

# Medicare Contractor Beneficiary and Provider Communications Manual

## Chapter 1 - Correspondence

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### **10 - Introduction**

**(Rev. 1, 10-01-03)**

This chapter contains general instructions and requirements for Medicare carriers, including DMERCs and intermediaries for processing correspondence. Normally, the term “contractor” is used in this manual to mean any or all of these. If an instruction should apply to only one type of contractor, this will be specified.

Instructions for preparation of the MSN are found in Chapter 21 of the Medicare Claims Processing Manual. Similarly, the Medicare Secondary Payer (MSP) correspondence instructions are found in the MSP Manual.

This manual does not apply to End Stage Renal Disease (ESRD) Network Organizations or Quality Improvement Organization (QIO). They have separate instructions in the ESRD Network Organizations Manual and QIO Manual, respectively.

### **20 - Contractor Identification on Medicare Communications and Prohibitions on Use of Promotional Messages**

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**B2-5100, A2-2957, A3-3701**

Contractors may not use their position as a Medicare contractor for purposes of furthering their private business interests or gain. They may not use any material or information

obtained from the Secretary or developed in performing their functions under their agreement with CMS to promote their private business interests.

This prohibition against the promotional utilization of contractor status applies to all communication materials used in the performance of Medicare responsibilities, such as envelopes, letterheads, checks, vouchers, or forms, and includes such auxiliary message devices as postmarked advertisements, stamped or overprinted messages, computer print-outs and similar “piggy back” message techniques. The CMS considers a message or other communication device as promotional, regardless of intent, if without any clear Medicare purpose, it refers to any aspect of the contractor's private business status, reputation, scope of services, or other competitive factor that might favorably dispose the recipient toward the contractor's non-Medicare business.

All Medicare communications the contractor sends must contain Medicare identification to distinguish Medicare correspondence, and to establish program identity with physicians, suppliers, and beneficiaries. The word “Medicare” and/or CMS alpha representation should be at least as large as their organization's identification, and in a location that gives at least equal prominence. Summary vouchers and checks must contain Medicare identification, as should any forms, letterheads, or envelopes that are used in the Medicare part of a contractor's operation. The contractor must identify as a Medicare notice any notice or letter it sends to beneficiaries to administer the Medicare contract.

Normally, only the contractor's name and address appear on any Medicare communication for identification purposes. However, if it is the contractor's practice, the contractor may also include on the communication a company logo or other symbolic representation that has become an integral part of its private business identification.

## **20.1 - Signature on Correspondence with Physicians and Beneficiaries**

**(Rev. 1, 10-01-03)**

### **B2-5106**

To avoid confusion and misunderstanding on the part of physicians, suppliers, or beneficiaries, contractor general correspondence must carry the signature of a person who is responsible for handling inquiries about correspondence.

Letters sent to beneficiaries to request additional information in the development of claims must contain a toll-free telephone number and a department section or module reference.