to the beneficiary for QA reviews. If the beneficiary requests a replacement copy, the contractor must be able to produce an exact copy as it was originally generated or produce an MSN containing only the claim requested by the beneficiary, even though it may have been part of a summary. The beneficiary's request will determine the type of copy that the contractor sends.

Copies for claims processed prior to the MSN format can be produced in the MSN format. Contractors must also generate an MSN upon beneficiary request for previously suppressed claim information.

Contractors must have the capability to issue the MSN in Spanish, if the beneficiary requests this. To assess beneficiary preference for a Spanish MSN, contractors may print

a message in the General Information section in both Spanish and English, which tells beneficiaries that they can receive the MSN in Spanish if they desire.

Contractors also:

- Generate by computer the entire front of the form; and
- Preprint or generate by computer the back of the form.

To the extent that contractors have the capability to perform duplex printing, they must exercise that option.

To ensure all claims processing messages are uniform throughout the Medicare program, contractors do not use locally developed claims processing messages until approved and assigned a number by central office. Contractors send draft claims processing messages for preliminary review to their RO along with an explanation of necessity. Regional offices now have the authority to approve local General Information and “Help Stop Fraud” messages.

Carriers and intermediaries are required to include a “Help Stop Fraud” message every 6 months.

Language must be approved by the RO. Contractors send draft messages for review to their RO along with an explanation of necessity. The RO will review the messages and respond.

The “Help Stop Fraud” section is designed for varying “Help Stop Fraud” messages, which can be found in [§50.24](#), and/or to alert beneficiaries of local fraud scams. For example, if a contractor knows of someone offering free cheese and milk in exchange for Medicare numbers, it can design a message telling beneficiaries to be extra careful. Since space is limited in the “Help Stop Fraud” section, the contractor can use the “General Information” section for lengthy messages. If it uses those messages provided in §50.24, it should review its message every six months to determine if a more appropriate message could be used. “Help Stop Fraud” messages may be changed as often as necessary, as long as they are timely and current. Messages that pertain to local fraud scams need only be approved at the RO level. General “Help Stop Fraud” messages that contractors develop, similar in content to those listed in §50.24, must be approved by CMS.

The “General Information” section is designed to inform beneficiaries of local health fairs and Medicare seminars, as well as those messages in §50.24, and those mandated by CMS. Messages that pertain to local events need be approved only at the RO level. “General Information” messages that carriers develop, similar in content to those listed in §50.24, must be approved by CO through the RO.

Sample exhibits are provided in §50.24. These samples are referenced throughout the text. In the event of a discrepancy, the written instructions take precedence over the exhibits.

10.3.5 - Title Section of the MSN

(Rev. 159, 04-30-04)

A3-3726.5, AB 98-31, B3-7006.1, PM-AB-02-106

A - General Information about the “Title” Section

This section contains a fixed display of information. It does not vary in length. It contains the following elements:

- Title of notice;
- Beneficiary name and mailing address;
- “Be Informed” statement; and
- Customer Service Information including:
 - Beneficiary Medicare number;
 - Contractor’s mailing address;
 - *1-800-MEDICARE (1-800-633-4227)*
 - TTY telephone number; and
 - “Summary of Claims Processed” statement.

NOTE: Contractors have the option of changing the type of information in the Customer Service Information box. For example, they may *or may not choose to list the Suite number in the address*. At a minimum, however, they must still include the contractor’s address, *1-800-MEDICARE (1-800-633-4227)*, and a TTY number. There must be one blank line between the address and phone numbers. All changes must be approved by each contractor’s RO. The RO will notify CO of the approved change.

B - Technical Specifications for “Title” Section

Details of the technical specifications for each element in the title section follow.

Title of Notice

“Medicare Summary Notice” is printed in mixed case equivalent to 30-point bold type. The title is centered within a box of 10-percent shading. The box extends from left margin to right margin. In the left corner of the box, the CMS logo (imported) is printed. In the upper right hand corner of box “Page 1 of __” is printed in mixed case equivalent to 10-point type.

In the bottom right hand corner of the title box, the date the notice was printed is shown in mixed case equivalent to 10-point type.

Then a blank line equivalent to 10-point type occurs.

Beneficiary Name and Mailing Address

The beneficiary name, mailing address, and dollar amounts are printed in all uppercase letters equivalent to 10-point size fixed pitch font (the font may not be script, italic or any other stylized font). The name and address information is placed as shown in exhibits to

conform to U. S. Postal Regulations. (The beneficiary name, mailing address, and dollar amounts are the only data elements that may be printed in fixed pitch fonts. The rest of the MSN is printed using proportional fonts.)

Contractors are not to change the format of the “Title” section in order to use double window envelopes. Include a separate mailing sheet with both a return and delivery address for double window envelopes.

Customer Service Information (refer to note in A above)

Print a box equivalent to a 1-point line around the following customer service information. Extend from center of page to the right margin. Height is 2 1/2 inches. Width is 3 1/2 inches.

- Allow equivalent to 12-point blank line.
- Print “Customer Service Information” in upper case equivalent to 12-point bold type.
- Print “Your Medicare Number: _____” centered in the box equivalent to 12-point bold mixed case.
- Print “If you have questions, write or call:” in mixed case equivalent to 12-point type.
- Indent 4 bytes and print the contractor’s mailing address on the next 5 lines equivalent to 12-point type.
- Allow equivalent to 12-point blank line.

INTERMEDIARIES ONLY:

- Indent 4 bytes and print “*Call:*” then “*1-800-MEDICARE (1-800-633-4227)*”, in mixed case (*print MEDICARE in uppercase*) equivalent to 12-point bold type.
- Indent *4 bytes* and print “*Ask for Hospital Services*” in mixed case equivalent to 12-point bold type
- Indent *4 bytes* and print “*TTY for Hearing Impaired:*” then the contractor’s TTY number in mixed case equivalent to 12-point type.

CARRIERS ONLY:

- *Indent 4 bytes and print: “Call:” then “1-800-Medicare (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.*
- *Indent 4 bytes and print “Ask for Doctor Services” in mixed case equivalent to 12-point bold type.*
- *Indent 4 bytes and print “TTY for Hearing Impaired:” then the contractor’s TTY number in mixed case equivalent to 12-point type.*

DMERCs ONLY:

- *Indent 4 bytes and print: “Call:” then “1-800-Medicare (1-800-633-4227)”, in mixed case (print MEDICARE in uppercase) equivalent to 12-point bold type.*

- *Indent 4 bytes and print “Ask for Medical Supplies” in mixed case equivalent to 12-point bold type.*
- *Indent 4 bytes and print “TTY for Hearing Impaired:” then the contractor’s TTY number in mixed case equivalent to 12-point type.*

Be Informed Statement

- Print “Be Informed:” in upper case letters and bold equivalent to 12-point type. Begin printing the fraud message on the same line as “Be Informed:” Print the fraud message in mixed case equivalent to 12-point type. It may continue for 2 additional lines. Fraud messages are found in [§50.24](#). Print only those messages approved for the “Be Informed” section. The “Be Informed” section should end no lower than the bottom of the “Customer Service Information” box. There should be at least 2 bytes between the end of each line and the beginning of the “Customer Service” box.
- Allow equivalent to 12-point blank line.
- For intermediaries, on all notices processed for services on multiple days, print “This is a summary of claims processed from mm/dd/yyyy to mm/dd/yyyy.” in mixed case equivalent to 14-point type centered between the margins. For all notices for services processed on a single day, print “This is a summary of claims processed on mm/dd/yyyy.” in mixed case equivalent to 14-point type centered between the margins.
- Allow equivalent to 18-point blank line.
- For carriers, for unassigned and assigned claims with no payment to the beneficiary, and with different finalization dates, print, “This is a summary of claims processed from mm/dd/yyyy through mm/dd/yyyy” in mixed case equivalent to 14-point type centered between the margins.
- For carriers, for unassigned and assigned claims with no payment to the beneficiary and the same finalization dates, print “This is a summary of claims processed on mm/dd/yyyy in mixed case equivalent to 14-point type centered between the margins.”
- For unassigned and assigned claims with payment to the beneficiary, print “This is a summary of claims processed on mm/dd/yyyy in mixed case equivalent to 14-point type centered between the margins. The mm/dd/yyyy inserts should be high/low claim finalization dates.”
- Allow equivalent to 18-point blank line.

10.3.11 - Back of the MSN - Carriers and Intermediaries

(Rev. 159, 04-30-04)

A3-3726.11, B3-7008, A-01-93, A-00-58

A - General Information about the Back of the MSN:

Print the appropriate information on the back of each page of the MSN. The information may be preprinted.

Print the back of the MSN at no more than 6 lines to an inch.

B - Technical Specifications for the Back of the MSN:

Contractors include the following information in this order:

- Title

Intermediaries: “IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS,” centered as shown in exhibits in [§30](#) and printed equivalent to 14-point bold uppercase type in a band of 10-percent shading for MSNs showing both outpatient and inpatient information. (See [exhibit 2](#), “Back of Notice Outpatient and Inpatient Combined.”)

Carriers: “IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE PART B BENEFITS,” centered and printed in 14-point bold uppercase type in a band of 10% shading.

- Allow equivalent to 12-point blank line.
- Subtitle/Statement.

Intermediaries and Carriers: “For more information about services covered by Medicare, please see your Medicare Handbook.” This subtitle is centered and printed equivalent 14-point mixed case type.

- Print horizontal line (0.048” wide extending from left to right margin).
- Allow equivalent to 12-point blank line.

Intermediaries:

Print the following information single-spaced in two newspaper style columns equivalent to 11-point mixed case type. Print the headings equivalent to 11-point bold uppercase type.

- Print a line down the center of the page dividing the two columns as shown in exhibit 2, “Back of Notice Outpatient and Inpatient Combined.”
- In the following paragraphs of exhibit 2, print the indicated words equivalent to 11-point bold type:
 - Paragraph 2 - “The Amount You May Be Billed”; “Part A”; “an inpatient hospital deductible”; “a coinsurance amount for the 61st through 90th days”; “a

- coinsurance amount for each Lifetime Reserve Day”; “a blood deductible”; “an inpatient coinsurance for the 21st through the 100th days.” “skilled nursing facility”; “not covered”.
- o Paragraph 4 - “annual deductible”; “Part B”; “coinsurance”; “not covered”.
 - o Paragraph 6 - “Part A”; “60 days”; “Part B”, “6 months”; “help with your appeal”.

Intermediaries and Carriers:

- Allow blank line.
- Print horizontal line (0.048” wide extending from left to right margin).
- Print “Centers for Medicare & Medicaid Services” equivalent to 10-point bold italic type in a band of 10-percent shading.

Intermediaries must change the back of the MSN using the following language to reflect Outpatient Prospective Payment System (OPPS) changes in coinsurance.

"THE AMOUNT YOU MAY BE BILLED for **Part B** services includes:

- **“An annual deductible**, the first \$100 of Medicare Part B charges each year;
- **“After the deductible has been met for the year, depending on services received, a coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- **“Charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.”**

Also, print the following message in the “General Information” Section:

“If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund. Please contact your provider.”

50.38 - General Information Section

(Rev. 159, 04-30-04)

PM AB-02-106

38.3 - If you change your address, please contact the Social Security Administration by calling 1-800-772-1213.

38.4 - You are at high risk for complications from the flu and it is very important that you get vaccinated. Please contact your health care provider for the flu vaccine.

38.5 - If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the vaccine.

38.6 - January is cervical cancer prevention month

38.7 - The Pap test is the most effective way to screen for cervical cancer.

38.8 - Medicare helps pay for screening Pap tests once every two years.

38.9 - Colorectal cancer is the second leading cancer killer in the United States. However, screening tests can find polyps before they become cancerous. They can also find cancer early when treatment works best. Medicare helps pay for screening tests. Talk to your doctor about the screening options that are right for you.

38.10 - Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

90.38 - Sección De Información General

(Rev. 159, 04-30-04)

AB-02-106

38.3 - Si usted cambia de dirección, *por* favor *comuníquese con* la *Administración* del Seguro Social al 1-800-772-1213.

38.4 - Usted está en alto riesgo para complicaciones de la influenza y es muy importante que usted se vacune. Favor de comunicarse con su proveedor del cuidado de la salud para la vacuna contra la influenza.

38.5 - Si usted no ha recibido su vacuna contra la influenza no es demasiado tarde. Favor de comunicarse con su proveedor del cuidado de la salud sobre recibir la vacuna contra la influenza.

38.6 - El cáncer colorectal es el segundo cáncer principal que ataca en los E.E.U.U. Sin embargo, pruebas de investigación pueden encontrar pólipos antes de que lleguen a ser cancerosos. También pueden encontrar el cáncer temprano cuando el tratamiento trabaja lo mejor posible. Medicare ayuda a pagar por pruebas de investigación. Comuníquese con su doctor sobre las opciones de pruebas de investigación que son apropiadas para usted.

38.7 - Medicare cubre las pruebas de investigación del cáncer colorectal que pueden encontrar pólipos precancerosos en el colon y recto. Los pólipos pueden ser removidos antes de que sean cancerosos. Comuníquese con su doctor sobre hacerse la prueba.

38.8 - Enero es el mes de la prevención del cáncer cervical.

38.9 - La prueba de papanicolao (o prueba pap) es la manera más efectiva de examinar el cáncer cervical.

38.10 - Compare los servicios que usted recibe con los que aparecen en su Resumen de Medicare. Si tiene preguntas, llame a su doctor o proveedor. Si usted cree que se necesita investigar más debido a un posible fraude o abuso, llame al teléfono que aparece en la sección Información de Servicios al Cliente.

*Place this flyer in your phone book with
all your important numbers!*



**Attention All Medicare
Beneficiaries!**

For **Any** Questions About
MEDICARE Claims
and Services:

**CALL 1-800-MEDICARE
(1-800-633-4227)**

For **ALL** Medicare answers!