

Program 3561-S		Advantage Mailing		Amsive		NPC		Current Contractor		
Title: Medicare Premium Bill Mailing Kits		Anaheim, CA		Miamiisburg, OH/Greenville, SC		Claysburg, PA		NPC, Claysburg, PA		
Term: Date of Award through January 31, 2025 plus up to 4 option year periods		040-02494		340-81281		370-64115		370-64115		
ITEM NO.	DESCRIPTION	BASIS OF AWARD	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
I.	<b>Pre-Press and Data Processing:</b>									
(a)	Data Processing (inclds Electronic Pre-Press and Reporting (other than IMb and SD operations), all Mailing Kits and Versions), per 1,000 records	25,685	\$7.50	\$192,637.50	\$0.25	\$6,421.25	\$0.10	\$2,568.50	NC	\$0.00
(b)	Create Scan Line for CMS-500 and CMS-500ID, Versions A and B, per 1,000 records	15,961	NC	\$0.00	\$0.25	\$3,990.25	\$0.10	\$1,596.10	NC	\$0.00
(c)	Domestic Mail Prep (inclds all IMb and SD operations), all Mailing Kits and Versions, per 1,000 addresses	25,647	\$2.50	\$64,117.50	\$0.25	\$6,411.75	\$0.10	\$2,564.70	NC	\$0.00
(d)	International Mail Preparation, all Mailing Kits and Versions, per 1,000 addresses	38	\$100.00	\$3,800.00	\$10.00	\$380.00	\$0.10	\$3.80	NC	\$0.00
II.	<b>Proofs and Prior-to-Producton Samples:</b>									
(a)	CMS Forms Templates (no variable data), Versions A and B, each proof	8	\$100.00	\$800.00	NC	\$0.00	\$50.00	\$400.00	NC	\$0.00
(b)	CMS Forms Templates (no variable data), Versions C and D, each proof	8	\$100.00	\$800.00	NC	\$0.00	\$50.00	\$400.00	NC	\$0.00
(c)	Bill Stuffers, 8-1/2 x 14" trim size with 2 inks, Versions A and B, each proof	24	\$100.00	\$2,400.00	NC	\$0.00	\$50.00	\$1,200.00	NC	\$0.00
(d)	Bill Stuffers, 8-1/2 x 11" trim size with single ink, Versions A and B, each proof	11	\$100.00	\$1,100.00	NC	\$0.00	\$50.00	\$550.00	NC	\$0.00
(e)	Bill Stuffers, 8-1/2 x 11" trim size with single ink, Versions C and D, each proof	46	\$100.00	\$4,600.00	NC	\$0.00	\$50.00	\$2,300.00	NC	\$0.00
(f)	Envelopes:									
(1)	Mailing Envelopes, 4-1/8 x 9-1/2" trim size, each proof	4	\$100.00	\$400.00	NC	\$0.00	\$50.00	\$200.00	NC	\$0.00
(2)	Mailing Envelopes, 9 x 12" trim size, each proof	1	\$100.00	\$100.00	NC	\$0.00	\$50.00	\$50.00	NC	\$0.00
(3)	Reply Envelopes, 3-7/8 x 8-7/8" trim size, each proof	2	\$100.00	\$200.00	NC	\$0.00	\$50.00	\$100.00	NC	\$0.00
(g)	Prior-to-Production Samples:									
(1)	Mailing Kits 1 and 2 (CMS-500 and CMS-500ID), Versions A and B, each set	4	\$500.00	\$2,000.00	NC	\$0.00	\$50.00	\$200.00	NC	\$0.00
(2)	Mailing Kits 1 and 2 (CMS-500 and CMS-500ID), Versions C and D, each set	4	\$500.00	\$2,000.00	NC	\$0.00	\$50.00	\$200.00	NC	\$0.00
(3)	Mailing Kits 3 and 4 (CMS-20143 and CMS-20143ID), Versions A and B, each set	4	\$500.00	\$2,000.00	NC	\$0.00	\$50.00	\$200.00	NC	\$0.00
(4)	Mailing Kits 3 and 4 (CMS-20143 and CMS-20143ID), Versions C and D, each set	4	\$500.00	\$2,000.00	NC	\$0.00	\$50.00	\$200.00	NC	\$0.00
II.	<b>Printing/Imaging, Cutting to Size, and Construction:</b>									
1.	Version A, Standard Print English and Version B, Standard Print Spanish:									
(a)	CMS-500 and CMS-500ID (inclds prntg Scan Line, perf'ing, & folding forms), each form									
(1)	Makeready and/or Setup Charges	48	NC	\$0.00	\$25.00	\$1,200.00	\$100.00	\$4,800.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	15,961	\$27.44	\$437,969.84	\$17.50	\$279,317.50	\$6.91	\$110,290.51	\$88.48	\$1,412,229.28
(b)	CMS-20143 and CMS-20143ID (inclds folding), each form									
(1)	Makeready and/or Setup Charges	48	NC	\$0.00	\$25.00	\$1,200.00	\$100.00	\$4,800.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	9,720	\$17.15	\$166,698.00	\$17.50	\$170,100.00	\$6.91	\$67,165.20	\$88.48	\$860,025.60
(c)	8-1/2 x 11" Single Ink Bills Stuffers (includes folding stuffers), each stuffer									
(1)	Makeready and/or Setup Charges	11	NC	\$0.00	\$25.00	\$275.00	\$100.00	\$1,100.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	7,218	\$17.15	\$123,788.70	\$18.00	\$129,924.00	\$7.72	\$55,722.96	\$9.98	\$72,035.64
(d)	8-1/2 x 14" Two Ink Bills Stuffers (includes folding stuffers), each stuffer									
(1)	Makeready and/or Setup Charges	24	NC	\$0.00	\$25.00	\$600.00	\$100.00	\$2,400.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	2,050	\$44.00	\$90,200.00	\$28.02	\$57,441.00	\$20.35	\$41,717.50	\$13.94	\$28,577.00

Program 3561-S		Advantage Mailing		Amsive		NPC		Current Contractor		
Title: Medicare Premium Bill Mailing Kits		Anaheim, CA		Miamiisburg, OH/Greenville, SC		Claysburg, PA		NPC, Claysburg, PA		
Term: Date of Award through January 31, 2025 plus up to 4 option year periods		040-02494		340-81281		370-64115		370-64115		
ITEM NO.	DESCRIPTION	BASIS OF AWARD	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
2.	Version C, Large Print English and Version D, Large Print Spanish:									
(a)	CMS Forms, each form									
(1)	Makeready and/or Setup Charges	96	\$100.00	\$9,600.00	\$25.00	\$2,400.00	\$100.00	\$9,600.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	4	\$1,000.00	\$4,000.00	\$100.00	\$400.00	\$234.19	\$936.76	\$38,780.00	\$155,120.00
(b)	Bill Stuffers, 6 pages, each stuffer									
(1)	Makeready and/or Setup Charges	22	\$100.00	\$2,200.00	\$25.00	\$550.00	\$100.00	\$2,200.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	1	\$1,000.00	\$1,000.00	\$500.00	\$500.00	\$171.97	\$171.97	NC	\$0.00
(c)	Bill Stuffers, 10 pages, each stuffer									
(1)	Makeready and/or Setup Charges	24	\$100.00	\$2,400.00	\$25.00	\$600.00	\$100.00	\$2,400.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	1	\$1,000.00	\$1,000.00	\$600.00	\$600.00	\$280.09	\$280.09	NC	\$0.00
3.	Envelopes (includes construction):									
(a)	Mailing Envelopes, 4-1/8 x 9-1/2" trim size, each envelope									
(1)	Makeready and/or Setup Charges	12	NC	\$0.00	NC	\$0.00	\$50.00	\$600.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	25,685	\$15.00	\$385,275.00	\$13.38	\$343,665.30	\$8.75	\$224,743.75	NC	\$0.00
(b)	Mailing Envelopes, 9 x 12" trim size, each envelope									
(1)	Makeready and/or Setup Charges	12	NC	\$0.00	NC	\$0.00	\$50.00	\$600.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	4	\$100.00	\$400.00	\$500.00	\$2,000.00	\$293.50	\$1,174.00	NC	\$0.00
(c)	Reply Envelopes, 3-7/8 x 8-7/8" trim size, each envelope									
(1)	Makeready and/or Setup Charges	12	NC	\$0.00	NC	\$0.00	\$50.00	\$600.00	NC	\$0.00
(2)	Running Charges, per 1,000 Copies	15,963	\$15.00	\$239,445.00	\$11.37	\$181,499.31	\$6.80	\$108,548.40	NC	\$0.00
IV.	Paper:									
(a)	White Uncoated Text, 50 lbs., equal to JCP Code A60:									
(1)	8-1/2 x 11" Trim Size, per 1,000 Leaves	32,923	\$8.99	\$295,977.77	\$9.18	\$302,233.14	\$5.80	\$190,953.40	NC	\$0.00
(2)	8-1/2 x 14" Trim Size, per 1,000 Leaves	2,050	\$11.44	\$23,452.00	\$11.16	\$22,878.00	\$11.47	\$23,513.50	NC	\$0.00
(b)	White Writing/Wove Envelope, 20 or 24 lbs., equal to JCP Code V20:									
(1)	3-7/8 x 8-7/8" Trim Size, per 1,000 Leaves	15,963	\$15.00	\$239,445.00	\$11.37	\$181,499.31	\$6.80	\$108,548.40	NC	\$0.00
(2)	4-1/8 x 9-1/2" Trim Size, per 1,000 Leaves	25,685	\$15.00	\$385,275.00	\$13.38	\$343,665.30	\$8.75	\$224,743.75	NC	\$0.00
(3)	9 x 12" Trim Size, per 1,000 Leaves	4	\$100.00	\$400.00	\$462.00	\$1,848.00	\$293.50	\$1,174.00	NC	\$0.00
V.	Gathering, Inserting, and Preparing for Mailing:									
(a)	All Mailing Kits, Versions A and B Only, with or without Reply Envelopes, with or without Bill Stuffers, per 1,000 mailers	25,681	\$22.50	\$577,822.50	\$15.00	\$385,215.00	\$23.94	\$614,803.14	NC	\$0.00
(b)	All Mailing Kits, Versions C and D Only, with or without Reply Envelopes, with or without Bill Stuffers, per 1,000 mailers	4	\$1,000.00	\$4,000.00	\$827.00	\$3,308.00	\$296.83	\$1,187.32	NC	\$0.00
<b>CONTRACTORS TOTALS</b>				<b>\$3,269,303.81</b>		<b>\$2,430,122.11</b>		<b>\$1,817,507.75</b>		<b>\$2,527,987.52</b>
<b>DISCOUNT</b>			<b>0.25%</b>	<b>\$8,173.26</b>	<b>0.00%</b>	<b>\$0.00</b>	<b>0.25%</b>	<b>\$4,543.77</b>	<b>0.25%</b>	<b>\$6,319.97</b>
<b>DISCOUNTED TOTALS</b>			<b>20 Days</b>	<b>\$3,261,130.55</b>	<b>NET</b>	<b>\$2,430,122.11</b>	<b>20 Days</b>	<b>\$1,812,963.98</b>		<b>\$2,521,667.55</b>
<b>AWARDED CONTRACTOR</b>										

Created by: LLP 12/19/2023  
Verified by: TN 12/20/2023  
Awarded to: NPC, Claysburg, PA

US Government Publishing Office

Northeast Region

General Terms, Conditions, and Specifications

for the Procurement of

Medicare Premium Bill Mailing Kits

as requisitioned from the U.S. Government Publishing Office (GPO) by

the Department of Health and Human Services, Centers for Medicare & Medicaid Services

Single Award

**TERM OF CONTRACT**

The term of this contract includes an initial testing period and a production period.

**INITIAL TESTING PERIOD**

Beginning Date of Award through January 31, 2024.

**PRODUCTION PERIOD**

Beginning February 1, 2024 through January 31, 2025, plus up to four optional 12-month extension period(s) (February 1, 2025 through January 31, 2026, February 1 2026 through January 31, 2027, February 1, 2027 through January 31, 2028, and February 1, 2028 through January 31, 2029). Special attention is directed to the "[Economic Price Adjustment](#)" clause in Section 1 of this contract.

**BID OPENING**

Bids shall be opened at 11:00 a.m., prevailing Columbus, Ohio time, on **December 19, 2023**.

**BID SUBMISSION**

Bidders MUST submit e-mail bids to [bidsnortheast@gpo.gov](mailto:bidsnortheast@gpo.gov) for this solicitation. No other method of bid submission will be accepted at this time.

The company name, program number, and bid opening date must be specified in the subject line of the e-mailed bid submission. Bids received after 11:00 a.m. prevailing Columbus, Ohio time on the bid opening date specified above will not be considered for award.

**NOTICE TO BIDDERS**

Formerly Program 261-S. Bidders are cautioned to familiarize themselves with all provisions of this contract before bidding. **Significant revisions have been made throughout the contract.**

Special attention is directed to the bid submission provisions under "[Additional E-mailed Bid Submission Provisions](#)" on **page 13**.

Abstract of bids for Program 261-S available at <https://www.gpo.gov/how-to-work-with-us/vendors/contract-pricing>.

For information of a technical nature call Linda Price at (614) 488-4616, ext. 7 (no collect calls) or e-mail to [lprice@gpo.gov](mailto:lprice@gpo.gov).

---

## SECTION 1 – GENERAL TERMS AND CONDITIONS

---

### GPO CONTRACT TERMS

Any contract which results from this Invitation for Bid will be subject to the applicable provisions, clauses, and supplemental specifications of GPO Contract Terms (GPO Pub. 310.2, effective December 1, 1987 (Rev. 1-18)) and GPO Contract Terms, Quality Assurance Through Attributes Program for Printing and Binding (GPO Pub. 310.1, effective May 1979 (Rev. 09-19)).

GPO Contract Terms (GPO Publication 310.2): <https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/contractterms2018.pdf>

GPO QATAP (GPO Publication 310.1): <https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/qatap-rev-09-19.pdf>.

More GPO Publications can be found at: <https://www.gpo.gov/how-to-work-with-us/vendors/forms-and-standards>

### REGULATIONS GOVERNING PROCUREMENT

The U.S. Government Publishing Office (GPO) is an office in the legislative branch of the United States Government. Accordingly, the Federal Acquisition Regulation is inapplicable to this, and all GPO procurements. However, the text of certain provisions of the Federal Acquisition Regulation as contained in the Code of Federal Regulations (CFR), are referenced in this solicitation. The offeror should note that only those provisions of the Federal Acquisition Regulation which are specifically incorporated by reference into this solicitation are applicable.

### SUBCONTRACTING

The predominant production functions are downloading files, manipulating data from TIBCO MFT or the Gentran (backup mailbox), printing of computerized variable imaging, and mailing. These functions CANNOT be subcontracted. All other items, including printing of static data without PII/PHI and envelope manufacturing and printing are not considered part of the predominant production functions. Bidders who must subcontract any of the predominant production functions will be declared non-responsible.

### SECURITY

The contractor awarded this contract will be in custody of Government owned material considered Personally Identifiable Information (PII). See “[Section 5. – CMS Security Specifications](#)” for security requirements of this contract. The Government may conduct on-site unannounced, randomized Security inspections at any time.

CMS Acceptable Risk Safeguards for TIBCO transmissions: Low Security Impact Level.

### PRIVACY ACT NOTIFICATION

This procurement action requires the contractor to do one or more of the following: design, develop, or operate a system of records on individuals to accomplish an agency function in accordance with the Privacy Act of 1974, Public Law 93-579, December 31, 1974 (5 U.S.C. 552a) and applicable agency regulations. Violation of the Act may involve the imposition of criminal penalties as stated in 5 U.S.C. 552a (i) (1) CRIMINAL PENALTIES. It is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a, specifically, 5 U.S.C. 552a (i) (1) CRIMINAL PENALTIES and m (1) GOVERNMENT CONTRACTORS.

## PRIVACY ACT

(a) The contractor agrees:

- (1) to comply with the Privacy Act of 1974 and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (i) the system or systems of records and (ii) the work to be performed by the contractor in terms of any one or combination of the following: (A) design, (B) development, or (C) operation;
- (2) to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the statement of work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and
- (3) to include this clause, including this paragraph (3), in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.

(b) In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the contractor and any employee of the contractor is considered to be an employee of the agency.

(c) The terms used in this clause have the following meanings:

- (1) "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.
- (2) "Record" means any item, collection or grouping of information about an individual that is maintained by an agency, including, but not limited to, his education, financial transactions, medical history, and criminal or employment history and that contains his name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph.
- (3) "System of records" on individuals means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

## SECURITY PLAN

The contractor must have a formal, documented Security Plan that will ensure their compliance with all of the security provisions of this contract and as referenced in attached exhibits. Particular attention should be given to addressing compliance of the Federal Information Security Management Act of 2002 (FISMA) and the Privacy Act of 1974 as specified herein as referenced in "[Section 5. – CMS Security Specifications](#)".

Minimum security requirements for FISMA compliance are defined by the Department of Commerce, National Institute of Standards and Technology (NIST) in Federal Information Processing Standards Publication (FIPS) Publication 200 "Minimum Security Requirements for Federal Information and Information Systems". This document can be found on the Internet at <http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf>.

The contractor's Security Plan must, at a minimum, cover 17 security-related areas identified in FIPS 200 with regard to protecting the confidentiality, integrity, and availability of federal information processed, stored, and transmitted by those systems.

The security-related standards include: (i) access control; (ii) awareness and training; (iii) audit and accountability; (iv) certification, accreditation, and security assessments; (v) configuration management; (vi) contingency planning; (vii) identification and authentication; (viii) incident response; (ix) maintenance; (x) media protection; (xi) physical and environmental protection; (xii) planning; (xiii) personnel security; (xiv) risk assessment; (xv) systems and services acquisition; (xvi) system and communications protection; and (xvii) system and information integrity. The 17 areas represent a broad-based, balanced information security program that address the management, operational, and technical aspects of protecting federal information.

Within two workdays after award, the contractor must submit three (3) copies of their Security Plan to: HHS/CMS, Attn: Mark Rydberg, SL-12-18, 7500 Security Blvd. Baltimore, MD 21244-1850. Release of PII by CMS does not constitute CMS' approval or acceptance of the Security Plan.

At the same time the Security Plan is submitted to the Baltimore, MD address above, a copy of the plan, without PII, should be e-mailed to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov), [infortheast@gpo.gov](mailto:infortheast@gpo.gov) and [lprice@gpo.gov](mailto:lprice@gpo.gov).

At any time during this contract, if CMS finds deficiencies in the Security Plan, CMS may require correction of the deficiency.

**QUALITY ASSURANCE LEVELS AND STANDARDS**

The following levels and standards shall apply to these specifications:

Product Quality Levels:

- (a) Printing (page related) Attributes – Level III
- (b) Finishing (item related) Attributes – Level III
- (c) Exceptions: Scan Line tolerances as specified under Exhibits B and C

Inspection Levels (from ANSI/ASQC Z1.4):

- (a) Non-destructive Tests – General Inspection Level I.
- (b) Destructive Tests – Special Inspection Level S-2.

Specified Standards: The specified standards for the attributes requiring them shall be:

<u>Attribute</u>	<u>Specified Standard</u>
P-7. Type Quality and Uniformity	Prior-to-Production Samples Approved Proofs Government-Furnished Electronic Files
P-9. Solid and Screen Tint Color Match	Pantone Matching System

**CONTRACTOR'S QUALITY ASSURANCE SYSTEM**

The contractor must provide and maintain an effective quality assurance system that includes, at a minimum the following elements:

1. Perform a random quality inspection of records in the furnished files. Samples should be tested for construction, type, and placement of data in each field.
2. Ensure that the computerized imaging is clear and legible and that the appropriate notices are mailed to each address contained in the furnished files.
3. Maintenance and calibration records on all applicable production and inspection equipment.
4. Controls that assure all steps in the process generate a product that conforms to all requirements of this solicitation.

5. Performance utilizing a calibration system that stops production whenever an extra piece is inserted or a piece is left out.

If errors are found or discrepancies exist between the furnished data files and reports, e.g. print order, record layout, etc., the contractor must cease further production and contact Mark Rydberg at (410) 786-3038. If errors exist in the file and the contractor failed to identify them during his/her quality assurance inspection, no reimbursement for the cost of reprinting will be allowed.

#### QUALITY SYSTEMS

The contractor shall initiate, prior to start-up and maintain throughout the life of this contract, Quality Systems to assure conformance to all requirements of this contract. The Quality Systems plan should address what actions will be initiated when defects are detected. The Quality Systems shall assure the quality of components from subsidiary plants. This element includes assuring that components from different sources will be compatible BEFORE the start of production.

The Quality Systems shall include procedures for assuring that all variable data are accurately and completely printed and that all addressed items are mailed. The procedures shall explicitly describe the methods to be used to assure that no records are missed or duplicated when an interruption of variable printing occurs (e.g. due to equipment malfunction).

Records of tests, inspections, and critical processes shall be timed stamped and maintained on file. The records must be available to GPO and or HHS/CMS employees upon request until the expiration of the warranty period of this contract.

#### UNIQUE IDENTIFICATION NUMBER

Contractor will furnish human readable, unique identification numbers for each mail piece, which will be used to track each page of each individual mail piece, thereby providing 100% accountability. This enables the contractor to track each mail piece through completion of the project. The contractor will be required to create a test sample every **4,000 mail pieces**. This sample must have a unique number and must be produced on each page of each mail piece. The contractor will generate a list from the unique identifying numbers for each sampling. As samples are pulled, the unique numbers will be marked off the list.

#### RECOVERY SYSTEM

A recovery system will be required to ensure that all defective, missing, or mutilated pieces detected are identified, reprinted, and replaced. The contractor's recovery system must use the unique alpha/numeric identifiers assigned to each piece (including quality control samples) to aid in the recovery and replacement of any defective, missing, or mutilated pieces, and must be capable of tracking and/or locating any individual piece of mail from the time it is downloaded from TIBCO/GENTRAN, up to and including when it is off-loaded at the U.S. Postal Service (USPS) facility. An explanation of the contractor's sequential numbering system is required to understand the audit trail required for each and every piece.

#### VERIFICATION OF PRODUCTION AND MAILING

Contractor must have a tracking process (defined below) providing 100% accountability of production and mailing to determine that the data from the original print file is in the correct envelope with the correct number of pages. Mail pieces requiring print regeneration must be reprinted from their original print image with the original job ID and piece ID remaining unchanged as each mail piece continues through the inserting life cycle. This process will repeat itself (since subsequent reprint runs may yield damages) until all mail pieces from the original print run have been inserted and accounted for.

#### TRACKING PROCESS

A method for generating a plurality of mail pieces including error detection and reprinting capabilities. The method provides a mail handling process which tracks processing errors with the use of a first and second scan code which obtain information regarding each mail piece, diverts mail pieces in response to error detection, transmits such errors to a processor, and automatically generates a reconfigured print file to initiate reprints for the diverted mail pieces.

## TRACKING REPORTS

An Audit Report (see (g) under “Automated System”) and a Summary Report (see (h) under “Automated System”) shall be provided by the contractor as described below. Contractor must have all hardware, programming, and finalized reports in place to meet this requirement by the date of award and the start of live production.

Contractor must submit a sample of their proposed Audit and Summary Reports with the required Production Plans prior to award for approval. The Government considers grounds for the immediate default of this contract if the contractor, at any time, is unable to perform or found not complying with any part of this requirement.

Notice integrity shall be defined as follows:

- Each mail piece shall include all pages (and only those pages) intended for the designated recipient as contained in the print files received from CMS.
- The contractor’s printing process must have automated systems which can detect all sync errors, stop printing when detected, and identify, remove, and reprint all effected mail pieces.

Mailing integrity shall be defined as follows:

- All mail pieces received from CMS for each file date were printed, inserted, and entered correctly into the United States postal system.
- The contractor is responsible for providing the automated inserted mail piece tracking/reporting systems and processes required to validate that 100% of all mail pieces received from CMS were printed, all pages for each mail piece with the correct inserts are accounted for, inserted, and mailed correctly.

## AUTOMATED SYSTEM

The contractor’s inserting equipment must have automated systems that include mail piece coding and scanning technology capable of uniquely identifying each mail piece and corresponding leaves within each individual file by mailer number and file date.

- (a) Entrance Scanning: A camera system must electronically track and scan all leaves of each mail piece as the inserting equipment pulls them into the machine to ensure each mail piece was produced and inserted. If there is any variance on a mail piece or if a mail piece is not verified that all leaves are present, that piece and the piece prior to and immediately following must be diverted and sent back for reprint. All instances of variance must be logged.
- (b) Touch and Toss: All spoilage, diverted, mutilated, or mail pieces that are acted upon directly by a human hand prior to sealing must be immediately recorded, discarded, properly destroyed, and automatically regenerated in a new print file for reprint. Exception: Intentionally diverted pieces due to a requirement for a product, which cannot be intelligently inserted and requires manual insertion such as a publication, can be sealed, re-scanned and placed back into production. These must be programmed diverts and sent to a separate bin for processing to ensure they are not mixed with other problem diverts and logged into the Audit system as such.
- (c) Exit Scanning: A camera system must be mounted just aft of the inserting equipment. This camera system must read a unique code through the window of each mail piece and capable of identifying and reporting all missing mail pieces that were lost or spoiled during production for each individual file by mailer number and file date. This system ensures that no missing mail pieces have been inadvertently inserted into another mail piece. The equipment must check the mail pieces, after insertion and verification that all leaves are accounted for, and divert any suspect product. During exit scanning, if a sequence number is missing, the mail piece prior to and immediately after must be diverted. The equipment must divert all mail pieces that exhibit missing or out of order sequence numbers and any other processing errors. All diverted pieces are to be automatically recorded and regenerated in a new print file for reprint.



- (d) Reconciliation: All mail pieces and the amount of correct finished product must be electronically accounted for after insertion through the use of the audit system that is independent of the inserting equipment as well as independent of the operator. The sequence numbers, for each file, must be reconciled; taking into account any spoilage, duplicate, and/or diverted product. If the reconciliation yields divergent results, corrective action must be taken to locate the mail pieces that are causing any difference between the input and outputs of the inserting process. Therefore, all finished mail for that sequence run must be held in an accessible area until this reconciliation is complete.
- (e) Generate a new production file for all missing, diverted, or mutilated mail pieces (reprint file).
- (f) Contractor must generate an automated audit report from the information gathered from scanning for each mailer number, file date, and for each mail piece (manual inputs are not allowed). This audit report will contain detailed information for each notice as outlined above for each individual file by mailer number and file date. Contractor is required to provide any requested Summary and/or Audit reports within an hour of a request via e-mail in an MS Word, MS Excel, CSV, or PDF file.
- (g) Audit report must contain the following information:
1. Job name.
  2. Mailer number, file date, and mail date(s).
  3. Machine ID.
  4. Date of production with start and end time for each phase of the run (i.e., machine ID).
  5. Start and end sequence numbers in each run.
  6. Status of all sequence numbers in a run.
  7. Total volume in run.
  8. Status report for all incidents for each sequence number and cause (e.g., inserted, diverted, and reason for divert such as missing sequence number, missing leaves, mutilated, duplicate, pulled for inspection).
  9. Bottom of audit report must contain total number of records for that run, quantity sent to reprint, number of duplicates, duplicates verified and pulled, and total completed.
  10. Audit report must contain the same information for all the reprints married with this report as listed above showing that all pieces for each mailer number and file date are accounted for.
- (h) Summary Report: Contractor must generate a final automated 100% accountability summary report for each individual file by mailer number and file date. This information must be generated directly from the audit report (manual inputs are not allowed). The summary report must contain the following:
1. Job name.
  2. Each individual file by mailer number and file date (must show sequence numbers for each section, i.e., first pass and then reprints).
  3. Sequence number range for each individual file by mailer number and file date.
  4. Volume of all sequence numbers associated with an individual file by mailer number and file date that notices were inserted.
  5. Volume of reprints that were inserted for each file date.
  6. Volumes for each file date and date that each was completed.

Contractor must generate an automated audit report when necessary, showing the tracking of all mail pieces throughout all phases of production for each mail piece. This audit report will contain all information as outlined in items (f) and (g) above.

All audit, summary, and recipient-level report data must be retained in electronic form for 210 calendar days after mailing and must be made available to CMS for auditing of contractor performance upon request.

NOTE: The Government will not as a routine matter request that the contractor produce individual pieces in transit within the plant, however, the contractor must demonstrate that they have an audit trail established that has the ability to comply with this type request when and if the need arises. The contractor's Quality Assurance System and the Verification of Production and Mailing must account for the number of pieces mailed.

The contractor shall monitor all aspects of the job including material handling and mail flow, to assure that the production and delivery of these mail pieces meet specifications and Government requirements.

#### QUALITY CONTROL SAMPLE

The plans must provide a description of how the contractor will create quality control samples for periodic samplings to be taken during the production run and shall contain control systems that will detect defective, missing, or mutilated pieces.

#### PRODUCTION PLANS

The contractor shall present, in writing, to the Contracting Officer within two (2) workdays of being notified to do so by the Contracting Officer or his/her representative, detailed plans for each of the following activities. The workday after notification to submit will be the first day of the schedule. These proposed plans are subject to review and approval by the government and award will not be made prior to approval of same.

NOTE: The Government reserves the right to waive some or all of the following plans.

#### SECURITY PLAN

See "[Security](#)" clause on **pages 2 through 4**.

#### BACKUP FACILITY PLAN

The contractor must have two or more facilities that have the capability to perform all requirements of the contract. This clause is to allow for continuous production with backup facilities if for any reason(s) (act of God, labor disagreements, etc.) The initial production facility is unable to meet all the requirements of the contract.

The backup facilities, equipment, and personnel that have completed the required security documents must be available to the Contracting Officer as part of the pre-award survey.

Failure to have a backup facility will result in a non-responsible determination.

#### MATERIAL HANDLING AND INVENTORY CONTROL PLAN

This plan should explain in detail how the following materials will be handled: incoming raw materials; work-in-progress materials; quality control inspection materials; USPS inspection materials; and all outgoing materials cleared for USPS pickup/delivery.

#### QUALITY CONTROL PLAN

The contractor shall provide and maintain, within their own organization, an independent quality assurance organization of sufficient size and expertise to monitor the operations performed and inspect the products of each operation to a degree and extent that will ensure the Government's quality assurance, inspection, and acceptance provisions specified herein are met. The contractor shall perform, or have performed, the process controls, inspections, and tests required to substantiate that the products provided under this contract conform to the specifications and contract requirements. The contractor shall describe in detail their quality control/quality assurance and recovery plans describing how, when, and by whom the plans will be performed.

The quality control plan must also include examples and a detailed description of all quality control samples and their corresponding inspection reports or logs the contractor will keep in order to document the quality control inspections performed on each run. Furthermore, the plan must include the names of all quality assurance officials and describe their duties in relationship to the quality control plan.

NOTE: The quality control plan must account for the number of pieces mailed daily.

## QUALITY CONTROL SAMPLE PLAN

The plan must provide a description of how the contractor will create quality control samples for periodic samplings to be taken during the production run, provide for backup and re-running in the event of an unsatisfactory sample, and contain control systems that will detect defective, missing, or mutilated pieces.

The plan should include the sampling interval the contractor intends to utilize. The contractor will be required to create two (2) quality control samples to be drawn from the production stream at the same time:

- One (1) sample will be drawn, inspected, and retained as part of the contractor's quality assurance records.
- One (1) sample will be drawn for CMS and will be packed with the remaining samples associated with each print order and shipped to the CMS (address to be supplied at the post-award meeting).

The plan shall detail the actions to be taken by the contractor when defective, missing, or mutilated items are discovered. These actions must be consistent with the requirements found in GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 1-18)).

The plan shall monitor all aspects of the job including material handling and mail flow, to assure that the production and delivery of these notices meet specifications and Government requirements. This includes maintaining 100% accountability in the accuracy of imaging and mailing of all pieces throughout each run. The contractor must ensure that there are no missing or duplicate pieces.

The contractor must maintain quality control samples, inspection reports, and records for a period of no less than 120 calendar days subsequent to the date of the check tendered for final payment by the Government Publishing Office. The Government will periodically verify that the contractor is complying with the approved quality control plan through on-site examinations and/or requesting copies of the contractor's quality assurance records and quality assurance random copies.

## MAIL PLAN

This plan should include sufficient detail as to how the contractor will comply with all applicable U.S. Postal Service (USPS) mailing requirements as listed in the USPS Domestic and International Mail Manuals in effect at the time of the mailing and other USPS instructional material such as the Postal Bulletin. The contractor must also disclose how they will achieve multi-level USPS automated presort postal discounts as outlined in the contract.

## WARRANTY

Contract Clause 15, "Warranty", of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 01-18)) is amended for the solicitation to the effect that the warranty period is EXTENDED from 120 days to one calendar year from the date the check is tendered as final payment. All other provisions remain the same.

## OPTION TO EXTEND THE TERM OF CONTRACT

The Government has the option to extend the term of this contract for a period of 12 months by written notice to the contractor not later than 30 days before the contract expires. If the Government exercises this option, the extended contract shall be considered to include this clause, except, the total duration of the contract may not exceed five (5) years (**January 31, 2029**) as a result of, and including, any extension(s) added under this clause. Further extension may be negotiated under the "Extension of Term of Contract" clause. See also "[Economic Price Adjustment](#)" for authorized pricing adjustment(s).

## EXTENSION OF TERM OF CONTRACT

At the request of the Government, the term of any contract resulting from this solicitation may be extended for such period of time as may be mutually agreeable to the GPO and the contractor.

### ECONOMIC PRICE ADJUSTMENT

The pricing under this contract shall be adjusted in accordance with this clause, provided that in no event will any pricing adjustment be made that would exceed the maximum permissible under any law in effect at the time of the adjustment.

There will be no adjustment for orders placed during the first period specified below. Pricing will thereafter be eligible for adjustment during the second and any succeeding performance period(s). For each performance period after the first, a percentage figure will be calculated as described below and that figure will be the economic price adjustment for that entire next period.

Pricing adjustments under this clause are not applicable to reimbursable postage or transportation costs, or to paper, if paper prices are subject to adjustment by separate clause elsewhere in this contract.

For the purpose of this clause, performance under this contract will be divided into successive periods. The first period will extend from **February 1, 2024 to January 31, 2025**, and the second and any succeeding period(s) will extend for 12 months from the end of the last preceding period, except that the length of the final period may vary. The first day of the second and any succeeding period(s) will be the effective date of the economic price adjustment for that period.

Pricing adjustments in accordance with this clause will be based on changes in the seasonally adjusted “Consumer Price Index For All Urban Consumers – Commodities Less Food” (Index) published monthly in the CPI Detailed Report by the U.S. Department of Labor, Bureau of Labor Statistics.

The economic price adjustment will be the percentage difference between Index averages as specified in this paragraph. An index called the variable index will be calculated by averaging the monthly Indexes from the 12-month interval ending three (3) months prior to the beginning of the period being considered for adjustment. This average is then compared to the average of the monthly Indexes for the 12-month interval ending **October 31, 2023**, called the base index. The percentage change (plus or minus) of the variable index from the base index will be the economic price adjustment for the period being considered for adjustment.

The Government will notify the contractor by contract modification specifying the percentage increase or decrease to be applied to invoices for orders placed during the period indicated. The contractor shall apply the percentage increase or decrease against the total price of the invoice less reimbursable postage or transportation costs and separately adjusted paper prices. Payment discounts shall be applied after the invoice price is adjusted.

If the Government exercises an option, the extended contract shall be considered to include this economic price adjustment clause.

Note: Economic price adjustments are not cumulative and are to be applied to original bid prices only.

### PAPER PRICE ADJUSTMENT

Paper prices charged under this contract will be adjusted in accordance with “Table 9 - Producer Price Indexes and Percent Changes for Commodity Groupings and Individual Items” in Producer Price Indexes report, published by the Bureau of Labor Statistics (BLS), as follows:

1. **BLS code 0913 for “All Paper”** will apply to all paper required under this contract.
2. The applicable index figures for the month of **December 2023** will establish the base index.
3. There shall be no price adjustment for the first three months of the contract.
4. Price adjustments may be monthly thereafter, but only if the index varies by an amount (plus or minus) exceeding 5% by comparing the base index to the index for that month which is two months prior to the month being considered for adjustment.

5. Beginning with order placement in the fourth month, index variances will be calculated in accordance with the following formula:

$$\frac{X - \text{base index}}{\text{base index}} \times 100 = \text{___}\%$$

where  $X$  = the index for that month which is two months prior to the month being considered for adjustment.

6. The contract adjustment amount, if any, will be the percentage calculated in 5 above less 5%.
7. Adjustments under this clause will be applied to the contractor's bid price(s) for **Line Items IV. Paper (a) (1) and (2) and (b) (1) through (3) in the [Schedule of Prices](#)** and will be effective on the first day of any month for which prices are to be adjusted.

The Contracting Officer will give written notice to the contractor of any adjustments to be applied to invoices for orders placed during months affected by this clause.

In no event, however, will any price adjustment be made which would exceed the maximum permissible under any law in effect at the time of the adjustment. The adjustment, if any, shall not be based upon the actual change in cost to the contractor, but shall be computed as provided above.

The contractor warrants that the paper prices set forth in this contract do not include any allowance for any contingency to cover anticipated increased costs of paper to the extent such increases are covered by this price adjustment clause.

#### PRE-AWARD SURVEY

In order to determine the responsibility of the prime contractor or any subcontractor, the Government reserves the right to conduct an on-site pre-award survey at the contractor's/subcontractor's facility or to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract.

The Pre-Award Survey will include a review of all subcontractors involved, along with their specific functions; and the contractor's/subcontractor's, personnel, data handling, production, security and other requirements outlined in "[Section 5 – CMS Security Specifications](#)".

Attending the pre-award survey may be representatives from the Government Publishing Office and/or the Centers for Medicare and Medicaid Services. The Government reserves the right to conduct post-award surveys of the same nature as needed.

As part of the financial determination, the contractor in line for award may be required to provide one or more of the following financial documents:

1. Most recent Profit and Loss Statement
2. Most recent Balance Sheet
3. Statement of Cash Flows
4. Current official bank statement
5. Current lines of credit (with amounts available)
6. Letter of commitment from paper supplier(s)
7. Letter of commitment from any subcontractor (as applicable)

The documents will be reviewed to validate that adequate financial resources are available to perform the contract requirements. Documents submitted will be kept confidential and used only for the determination of responsibility by the Government. Failure to provide the requested information in the time specified by the Government may result in the Contracting Officer not having adequate information to reach an affirmative determination of responsibility.

## ASSIGNMENT OF JACKETS, PURCHASE AND PRINT ORDERS

A GPO jacket number will be assigned and a purchase order issued to the contractor to cover work performed. The purchase order will be supplemented by an individual “print order” for each job placed with the contractor. The print order, when issued, will indicate the quantity to be produced and any other information pertinent to the particular order.

## ORDERING

Items to be furnished under the contract shall be ordered by the issuance of print orders by the Government. Orders may be issued under the contract from **February 1, 2024 through January 31, 2025** plus for such additional period(s) as the contract is extended. All print orders issued hereunder are subject to the terms and conditions of the contract. The contract shall control in the event of conflict with any print order. A print order shall be “issued” upon notification by the Government for purposes of the contract when it is electronically transmitted or otherwise physically furnished to the contractor in conformance with the schedule.

## REQUIREMENTS

This is a requirements contract for the items and for the period specified herein. Shipment/delivery of items or performance of work shall be made only as authorized by orders issued in accordance with the clause entitled “[Ordering](#)”. The quantities of items specified herein are estimates only and are not purchased hereby. Except as may be otherwise provided in this contract, if the Government’s requirements for the items set forth herein do not result in orders in the amounts or quantities described as “estimated”, it shall not constitute the basis for an equitable price adjustment under this contract.

Except as otherwise provided in this contract, the Government shall order from the contractor all the items set forth which are required to be purchased by the Government activity identified on [page 1](#).

The Government shall not be required to purchase from the contractor, requirements in excess of the limit on total orders under this contract, if any.

Orders issued during the effective period of this contract and not completed within that time shall be completed by the contractor within the time specified in the order, and the rights and obligations of the contractor and the Government respecting those orders shall be governed by the terms of this contract to the same extent as if completed during the effective period of this contract.

If shipment/delivery of any quantity of an item covered by the contract is required by reason of urgency prior to the earliest date that shipment/delivery may be specified under this contract, and if the contractor will not accept an order providing for the accelerated shipment/delivery, the Government may procure this requirement from another source.

The Government may issue orders which provide for shipment/delivery to or performance at multiple destinations.

Subject to any limitations elsewhere in this contract, the contractor shall furnish to the Government all items set forth herein which are called for by print orders issued in accordance with the “Ordering” clause of this contract.

## POST-AWARD CONFERENCE

In order to ensure that the Contractor fully understands the total requirements of the job as indicated in these specifications, Government representatives will conduct a telephone conference with the Contractor’s representatives. The purpose of the conference will be to discuss and review all aspects of the contractor’s production plan, to establish coordination of all internal and external operations required to complete the contract, and CMS to determine the appropriate level of security investigation.

The Post-Award Conference will include a review of all subcontractors involved along with their specific functions, and the contractor’s/subcontractor’s personnel, production, security and other requirements outlined in the CMS Data Use Agreement.

### POST-AWARD TEST

The contractor being considered for award shall be required to demonstrate their ability to print the items required in these specifications at the requisite quality level by completing a Post-Award Test.

The Government reserves the right to waive the Post-Award Test if there is other evidence that, in the opinion of the Contracting Officer, indicates that the contractor being considered for award has the capability to successfully produce the items required.

The contractor will be required to submit total of up to 500 English sample kits and 150 Spanish sample kits using the test files provided prior to production. The test files will include English and Spanish versions of Mailing Kits 1 through 4 that require a stuffer as directed by the Government.

Each sample kit must be a completed, ready-to-mail package and include a printed and imaged Medicare Premium Bill (CMS-500/CMS-500ID and/or CMS-20143/CMS-20143ID or as indicated at the Post-Award Conference) including the scan line (as applicable), a return envelope, mailing envelope, and bill stuffer.

Each sample must be produced in accordance with the specifications. The furnished records will simulate the various types of premium bills/statements the contractor may be expected to print and mail. Each sample must be constructed as specified and must be of the size, kind, and quality that the contractor will furnish.

During the term of the contract, the contractor may be required to provide additional prior to production samples of the CMS-500 only, including the Scan Line to be tested by CMS' Medicare Premium Collection Center (MPCC).

Within 10 workdays after receiving the data files, the contractor must submit the samples for evaluation to: HHS/CMS, Attn: Mark Rydberg, 7500 Security Blvd., SL-12-18, Baltimore, MD 21244-1850.

The samples produced during the test run will be checked for adherence to all specifications. The Government will approve, conditionally approve, or disapprove these test copies within 14 workdays of the receipt thereof.

Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons therefore.

If these copies are disapproved by the Government due to printer's errors, the Government may require the contractor to submit additional copies for inspection and testing, in the time and under the terms and conditions specified in the notice of disapproval. Such additional copies shall be furnished, and necessary changes made, at no additional cost to the Government.

In the event these additional copies are disapproved by the Government due to printer's errors, the contractor may be deemed to have failed to make delivery within the meaning of the default clause in which event this contract shall be subject to termination for default.

If the ability to achieve the necessary quality is not satisfactorily demonstrated, the contract may result in Termination of Default, see Contract Clause 20. Default (GPO Pub. 310.2). The charge for the test run will be performed at no cost to the Government. All samples must be manufactured at the same facilities and on the same equipment used for producing contract production quantities.

### ADDITIONAL E-MAILED BID SUBMISSION PROVISIONS

The Government will not be responsible for any failure attributable to the transmission or receipt of the e-mailed bid including, but not limited to, the following:

1. Illegibility of bid.
2. E-mails over 75 MB may not be received by GPO due to size limitations for receiving e-mails.

3. The bidder's e-mail provider may have different size limitations for sending e-mail; however, bidders are advised not to exceed GPO's stated limit.
4. When the e-mail bid is received by GPO, it will remain unopened until the specified bid opening time. Government personnel will not validate receipt of the e-mailed bid prior to bid opening. GPO will use the prevailing Columbus, OH time and the exact time that the e-mail is received by GPO's e-mail server as the official time stamp for bid receipt at the specified location.

## PAYMENT

Contractor's billing invoice must be itemized in accordance with the line items in the "[Section 4. - Schedule of Prices.](#)" Failure to itemize invoice may result in delay of payment.

Submitting all invoices for payment via the GPO fax gateway (if no samples are required) utilizing the GPO barcode coversheet program application is the fastest method of getting paid. The information for using this method can be found at: <https://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html>.

Invoices may also be mailed to: U.S. GPO, Office of Financial Management, Attn: Comptroller, Stop: FMCE; Washington, DC 20401.

For more information about the billing process refer to the General Information of the Office of Finance web page located at: <https://www.gpo.gov>.

At time of invoicing, the contractor shall submit a copy of the print order, contractor's invoice, and all mailing and/or delivery receipts via e-mail to: [infonortheast@gpo.gov](mailto:infonortheast@gpo.gov), [lprice@gpo.gov](mailto:lprice@gpo.gov), and to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov).



---

## SECTION 2. – SPECIFICATIONS

---

### SCOPE

These specifications cover the production of Medicare Premium Bill Mailing Kits requiring such operations as electronic prepress, proofs, prior-to-production samples, printing, computer imaging, perforating (as applicable), folding (as applicable), inserting into envelopes, and mailing.

### TITLE

Medicare Premium Bill Mailing Kits

### MAILING KITS

There are four Medicare Premium Bill Mailing Kits:

- Mailing Kit 1: Medicare Premium Bill Kit (CMS-500)
- Mailing Kit 2: Medicare Premium Bill PBID Kit (CMS-500ID)
- Mailing Kit 3: Medicare Easy Pay Premium Statement Kit (CMS-20143)
- Mailing Kit 4: Medicare Easy Pay Premium Statement PBID Kit (CMS-20143ID)

Mailing Kits 1 and 2 will contain a Form (CMS-500 or CMS-500ID), a Mailing Envelope, a Reply Envelope, and may or may not contain Bill Stuffers.

Mailing Kits 3 and 4 will contain a Form (CMS-20143 or CMS-20143ID), a Mailing Envelope, and may or may not contain Bill Stuffers. Reply Envelopes are not required.

Each Mailing Kit will have two print size versions and two language versions for a total of 16 versions. Each version will have identical content but formatted for print size and language. Each version is sent to a specific population of Medicare Beneficiaries.

- Version A: Standard Print, English
- Version B: Standard Print, Spanish
- Version C: Large Print, English
- Version D: Large Print, Spanish

NOTE: Additional Mailing Kits may be added during the term of the contract. When added, new Mailing Kits will have Versions A through D as described above.

### MAILING KIT FORMS

Each Mailing Kit will have either a Medicare Premium Bill or a Medicare Easy Pay Premium Statement. Each form may require the contractor to make updates to the base forms throughout the term of the contract.

- Mailing Kit 1: CMS-500
- Mailing Kit 2: CMS-500ID
- Mailing Kit 3: CMS-20143
- Mailing Kit 4: CMS-20143ID

### MAILING KIT BILL STUFFERS

Bill Stuffers contain specific information that CMS is required to provide to certain segments of the Medicare Beneficiary population. Each Bill Stuffer will have Versions, A, B, C, and D. Most Bill Stuffers will be:

- CMS-11659 and CMS-11659S: “Understanding Your Medicare Premium Bill (CMS-500)”
- CMS-12112 and CMS-12112S: “Understanding Your Medicare Easy Pay Statement (CMS-20143)”
- Premiums Stuffer: “An Important Message About Your Medicare Premiums”

CMS-11659/CMS-11659S and CMS-12112/CMS-12112S are anticipated to remain the same during the term of the contract. Premiums Stuffers provide Medicare premiums information which are anticipated to change each year. See additional information under “[Printing](#)” and “[Pre-Printing of Static Data](#)”.

The individual print order will indicate which, if any, Bill Stuffer is required and will provide instructions for determining which Mailing Kit (Medicare Beneficiary) receives which Bill Stuffer(s). Any combination of 0, 1, or 2 Bill Stuffers per Mailing Kit may be required. Some orders will not require Bill Stuffers for any Mailing Kit.

- CMS-11659 will only be required when indicated and for Mailing Kits 1 and 2 and Versions A and C.
- CMS-11659S will only be required when indicated and for Mailing Kits 1 and 2 and Versions B and D.
- CMS-12112 will only be required when indicated and for Mailing Kits 3 and 4 and Versions A and C.
- CMS-12112S will only be required when indicated and for Mailing Kits 3 and 4 and Versions B and D.
- Premium Stuffers will only be required when indicated and for Mailing Kits 1 to 4 and Versions A to D.

Additional Bill Stuffers may be ordered on the contract. Anticipate letter size (portrait or landscape orientation) in single ink color or legal size (landscape orientation) in two ink colors.

**ENVELOPES**

Mailing Kits 1 through 4 will require Mailing Envelopes. Mailing Kits 1 and 2 will require Reply Envelopes. Mailing Kits 3 and 4 will not require Reply Envelopes.

**FREQUENCY OF ORDERS**

One order per month. Each order will indicate the quantity of each Mailing Kit. It is anticipated that each version of each Mailing Kit will be ordered on the same monthly print order.

**QUANTITY**

Standard Print Kits: Approximately 2,100,000 to 2,500,000 kits per order. Large Print Kits: Up to 1,000 kits per order.

English Kits: Approximately 2,100,000 to 2,500,000 kits per order. Spanish Kits: Approximately 40,000 to 46,000 kits per order.

The average quantity for both English and Spanish may increase up to approximately 20% per year during the term of the contract.

<b>Mailing Kit</b>	<b>Version A: Standard Print English. Average Kits per Order</b>	<b>Version B: Standard Print Spanish. Average Kits per Order</b>	<b>Version C: Large Print English. Average Kits per Order</b>	<b>Version D: Large Print Spanish. Average Kits per Order</b>
<b>Mailing Kit 1: CMS-500</b>	1,000,000 to 1,500,000	25,000 to 50,000	5 to 150	5 to 150
<b>Mailing Kit 2: CMS-500ID</b>	5 to 150	5 to 150	5 to 150	5 to 150
<b>Mailing Kit 3: CMS-20143</b>	500,000 to 1,000,000	5,000 to 50,000	5 to 150	5 to 150
<b>Mailing Kit 4: CMS-20143ID</b>	5 to 150	5 to 150	5 to 150	5 to 150

It is anticipated that individual print orders will have varying quantities and combinations of Bill Stuffers for each Mailing Kit and some Mailing Kits may not have Bill Stuffers.

Anticipate the following “Understanding...Bill/Statement” Bill Stuffers:

<b>Orders per Year</b>	<b>Percentage of Mailing Kits with “Understanding...Bill/Statement” Stuffer</b>
<b>1 to 3 orders</b>	20% to 25% of all Mailing Kits
<b>1 to 3 orders</b>	5% to 15% of all Mailing Kits
<b>Up to 6 orders</b>	No Stuffers

Anticipate the following “Premiums” Bill Stuffers:

<b>Orders per Year</b>	<b>Percentage of Mailing Kits with “Premiums” Stuffer</b>
<b>5 to 6 orders</b>	15% to 25% of all Mailing Kits
<b>3 to 4 orders</b>	26% to 50% of all Mailing Kits
<b>1 to 2 orders</b>	51% to 100% of all Mailing Kits
<b>Up to 3 orders</b>	No Stuffers

### PAGES

Mailing Kits 1 through 4 and Versions A and B will have 2 to 6 pages per Mailing Kit.

Mailing Kits 1 through 4 and Versions C and D will have 8 to 22 pages per Mailing Kit.

A Mailing Envelope will be required for all Mailing Kits. A Reply Envelope will be required for Mailing Kits 1 and 2 only.

The table below shows a typical page count for each Mailing Kit.

Additional Letter Size, Single Ink Bill Stuffers or Legal Size, Two Ink Bill Stuffers may be ordered.

It is anticipated that Bill Stuffers for Versions C and D (Large Print format) will have Letter Size, Single Ink Bill Stuffers only. Anticipate portrait and landscape orientations.

<b>Forms and Stuffers</b>	<b>Versions A and B: Standard Print, English and Spanish</b>	<b>Versions C and D: Large Print English and Spanish</b>
<b>Forms (All Kits):</b> CMS-500/500ID CMS-20143/20143ID	2 pages (2 images)	8 pages (7 images)
<b>Stuffers (Kits 1 and 2):</b> CMS-11659 (Eng) CMS-11659S (Spa)	2 pages (2 images)	10 pages (9 images)
<b>Stuffers (Kits 3 and 4):</b> CMS-12112 (Eng) CMS-12112S (Spa)	2 pages (2 images)	6 pages (6 images)
<b>Stuffers (All Kits):</b> Premiums Stuffer	2 pages (2 images) Versions A and B: English on front, Spanish on back	4 pages (3 images) Version C: English Only Version D: Spanish Only

### TRIM SIZES:

Trim Size 8-1/2 × 11” (portrait orientation)

- All CMS Forms: All Kits, Versions A and B
- Letter Size, Single Ink Bills Stuffers, usually “Premium” Bill Stuffers: All Kits, Versions A and B and Versions C and D

Trim Size 11 × 8-1/2” (landscape orientation):

- All CMS Forms, All Kits, Versions C and D
- Letter Size, Single Ink Bill Stuffers, usually CMS-11659/11659S Bill Stuffers: Mailing Kits 1 and 2, Versions C and D
- Letter Size, Single Ink Bill Stuffers, usually CMS-12112/12112S Bill Stuffers: Mailing Kits 3 and 4, Versions C and D

Trim Size 14 × 8-1/2” (landscape orientation)

- Legal Size, Two Ink Bill Stuffers, usually CMS-11659/11659S Bill Stuffers, Mailing Kits 1 and 2, Versions A and B
- Legal Size, Two Ink Bill Stuffers, usually CMS-12112/12112S Bill Stuffers, Mailing Kits 3 and 4, Versions A and B

### ENVELOPE TRIM SIZES:

- Mailing Envelope, All Kits, Versions A and B: 4-1/8 × 9-1/2”
- Mailing Envelope, All Kits, Versions C and D: 9-1/2 × 12”
- Reply Envelopes, Mailing Kits 1 and 2, Versions A and B and Versions C and D: 3-7/8 × 8-7/8”.

### GOVERNMENT TO FURNISH

Upon award, contractor must obtain approval from CMS IT Security for access to CMS computer systems. Contractor will need an Internet browser, the browser must be most recent version of Chrome, or GIS-compatible secure File Transfer Protocol Client (FTP).

- Complete record specifications for each Mailing Kit, [Exhibit A](#).
- CMS Scan Line Specifications, [Exhibit B](#).
- OCR Specifications for Scan Line (Mailing Kits 1 and 2 only), [Exhibit C](#).
- Bill/Statement Form/Envelope Templates (23 total art files, see “[Template Art Files](#)” table below).
- CMS Mailing Permits G28 and Free Matter. Contractor is cautioned that mailing indicum will be furnished and may only be used for the purpose of producing printed envelopes under this contract.
- GPO Form 952 (Desktop Publishing – Disk Information).
- PS Form 3615 (Mailing Permit Application and Customer Profile).

Once a month the following individual order files will be furnished via e-mail or TIBCO/GENTRAN mailbox:

- GPO Form 2511, Print Order in PDF via e-mail.
- Bill Stuffer file(s) (specific instructions listed on the individual print order) in PDF or Microsoft Word via e-mail.
- Variable data file for each Mailing Kit. Anticipate 16 data files via electronic file transmission (EFT) using TIBCO or GENTRAN mailbox.

**EXHIBITS**

[Exhibits D through L](#) indicate the type of products ordered under this contract. The Exhibits are not exact representations of or all-inclusive of the products ordered under this contract.

**TEMPLATE ART FILES**

A visual of all Mailing Kits may be furnished at the post-award conference. At the time of award, the following files will be furnished via e-mail in PDF or Microsoft Word file format:

<b>Form/Envelope</b>	<b>Large Print English Art File</b>	<b>Large Print Spanish Art File</b>	<b>Standard Print English Art File</b>	<b>Standard Print Spanish Art File</b>
<b>Form CMS-500</b>	PDF	PDF	PDF	PDF
<b>Form CMS-500ID</b>	PDF	PDF	PDF	PDF
<b>Form CMS-20143</b>	PDF	PDF	PDF	PDF
<b>Form CMS-20143ID</b>	PDF	PDF	PDF	PDF
<b>9 × 12” Mailing Envelope</b>	PDF	N/A	N/A	N/A
<b>4-1/8 × 9-1/2” Mailing Envelope</b>	PDF	PDF	PDF	PDF
<b>3-7/8 × 8-7/8” Reply Envelope</b>	N/A	N/A	PDF	PDF

**SOFTWARE**

Files for static data will be furnished in PDF or Microsoft Word file formats. Program will be on either Apple or Microsoft Windows platform. Contractor will be required to support all current and future upgrades for platform and software.

Fonts: All printer and screen fonts will be furnished. The contractor is cautioned that furnished fonts are the property of the Government and/or its originator. All furnished fonts are to be eliminated from the contractor’s archive immediately after completion of the contract.

**SPECIAL SOFTWARE CONSIDERATION**

Office graphics (e.g., files from Presentation, Word Processing, or other non-publishing applications) are furnished for this procurement. Additional system work may be required to produce output as per specifications. If supplied by the Government, a black and white visual will be used as the standard for page integrity. Contractor must ensure that the job outputs exactly as the furnished visual.

The contractor will not receive additional compensation, or time for common errors associated with the output of Office Graphics files. Common errors include, but are not limited to: 1) Color issues and Shifts (RGB color data, no spot colors, loss of Black plate), 2) Page Integrity (text reflow), 3) Missing prepress features (e.g., bleeds, trim marks), or 4) Loss of text characters from graphic elements.

Upon completion of the order, the contractor must furnish final production native application files (digital deliverables) with the furnished material. The digital deliverables must be an exact representation of the final printed product and shall be returned on the same type of storage media as was originally furnished.

NOTE: If discrepancies are found on the Government-furnished material(s), the contractor must contact Mark Rydberg at (410) 786-6959, before starting production.

## **ADDITIONAL FURNISHED MATERIAL INFORMATION**

Identification markings such as register marks, ring folios, rubber stamped jacket numbers, commercial identification marks of any kind, etc., except GPO imprint, form number, and revision date, carried on copy or film, must not appear on finished product.

## **CONTRACTOR TO FURNISH**

All materials and operations, other than those listed under “Government to Furnish”, necessary to produce the products in accordance with these specifications.

The contractor must have the capability to accept and process electronically transmitted data.

The contractor may maintain surplus inventory of pre-printed static data. The contractor is cautioned that reimbursement will only be made for actual mailed pieces. See “[Pre-Printing of Static Data](#)” under “[Printing](#)” below.

## **ELECTRONIC PREPRESS**

Immediately upon receipt and prior to image processing, the contractor shall perform a basic check (preflight) of the furnished media and publishing files to assure correct output of the required reproduction image. Any errors, media damage, or data corruption that might interfere with proper file image processing must be reported to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov) and the GPO Northeast Region Contracting Officer prior to further performance. It is recommended that the contractor output files on the same platform (i.e. PC); no additional time or compensation will be given for errors commonly associated with file output from a different platform.

The contractor shall create or alter any necessary trapping, set proper screen angles and screen frequency, and define file output selection for the imaging device being utilized. Furnished files must be imaged as necessary to meet the assigned quality level.

The contractor shall create or alter any necessary trapping, set proper screen angles and screen frequency, and define file output selection for the imaging device being utilized. Furnished files must be imaged as necessary to meet the assigned quality level.

## **PROOFS**

The contractor will be responsible for performing all necessary proofreading to ensure that the proofs submitted are in conformity with the furnished copy and record specifications.

## **CMS-500, CMS-500ID, CMS-20143, AND CMS-20143ID**

### ***Form Templates***

One set of “Press Quality” PDF “soft” proofs (for content only) of each form template will be required on the first production order and with each new form template. No PII/PHI is to be included in any of the template proofs.

Contractor to maintain approved proofs for the term of the contract or until revised artwork is provided, whichever comes first.

Approved proofs will serve as the “[Specified Standards](#)” until new proofs are approved or unless [Prior-to-Production Samples](#) are ordered. E-mail proofs to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov) and [lprice@gpo.gov](mailto:lprice@gpo.gov).

### ***Data Merge***

It is anticipated that 16 data files will be furnished, one for each Version of each Mailing Kit.

Upon receipt of data files for each print order, the contractor is to acknowledge receipt of data files and confirm the record count of each data file.

Within 1 workday of receipt of files, contractor is required to submit “Press Quality” PDF “soft” proofs (for content only) of variable data forms from each furnished data file.

It is anticipated that each data file will require 50 sets of proofs. The individual print order will indicate if another quantity is required.

In the same e-mail as the PDF Proofs of Notices, contractor must also submit the corresponding source data files (also known as a “data dump”) in a Microsoft Excel format in the same sequence as the submitted Notice proofs. Phone notification at (410) 786-3038 to confirm receipt of e-mail. Include Jacket # and Requisition #, Program # and Print Order # with title.

Both the PDF Proofs of the variable data forms and the “data dump” file must be submitted via e-mail and be encrypted, password protected, and PK zipped. E-mail proofs to Mark Rydberg at the following e-mail address [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov).

***CAUTION: PDF Proofs of variable data forms and the “data dump” file, as described in “Data Merge” above will contain PII/PHI. All required Security Protocols in Sections 1 and 5 of this contract must be followed. The e-mail containing these files is not to be sent to any e-mail address that has not been authorized by CMS.***

If CMS finds errors during the proofing process, the contractor must make all corrections and submit additional proofs along with the corresponding source data files. This process will be repeated until the contractor submit samples that CMS considers to be error-free.

All “Press Quality” PDF “soft” proofs to be produced using the same Raster Image Processor (RIP) that will be used to produce the final printed product. Proofs will be evaluated for variable and static data, text flow, and image position.

#### STUFFERS

When indicated on the print order, one set of “Press Quality” PDF “soft” proofs (for content only) of each Bill Stuffer file furnished. Due to legislative processes, some orders may have more than one version of a Bill Stuffer that will require proofs but proofs for only one version will be approved. Contractor will be reimbursed for each set of proofs ordered by the Government.

Contractor to maintain approved proof for the term of the contract or until revised Stuffer artwork is provided, whichever comes first. Approved proof will serve as the “[Specified Standard](#)” until a new proof is approved. E-mail proofs to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov) and [lprice@gpo.gov](mailto:lprice@gpo.gov).

#### ENVELOPES

One set of “Press Quality” PDF “soft” proofs (for content only) for each of the 7 envelope styles will be required on the first production order. Contractor to maintain approved proof for the term of the contract or until revised envelope artwork is provided, whichever comes first. Approved proof will serve as the “[Specified Standard](#)” until a new proof is approved. E-mail proofs to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov) and [lprice@gpo.gov](mailto:lprice@gpo.gov).

#### PROOF APPROVALS

The Government will approve or disapprove the samples within the number of workdays as defined under “[Schedule](#)”. Notification will be given by e-mail from Mark Rydberg. Approval or disapproval will not relieve the contractor of complying with the specifications and all other terms and conditions of the contract. Additional e-mail samples may be required if image samples are disapproved.

If any contractor's errors are serious enough in the opinion of the GPO to require revised proofs, the revised proofs are to be provided at no expense to the Government. No extra time can be allowed for this reproofing; such operations must be accomplished within the original production schedule allotted in the specifications.

The contractor must not print/image prior to receipt of an OK to print.

### PRIOR-TO-PRODUCTION SAMPLES

Prior-to-Production Samples of each Mailing Kit are expected to be ordered on one to two print orders per year.

The sample requirement for this contract is not less than 50 printed construction samples as indicated on the individual print order. Each sample shall be printed and constructed as specified and must be of the size, kind, and quality that the contractor will furnish.

Samples will be inspected and tested and must comply with the specifications as to construction, kind, and quality of materials.

### APPROVAL FOR PRIOR-TO-PRODUCTION SAMPLES

Prior to the commencement of production of the contract production quantity, the contractor shall submit samples to the Baltimore, MD address indicated on the individual print order. Samples with PII/PHI must be submitted in accordance with Security Protocols defined in Sections 1 and 5 of this contract. Samples will be tested for conformance of material(s) and/or for usage on the specified equipment and/or for construction. The container and accompanying documentation shall be marked PREPRODUCTION SAMPLES and shall include the GPO jacket, purchase order, and program numbers. The samples must be submitted in sufficient time to allow Government testing of the samples and production and shipment in accordance with the shipping schedule.

The Government will approve, conditionally approve, or disapprove the samples within 7 workdays of the receipt thereof. Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons therefor.

If the samples are disapproved by the Government, the Government, at its option, may require the contractor to submit additional samples for inspection and test, in the time and under the terms and conditions specified in the notice of rejection. Such additional samples shall be furnished, and necessary changes made, at no additional cost to the Government and with no extension in the shipping schedule. The Government will require the time specified above to inspect and test any additional samples required.

In the event the additional samples are disapproved by the Government, the contractor shall be deemed to have failed to make delivery within the meaning of the default clause in which event this contract shall be subject to termination for default, provided however, that the failure of the Government to terminate the contract for default in such event shall not relieve the contractor of the responsibility to deliver the contract quantities in accordance with the shipping schedule.

In the event the Government fails to approve, conditionally approve, or disapprove the samples within the time specified, the Contracting Officer shall automatically extend the shipping schedule in accordance with Contract Clause 12, "Notice of Compliance With Schedules," of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 01-18)).

Manufacture of the final product prior to approval of the sample submitted is at the contractor's risk. Samples will not be returned to the contractor. All costs, including the costs of all samples shall be included in the contract price for the production quantity.

All samples shall be manufactured at the facilities in which the contract production quantities are to be manufactured.



## STOCK/PAPER

The specifications of all paper furnished must be in accordance with those listed herein or listed for the corresponding JCP Code numbers in the “Government Paper Specification Standards No. 13” dated September 2019 found at [https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/vol\\_13.pdf](https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/vol_13.pdf)

### **CMS FORMS AND BILL STUFFERS:**

White Uncoated Text, basis weight: 25 × 38”, 500 sheets, 50 lbs. equal to JCP Code A60 and the applicable OCR Optical Specs, [Exhibit C](#), for Form CMS-500 and Form CMS-500ID.

### **MAILING AND REPLY ENVELOPES:**

White Writing Envelope (or Wove), basis weight: 17 × 22”, 500 sheets, 20 or 24 lbs., equal to JCP Code V-20.

## PRINTING

At contractor’s option, the product may be produced via conventional offset or digital printing provided that all printing and imaging quality standards are maintained. Final output must be a minimum of 150-line screen and at a minimum resolution of 2400 × 2400 dpi × 1 bit or 600 × 600 dpi × 8-bit depth technology. Digital device must have a RIP that provides an option for high quality color matching such as Device Links Technology and/or ICC Profiles.

### **PRE-PRINTING OF STATIC DATA**

At the contractor’s option, contractor may preprint any static images from static data to keep a stock on hand or print the static image when they receive the orders. It is anticipated that the contractor may keep no more than a 2-month supply on hand for Bill Stuffers and a 3-month supply of Envelopes. Contractor is not to pre-print CMS Forms.

Although the static images will generally remain the same from order to order, changes may need to be made from time to time. The Government will provide the contractor with as much advance notice as possible.

The inventory of stock on hand for monthly supply should be coordinated with the Government when the contract is within 3 months of expiration. Contractor is cautioned that reimbursement will only be made for actual quantities mailed.

### **CMS FORMS**

Versions A and B (Standard Print, English and Spanish) forms print variable data on the face in black and close match of Pantone 186 Red ink and print static data on the back in black ink. The contractor is cautioned that the backers of each form are different.

Versions C and D (Large Print, English and Spanish) forms print variable data on pages 1 through 7 in black ink and page 8 is blank. The contractor is cautioned that each form is different.

### ***Variable Data Printing***

Variable Data Printing (VDP), also known as Variable Imaging (VI) or as Variable Information Printing (VIP) is required for each CMS Form (CMS-500, CMS-500ID, CMS-20143, and CMS-20143ID). Contractor will be required to produce variable data from TIBCO/GENTRAN files (variable data files). At contractor’s option, the variable imaging to be produced by either waterproof ink jet spray or high-density laser at a minimum 600 × 600 dpi.

Contractor to variable image forms in accordance with the attached record specifications. There are approximately 40 fields of variable data in the data files. The 40 fields will populate the face side of the forms.

Face prints variable data in black ink and plus close match to Pantone 186 Red. Back prints static data in black ink.

#### Address Formatting Requirements

The Variable Image address fields will be four to seven lines. Address placement, format, fonts and IMb barcodes must meet USPS automated mail processing equipment compatibility standards and comply with current U.S. Postal Service (USPS) Address Quality Standards. These standards are in accordance with appropriate USPS rules and regulations including USPS Domestic Mail Manual (DMM) for domestic and International Mail Manual (IMM) for International addresses that are in effect at the time of mailing. Note, the type font must be one of the USPS accepted and verified Multiline Optical Character Reader (MLOCR) readable type.

It is the contractor's responsibility to assure that only the computer-generated address and IMb and other applicable USPS barcodes/markings on the mail piece will be visible through the window in the envelope and that only one complete Mailing Kit is inserted into each envelope.

#### Scan Line

CMS-500 and CMS-500ID forms, Formats A and B only, print with a scan line. The scan line shall be printed using the OCR-A, Size I Font. The OCR printing shall read continuously on a Banctec X2 series transport. The reject rate due to manufacturing deficiencies shall not exceed 1.5 percent of the items when run on the specified reading equipment. A form is a reject when its OCR print cannot be correctly deciphered on the first pass through the specified reading equipment.

The CMS-500 and CMS-500ID forms, Formats A and B only, are to be scanned on a BancTec X2 series transport. The contractor must also convert the 5-digit Zip codes on the furnished cartridges to Zip + four, plus the 2-digit state code, plus check digit, and corresponding Postnet bar code.

Images are to be scanned on a Banctec X2 series transport. The contractor must also convert the 5-digit Zip codes on the furnished cartridges to Zip + four, plus the 2-digit state code, plus check digit, and corresponding Postnet bar code. **NOTE:** At the contractor's option, in addition to the variable data, the entire base form may also be computer imaged in red and black ink.

#### Performance of Finished Product

The contractor must guarantee that the Premium Bill Forms CMS-500 and CMS-500ID, Formats A and B only, produced under this contract will function properly at top speed when processed on a "BancTec X2" series transport scanner.

There are 4 versions of CMS-500 and CMS-500ID and 4 versions of CMS-20143 and CMS-20143ID. There are two language formats for each version, English and Spanish. There are two font sizes for each version, standard print and large print. Each order will consist of a combination of versions, languages, and font sizes.

The Premium Bill Form CMS-500 and CMS-500ID (Formats A and B only) is a two-sided scannable document; therefore, the contractor must have the capability to print simultaneously, on both sides.

The form is perforated near the bottom half of the sheet to serve as a payment coupon for the beneficiary.

There are different types of Bills identified in the Bill Record Specifications. Forms are printed in English and Spanish. Periodically, it is necessary to change a message on the reverse side of the Medicare bills (CMS-500 and CMS-500ID).

## BILL STUFFERS

### *Versions A and B, All Kits*

Bill Stuffers for Versions A and B (Standard Print, English and Spanish) will print static data with 8-1/2 × 11” or 8-1/2 × 14” trim sizes.

Legal Size, Two Ink Bill Stuffers, usually “Understanding...Bill/Statement” Stuffers CMS-11659 (English), CMS-11659S (Spanish), CMS-12112 (English), and CMS-12112S (Spanish), print face and back in black ink and Pantone 186 Red, 8-1/2 × 14” trim size.

Letter Size, Single Ink Bill Stuffers, usually the “Premiums” Stuffer, print face and back in a single ink (usually black) with 8-1/2 × 11” trim size and usually with English on the front and Spanish on the back.

### *Versions C and D, All Kits*

Bill Stuffers for Versions C and D (Large Print, English and Spanish) will print static data in black ink only with 8-1/2 × 11” (portrait orientation) or 11 × 8-1/2” (landscape orientation).

CMS-11659/11659S (“Understanding...Bill”) print face and back in black ink with 11 × 8-1/2” trim size, 10 pages. Pages 1 through 9 print in black ink, page 10 is blank.

CMS-12112/12112S (“Understanding...Statement”) print face and back in black ink with 11 × 8-1/2” trim size, 6 pages. Pages 1 through 6 print in black ink, no blanks.

The “Premiums” Stuffer prints face and back in black ink with 8-1/2 × 11” trim size. The English only version prints pages 1 through 3 in black ink, page 4 is blank. The Spanish only version prints pages 1 through 3 in black ink, page 4 is blank.

## MAILING ENVELOPES

Print return address, message, and mailing permit in black ink on envelope face and text matter on envelope back after manufacturing. Government owned and furnished mailing indicum may only be used for the purpose of producing printed envelopes under this contract. Print in accordance with USPS Regulations for Domestic and International Mail.

Print security tint on inside of envelope in black ink. The contractor may use jumbled character design or stock design for security tint. Stock design must be approved by CMS. No proprietary design or company logos allowed for design of security tint.

Security tint must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein and cannot bleed on to enclosed material.

Mailing Envelopes have five different art files:

- Domestic formats:
  - Standard Print, English
  - Standard Print, Spanish
  - Large Print, English
- International formats:
  - Standard Print, English
  - Standard Print, Spanish

The printing and format on the envelopes may change during the term of the contract. Copy changes may come with up to 30 calendar day notice.

## REPLY ENVELOPES

Print address, rules, Intelligent Mail Barcode (IMB), and FIM bars in black ink on envelope face. Back of constructed envelope prints in black ink. Print in accordance with USPS Regulations for Domestic and International Mail.

Print security tint on inside of envelope in black ink. The contractor may use jumbled character design or stock design for security tint. Stock design must be approved by CMS. No proprietary design or company logos allowed for design of security tint.

Security tint must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein and cannot bleed on to enclosed material. Reply Envelopes will be inserted into contractor furnished envelopes with printed indicia as part of Mailing Kits 1 and 2. Reply Envelopes are not required for Mailing Kits 3 and 4.

Reply Envelopes have two different art files:

- Domestic formats:
  - Standard Print, English
  - Standard Print, Spanish

The printing and format on the envelopes may change during the term of the contract. Copy changes may come with up to 30 calendar day notice.

## MARGINS

Margins will be as indicated on the print order or furnished copy.

## CONSTRUCTION

### CMS FORMS

At the contractor's option, all CMS Forms trim four sides or, if the contractor runs on continuous feed, the contractor is responsible for trimming or bursting all four sides.

CMS Forms for Mailing Kits 1 and 2 Versions A and B (CMS-500 and CMS-500ID) will perforate one line. Perforate (slit or slot without ink) horizontally 3-2/3" from the bottom edge of the form. No perforation on Mailing Kits 3 and 4 (CMS-20143 and CMS-20143ID).

CMS Forms for Mailing Kits 1 through 4, Versions A and B will fold to 8-1/2 x 3-2/3" using two parallel folds, contractor's option for "C" or "Z" pattern, with the mailing address facing out.

CMS Forms for Mailing Kits 1 through 4, Versions C and D do not perforate and do not fold.

### BILL STUFFERS

Trim four sides.

Bill Stuffers with 8-1/2 x 11" trim size for Mailing Kits 1 through 4, Versions A and B will fold to 8-1/2 x 3-2/3" using two parallel folds, contractor's option for "C" or "Z" pattern with title of Stuffer facing out.

Bill Stuffers with 8-1/2 x 14" trim size for Mailing Kits 1 through 4, Versions A and B will fold to 8-1/2 x 3-2/3" using three parallel folds, anticipate "Z" pattern, with CMS logo and title of Stuffer facing out.

Bill Stuffers for Mailing Kits 1 through 4, Versions C and D do not fold.

## MAILING ENVELOPES

The 4-1/8 × 9-1/2” envelopes are to be manufactured as open side with diagonal seams and a fully gummed flap. Die-cut a 4 × 1-1/4” window with slightly rounded corners located 1/2” from the right edge and 5/8” from the bottom edge. The 4” dimension of the window to be parallel to the 9-1/2” dimension of the envelope. Cover the window with a suitable, clear, polystyrene material securely glued to the inside.

The 9 × 12” envelopes are to be manufactured as open side with side seams and a fully gummed flap. Die-cut a 2-3/4 × 4-5/8” window with slightly rounded corners located 6-1/2” from left edge and 3-1/2” from bottom edge of envelope. The 4-5/8” dimension of the window to be parallel to the 12” dimension of the envelope. Cover the window with a suitable, clear, polystyrene material securely glued to the inside.

## REPLY ENVELOPES

Manufacture open side with diagonal seams and a fully gummed flap. No window required.

## ASSEMBLY

### MAILING KIT 1 AND 2, VERSIONS A AND B

After printing and construction, folded CMS Form is to be inserted into mailing envelope with the address readable through the window. Insert Reply Envelope behind CMS Form. Insert Bill Stuffer(s) behind Reply Envelope, as applicable.

### MAILING KIT 3 AND 4, VERSIONS A AND B

After printing and construction, folded CMS Form is to be inserted into Mailing Envelope with the address readable through the window. Insert Bill Stuffer(s) behind CMS Form, as applicable. No reply envelope.

### MAILING KIT 1 AND 2, VERSIONS C AND D

After printing and construction, flat CMS Form is to be inserted flat and loose (no staples) into Mailing Envelope with the address readable through the window. Insert Reply Envelope behind CMS Form. Insert Bill Stuffer(s) flat and loose (no staples) behind Reply Envelope, as applicable.

### MAILING KIT 3 AND 4, VERSIONS C AND D

After printing and construction, flat CMS Form is to be inserted flat and loose (no staples) into Mailing Envelope with the address readable through the window. Insert Bill Stuffer(s) flat and loose (no staples) behind CMS Form, as applicable. No reply envelope.

## DISTRIBUTION

Mail f.o.b. Contractor’s city. Individual Mailing Kits will be mailed monthly to approximately 2,100,000 to 2,400,000, domestic addresses using Government-furnished and contractor printed “First Class Postage and Fees Paid Permit” indicia and to approximately 3,000 to 4,000 international addresses.

**The contractor must mail on a flow basis as production runs are completed on all print orders.**

The contractor must provide all mailing materials, as well as all labeling and marking, as necessary to fulfill mailing and distribution requirements. Noncompliance with the packing and labeling instructions will be cause for the Government to take corrective action in accordance with GPO Pub. 310.2.

All envelopes for domestic addresses will have a printed CMS Mail Postage and Fees Paid permit. The contractor is cautioned to use the permit imprint only for mailing material produced under this contract. Using the CMS address information as provided, the contractor is required to obtain the maximum USPS postage discounts possible in accordance with the USPS First Class mail automated mail discount structure in effect at the time of mailing. In compliance with USPS Mail Preparation & Sortation Regulations, all mail must be appropriately marked and supported with the documentation necessary to ensure USPS acceptance.

Mailing Envelopes must be prepared and sealed in a manner that will ensure acceptance, security, and safe delivery by the U.S. Postal Service. Gather each piece and insert into mailing envelope, and seal.

#### TAP TEST

In addition, USPS has instituted a verification procedure called a “tap” test. This test is used to screen all mailings with barcoded inserts for proper barcode spacing within the envelope window. USPS will randomly select samples from a mailing and tap the pieces on their left right and bottom edges to test whether the barcode maintains a minimum spacing of 1/8 inch between the barcode and the left and right edges of the window, at least 1/25 inch between the barcode and the bottom edge of the mail piece. Mail pieces are not to be tapped upside down (i.e., on their top edge).

#### DOMESTIC MAIL

Addresses for this mailing come from a government-maintained file. For this mailing, CMS will provide certificates indicating that the addresses have been matched against both the USPS required Coding Accuracy Support System (CASS) and National Change of Address (NCOA) software within the past 95 calendar days.

In the event the CASS and NCOA certification has expired, the contractor may be required to provide the certification prior to mailing. Reimbursement for this service will be made via contract modification.

Contractor sponsored address data enhancements to secure postal discount MUST NOT negatively affect deliverability and/or omit/change any required address field as provided by CMS address files. It is the contractor’s responsibility to keep up to date on all USPS requirements.

All domestic copies mailed must conform to the appropriate regulations in the U.S. Postal Service manuals for domestic presorted First-Class mail as applicable and must be prepared for the most cost-effective mailing rate/class obtainable presorting for maximum postal automation discounts (as applicable). The placement and application of the IMB barcodes must not compromise any applicable USPS addressing/imprinting requirements.

#### *Intelligent Mail Barcode (IMb)*

During the term of this contract, CMS mailers will be required to meet USPS requirements for using IMb to access automation postal rates for presort first class mail. Full Service IMb will be required for Domestic Mail only. The successful bidder must understand and be able to implement all mail preparation requirements enacted by the Postal Service related to using full-service IMb. The requirements include, but are not limited to, preparing Intelligent Mail barcodes for the mail, trays and containers meeting USPS quality acceptance standards.

Experience with assigning unique numbers for each mail piece, preparing electronic manifests, making electronic appointments, producing revised tray/pallet label formats and other similarly detailed IMb requirements as mandated by the Postal Service is essential.

The IMb must appear in the address block of the inserted item and show through the window area of the mailing envelope. Printing or imaging of the IMb on the envelope is NOT permissible.

Contractor may be responsible for any postage fees related to undeliverable letters caused by print quality control issues.

## Secure Destruct

Secure Destruct (SD) applies to Domestic Standard Print and Puerto Rican records. The Secure-Destruct process does not apply to Large Print portion of orders or any International mailing records.

The Mailer Identifier (MID) is a field within the Intelligent barcode (IMb) that is used to identify mailers requiring SD. Require Full Service IMb – ACS SD Option 2 – Service Type ID 335. CMS to provide the MID code to contractor for use in the IMb.

The metrics for SD to be encoded in the IMb is as follows:

- MID Code
- Single Source ACS
- Service Type Identifiers (STIDs) 335
  - Forward Mail pieces
  - Undeliverable Mail pieces
  - Note: Change-of-Address (COA's) life cycle is for 12 months. During months 13-18 the mail pieces will be destroyed and an Address Correction Service (ACS) notice is generated and coded as Forwarding Order Expired (FOE) on the record. A notice will contain the reason for non-delivery as a UAA Code.

## *U.S. Postal Service - Electronic Product Fulfillment (EPF)*

The U.S. Postal Service uploads daily the SD metrics of mail-pieces. Contractor to download daily these metrics from the password protected EPF site.

There are two files per day, one is the delimited SD file and the other contains a fixed length file of the SD plus ACS metrics.

The contractor retains these downloaded files in a secure location until the mailing for the 3561-S is 100% complete for that week of domestic mail pieces.

The contractor must provide all mailing materials, as well as all labeling and marking, as necessary to fulfill mailing and distribution requirements.

Noncompliance with the packing and labeling instructions will be cause for the government to take corrective action in accordance with GPO Pub. 310.2.

All copies mailed must conform to the appropriate regulations in the U.S. Postal Service manuals for domestic presorted First-Class mail (note exception to Foreign addresses). Mail as applicable. Mail must be prepared for the most cost-effective mailing rate/class obtainable, including ZIP + 4, bar-coding, and presorting for maximum postal automation discounts (as applicable).

The placement and application of the full-service Intelligent Mail Barcode (IMb) must not compromise any applicable USPS addressing/imprinting requirements.

All mailed copies must be sorted using the ZIP + 4 code. Exception – Puerto Rican Package Addresses must only display +4 codes from CMS provided address file.

## **INTERNATIONAL MAIL**

If the mailing meets the qualifications for International Priority Airmail (IPA), it should be processed through IPA in accordance with postal rules and regulations in effect for USPS IPA at the time of the mailing.

To maximize postage savings, the contractor shall sort to the IPA Rate Group 1 through 15.

Pieces not qualifying for the IPA Rate Group Levels of discount shall be prepared at the Worldwide Non-presorted rate level and any remaining pieces that do not meet IPA qualifications will be sorted by individual country rules according to the USPS IMM in effect at the time of the mailing.

#### ADDITIONAL DISTRIBUTION REQUIREMENTS

Any address/mail management related questions/issues should be directed to the following CMS personnel:

- Erika Grant, at (410) 786-1067, or e-mail [Erika.Grant@cms.hhs.gov](mailto:Erika.Grant@cms.hhs.gov)
- Cynthia Williams, at (410) 786-6071, or e-mail [cynthia.williams@cms.hhs.gov](mailto:cynthia.williams@cms.hhs.gov)

Contractor may be responsible for any postage fees related to undeliverable letters caused by print quality control issues.

#### *Certificate of Conformance*

When using Permit Imprint Mail the contractor must complete GPO Form 712 - Certificate of Conformance (Rev. 1-85) supplied by GPO and the appropriate mailing statement or statements supplied by USPS.

#### *Mailing Statements*

Contractor must complete and supply all copies of all USPS 3602's and GPO 712's along with the GPO invoice to CMS within 2 workdays of USPS certification.

Contractor must e-mail copies to Mark Rydberg at [Mark.Rydberg@cms.hhs.gov](mailto:Mark.Rydberg@cms.hhs.gov) and to Erika Grant at [erika.grant@cms.hhs.gov](mailto:erika.grant@cms.hhs.gov).

All mailed copies must be sorted using the ZIP + 4 code, in order to achieve the most economical First-Class rates, as applicable by the number of pieces being mailed.

The contractor must submit two copies of the appropriate U.S. Postal Service mailing statement (e.g., 3602, 3602-G, 3541, etc.) to the entry post office for each mailing.

In the upper right corner of the mailing statement, contractor must include a unique GPO identification number beginning with the jacket number followed by a sequential number for each form used for mailings performed for the term of the contract (e.g. XXX-XXX-1, XXX-XXX-2, XXX-XXX-3, etc.).

The contractor must e-mail the verified mailing statement, containing postage computations, within 24 hours of receipt from the U.S. Postal Service to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov), [Erika.grant@cms.hhs.gov](mailto:Erika.grant@cms.hhs.gov), [infortheast@gpo.gov](mailto:infortheast@gpo.gov), and [lprice@gpo.gov](mailto:lprice@gpo.gov).

Within 7 workdays after completion of each mailing, the contractor is to return all Government Furnished Material to HHS/CMS, 7500 Security Blvd., Room SL-12-18, Baltimore, MD 21244-1850 Attn: Mark Rydberg. Inside delivery is required to the room number indicated.

All expenses incidental to pick up and returning furnished materials, submitting proofs, and furnishing sample copies, must be borne by the contractor.



## REPORTING

### RECORD COUNT AND SCHEDULE CONFIRMATION

Upon receipt of data files, the contractor shall confirm via e-mail to [Mark.Rydberg@cms.hhs.gov](mailto:Mark.Rydberg@cms.hhs.gov), [lprice@gpo.gov](mailto:lprice@gpo.gov), and [infonortheast@gpo.gov](mailto:infonortheast@gpo.gov) that the files and record counts available in TIBCO MFT or the Gentran (back up mailbox) match the counts on the print order and must confirm that the mailing schedule can be met.

This confirmation must be completed within 2 hours after receipt of the print order.

On-time mailing of the Mailing Kits is an integral part of this contract. Failure to meet the mailing date may result in fines and penalties assessed to CMS. Any assessed fines or penalties may be charged to the contractor under GPO Contract Terms (GPO Pub. 310.2) Contract Clause 21. Actual Damages.

Failure to provide schedule confirmation and failure to meet the mailing date may result in termination of contract, see Contract Clause 20. Default (GPO Pub. 310.2).

### CONTRACTOR'S QUALITY ASSURANCE REPORTS

As part of the [Contractor's Quality Assurance Plan](#), under "[Automated System](#)", the contractor generates a final automated Audit Report and Summary Report which provides information that all mail pieces have been scanned after insertion and verifying that all pieces inserted into the mailing envelope for each Print Order are accounted for.

The summary report will contain the sequence number range for a particular Print Order, show all sequence numbers were scanned and accounted for after all mail pieces are inserted, and event information on any spoiled or missing pieces verifying that they were scanned and accounted for.

The report to also summarize a state-by-state count of all letters mailed, identifying state and numbers of copies mailed to that state.

Contractor to work with the CMS and GPO after award with layout and functionality of these reports.

### TRACKER REPORT

A production and mailing report is to be completed and e-mailed to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov), [infonortheast@gpo.gov](mailto:infonortheast@gpo.gov), and [lprice@gpo.gov](mailto:lprice@gpo.gov) after each day's production and immediately after final USPS receipt of mail pieces.

The report is to include the number of records and the applicable Bill Stuffer(s) for each Mailing Kit and each Version of each Mailing Kit.

The report must track each record through file transmission, print production, inserting, and mailing. The layout and naming convention of this report will be finalized at the post-award conference.

### SECURE DESTRUCT IMB

After mailing is complete on a weekly basis, contractor to generate two Excel spreadsheet reports (one is the delimited SD file and the other contains a fixed length file of the SD plus ACS metrics) from these EPF files and e-mailed to [mark.rydberg@cms.hhs.gov](mailto:mark.rydberg@cms.hhs.gov).

Contractor must be retained these Excel spreadsheet reports for 12 months after mailing date and must be made available to CMS and/or GPO for auditing of contractor performance upon request.

First Report metrics to be downloaded daily and puts into the weekly reports will be linked to the Print Order as follows:

- Short Date field of the EPF download results for each day.
- UAA Code for each Beneficiary Name for each mail piece that was SD.
- How many pieces delivered.
- How many pieces were forward, ACS counts and ACS forwarding counts.

Second Report provides beneficiary level data of ACS/SD records that contain PII.

#### CERTIFICATE OF DESTRUCTION

The contractor will at times be required to destroy physical item(s) without a government representative onsite. Contractor to provide CMS and GPO a PDF of the certificate of destruction which must include the following: item(s) destroyed, count (number of item(s) destroyed), date when occurred, and person(s) that witness the destruction of government property.

Contractor to provide certificate of destruction of Quality Pulls and of any other item the government may ask to be destroyed.

#### SCHEDULE

Adherence to this schedule must be maintained.

Contractor must not start production of any job prior to receipt of the individual print order (GPO Form 2511).

The following schedule begins the workday after notification of the availability of print order(s) and furnished Material. The workday after notification will be the first workday of the schedule:

#### **Complete production and mailing must be made within five (5) workdays.**

On-time mailing of the Mailing Kits is an integral part of this contract. Failure to meet the mailing date may result in fines and penalties assessed to CMS. Any assessed fines or penalties may be charged to the contractor under GPO Contract Terms (GPO Pub. 310.2) Contract Clause 21. Actual Damages.

Failure to provide schedule confirmation and failure to meet the mailing date may result in termination of contract, see Contract Clause 20. Default (GPO Pub. 310.2).

The contractor must mail completed pieces on a flow basis as production runs are completed in accordance with permit requirements for mailing.

Unscheduled material such as shipping instructions, delivery lists, etc., will be furnished with each order or shortly thereafter. In the event such information is not received in due time, the contractor will not be relieved of any responsibility in meeting the shipping schedule because of failure to request such information.

---

SECTION 3. – DETERMINATION OF AWARD

---

The Government will determine the lowest bid by applying the prices offered in the “[Schedule of Prices](#)” to the following units of production which are the estimated requirements to produce 12 month’s production under this contract. These units do not constitute, nor are they to be construed as, a guarantee of the volume of work which may be ordered under this contract for a like period of time.

The following item designations correspond to those listed in the “[Schedule of Prices](#)”.

I.	(a)	25,685	IV.	(a) (1)	32,923
	(b)	15,961		(2)	2,050
	(c)	25,647		(b) (1)	15,963
	(d)	38		(2)	25,685
				(3)	4
II.	(a)	8	V.	(a)	25,681
	(b)	8		(b)	4
	(c)	24			
	(d)	11			
	(e)	46			
	(f) (1)	4			
	(2)	1			
	(3)	2			
	(g) (1)	4			
	(2)	4			
	(3)	4			
	(4)	4			
III. 1.	(a) (1)	48			
	(2)	15,961			
	(b) (1)	48			
	(2)	9,720			
	(c) (1)	11			
	(2)	7,218			
	(d) (1)	24			
	(2)	2,050			
2.	(a) (1)	96			
	(2)	4			
	(b) (1)	22			
	(2)	1			
	(c) (1)	24			
	(2)	1			
3.	(a) (1)	12			
	(2)	25,685			
	(b) (1)	12			
	(2)	4			
	(c) (1)	12			
	(2)	15,963			



---

SECTION 4 – SCHEDULE OF PRICES

---

Bids offered are f.o.b. contractor’s city by Government permit imprint.

Prices must be submitted for the entire term of the contract and bids qualified for a lesser period will not be considered.

Prices must include the cost of all required materials and operations for each item listed in accordance with these specifications.

Bidder must make an entry in each of the spaces provided. Bids submitted with any obliteration, revision, or alteration of the order and manner of submitting bids, may be declared nonresponsive.

An entry of NC (No Charge) shall be entered if bidder intends to furnish individual items at no charge to the Government.

Bids submitted with NB (No Bid), NA (Not Applicable), or blank spaces for an item may be declared nonresponsive.

The Contracting Officer reserves the right to reject any offer that contains prices for individual items of production (whether or not such items are included in the Determination of Award) that are inconsistent or unrealistic in regard to other prices in the same offer or to GPO prices for the same operation if such action would be in the best interest of the Government.

All vouchers submitted to the GPO shall be based on the most economical method of production.

Fractional parts of 1,000 will be prorated at the 1,000 rate.

**I. PRE-PRESS AND DATA PROCESSING:** Prices must include the cost of all required materials and operations for the following operations.

- (a) Data Processing (includes all operations required for “Electronic Pre-Press” and “Reporting” (other than IMb and SD operations), all Mailing Kits and Versions)..... per 1,000 records.....\$ \_\_\_\_\_
- (b) Create Scan Line for CMS-500 and CMS-500ID, Versions A and B ..... per 1,000 records.....\$ \_\_\_\_\_
- (c) Domestic Mail Preparation (includes all IMb and SD operations), all Mailing Kits and Versions..... per 1,000 addresses .....\$ \_\_\_\_\_
- (d) International Mail Preparation, all Mailing Kits and Versions..... per 1,000 addresses .....\$ \_\_\_\_\_

\_\_\_\_\_  
(Initials)

E-MAIL THIS PAGE TO: [INFONORTHEAST@GPO.GOV](mailto:INFONORTHEAST@GPO.GOV)

**SCHEDULE OF PRICES**

**II. PROOFS AND PRIOR-TO-PRODUCTION SAMPLES:** Prices must include the cost of all required materials and operations for the following operations.

- (a) CMS Form Templates (no variable data),  
Versions A and B ..... each proof.....\$ \_\_\_\_\_
- (b) CMS Form Templates (no variable data),  
Versions C and D ..... each proof.....\$ \_\_\_\_\_
- (c) Bill Stuffers, 8-1/2 x 14” trim size with 2 inks,  
Versions A and B ..... each proof.....\$ \_\_\_\_\_
- (d) Bill Stuffers, 8-1/2 x 11” trim size with single ink,  
Versions A and B ..... each proof.....\$ \_\_\_\_\_
- (e) Bill Stuffers, 8-1/2 x 11” trim size with single ink,  
Versions C and D ..... each proof.....\$ \_\_\_\_\_
- (f) Envelopes:
  - (1) Mailing Envelopes, 4-1/8 x 9-1/2” trim size..... each proof.....\$ \_\_\_\_\_
  - (2) Mailing Envelopes, 9 x 12” trim size..... each proof.....\$ \_\_\_\_\_
  - (3) Reply Envelopes, 3-7/8 x 8-7/8” trim size..... each proof.....\$ \_\_\_\_\_
- (g) Prior-to-Production Samples:
  - (1) Mailing Kits 1 and 2 (CMS-500 and CMS-500ID),  
Versions A and B ..... each set.....\$ \_\_\_\_\_
  - (2) Mailing Kits 1 and 2 (CMS-500 and CMS-500ID),  
Versions C and D ..... each set.....\$ \_\_\_\_\_
  - (3) Mailing Kits 2 and 3 (CMS-20143 and CMS-20143ID),  
Versions A and B ..... each set.....\$ \_\_\_\_\_
  - (4) Mailing Kits 2 and 3 (CMS-20143 and CMS-20143ID)  
Versions C and D ..... each set.....\$ \_\_\_\_\_

\_\_\_\_\_  
(Initials)

**E-MAIL THIS PAGE TO: [INFONORTHEAST@GPO.GOV](mailto:INFONORTHEAST@GPO.GOV)**

**SCHEDULE OF PRICES**

**III. PRINTING/IMAGING, CUTTING TO SIZE, AND CONSTRUCTION:** Prices must include the cost of press makeready and running, printing in up to two ink color(s), cutting to size, perforating, and folding. The cost of all required paper (including makeready and running spoilage) must be charged under Item IV.

	<u>Makeready and/or Setup Charges</u> (1)	<u>Running Charges Per 1,000 Copies</u> (2)
1. Version A, Standard Print English and Version B, Standard Print Spanish:		
(a) CMS-500 and CMS-500ID (includes printing Scan Line and perforating and folding forms)..... each form .....	\$ _____	\$ _____
(b) CMS-20143 and CMS-20143ID (includes folding forms)..... each form .....	\$ _____	\$ _____
(c) 8-1/2 x 11” Single Ink Bill Stuffers (includes folding stuffers)..... each stuffer .....	\$ _____	\$ _____
(d) 8-1/2 x 14” Two Ink Bill Stuffers (includes folding stuffers)..... each stuffer .....	\$ _____	\$ _____
2. Version C, Large Print English and Version D, Large Print Spanish:		
(a) CMS Forms..... each form .....	\$ _____	\$ _____
(b) Bill Stuffers, 6 pages..... each stuffer .....	\$ _____	\$ _____
(c) Bill Stuffers, 10 pages..... each stuffer .....	\$ _____	\$ _____
3. Envelopes (includes construction):		
(a) Mailing Envelopes, 4-1/8 x 9-1/2” trim size..... each envelope .....	\$ _____	\$ _____
(b) Mailing Envelopes, 9 x 12” trim size..... each envelope .....	\$ _____	\$ _____
(c) Reply Envelopes, 3-7/8 x 8-7/8” trim size..... each envelope .....	\$ _____	\$ _____

\_\_\_\_\_  
 (Initials)

**E-MAIL THIS PAGE TO: [INFONORTHEAST@GPO.GOV](mailto:INFONORTHEAST@GPO.GOV)**

**SCHEDULE OF PRICES**

**IV. PAPER:** Payment for all paper supplied by the contractor under the terms of these specifications, as ordered on the individual print orders, will be based on the net number of leaves furnished for the product(s) ordered. The cost of any paper required for makeready or running spoilage must be included in the prices offered.

(a) White Uncoated Text, 50 lbs., equal to JCP Code A60:

(1) 8-1/2 x 11" Trim Size ..... per 1,000 leaves.....\$ \_\_\_\_\_

(2) 8-1/2 x 14" Trim Size ..... per 1,000 leaves.....\$ \_\_\_\_\_

(b) White Writing/Wove Envelope, 20 or 24 lbs., equal to JCP Code V20:

(1) 3-7/8 x 8-7/8" trim size ..... per 1,000 envelopes.....\$ \_\_\_\_\_

(2) 4-1/8 x 9-1/2" trim size ..... per 1,000 envelopes.....\$ \_\_\_\_\_

(3) 9 x 12" trim size ..... per 1,000 envelopes.....\$ \_\_\_\_\_

**V. GATHERING, INSERTING, AND PREPARING FOR MAILING:** Prices must include the cost of all required materials and operations except for perforating and folding (chargeable under Item III).

(a) All Mailing Kits, Versions A and B Only  
with or without Reply Envelopes, with  
or without Bill Stuffers.....

per 1,000 mailers .....\$ \_\_\_\_\_

(b) All Mailing Kits, Versions C and D Only  
with or without Reply Envelopes, with  
or without Bill Stuffers.....

per 1,000 mailers .....\$ \_\_\_\_\_

\_\_\_\_\_  
(Initials)

**E-MAIL THIS PAGE TO: [INFONORTHEAST@GPO.GOV](mailto:INFONORTHEAST@GPO.GOV)**



**SCHEDULE OF PRICES**

**SHIPMENT(S):** Shipments will be made from: City \_\_\_\_\_, State \_\_\_\_\_

The city(is) indicated above will be used for evaluation of transportation charges when transportation charges are specified to be a factor in determination of award. If no shipping point is indicated above, it will be deemed that the bidder has selected the city and state shown below in the address block, and the bid will be evaluated and the contract awarded on that basis. If shipment is not made from evaluation point, the contractor will be responsible for any additional shipping costs incurred.

**DISCOUNTS:** Discounts are offered for payment as follows: \_\_\_\_\_ Percent \_\_\_\_\_ calendar days. See Article 12 “Discounts” of Solicitation Provisions in GPO Contract Terms (Publication 310.2).

**AMENDMENT(S):** Bidder hereby acknowledges amendment(s) number(ed) \_\_\_\_\_

**BID ACCEPTANCE PERIOD:** In compliance with the above, the undersigned agree, if this bid is accepted within \_\_\_\_\_ calendar days (60 calendar days unless a different period is inserted by the bidder) from the date for receipt of bids, to furnish the specified items at the price set opposite each item, delivered at the designated points(s), in exact accordance with specifications.

NOTE: Failure to provide a 60-day bid acceptance period may result in expiration of the bid prior to award.

**BIDDER’S NAME AND SIGNATURE:** Unless specific written exception is taken, the bidder, by signing and submitting a bid, agrees with and accepts responsibility for all certifications and representations as required by the solicitation and GPO Contract Terms – Publication 310.2. When responding by email, fill out and return one copy of all pages in “SECTION 4. – SCHEDULE OF PRICES,” including initialing/signing where indicated. Valid electronic signatures will be accepted in accordance with the Uniform Electronic Transactions Act, §2. Electronic signatures must be verifiable of the person authorized by the company to sign bids.

Failure to sign the signature block below may result in the bid being declared non-responsive.

**BIDDER:**

\_\_\_\_\_  
(Contractor Name) (GPO Contractor’s Code)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City – State – Zip Code)

By \_\_\_\_\_  
(Printed Name, Signature, and Title of Person Authorized to Sign this Bid) (Date)

\_\_\_\_\_  
(Person to be Contacted) (Telephone Number) (E-mail)

**LOCATION OF POST OFFICE:** All mailing will be made from the Post Office located at:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

**THIS SECTION FOR GPO USE ONLY**

Contracting Officer Review \_\_\_\_\_ Date \_\_\_\_\_ Certifier \_\_\_\_\_ Date \_\_\_\_\_

**E-MAIL THIS PAGE TO: [INFONORTHEAST@GPO.GOV](mailto:INFONORTHEAST@GPO.GOV)**

---

SECTION 5. – CMS SECURITY SPECIFICATIONS

---

**THE REQUIREMENTS UNDER THIS SECTION WILL BE ADMINISTERED BY A CMS SECURITY REPRESENTATIVE (NAME AND CONTACT INFORMATION WILL BE PROVIDED AT TIME OF AWARD).**

**CMS INFORMATION SECURITY (APR 2013)**

FAR 52.227-14 Rights in Data – General (May 2014).

As prescribed in [27.409\(b\)](#) (1), insert the following clause with any appropriate alternates:

(a) *Definitions.* As used in this clause--

“Computer database” or “database” means a collection of recorded information in a form capable of, and for the purpose of, being stored in, processed, and operated on by a computer. The term does not include computer software.

“Computer software”—

(1) *Means*

- (i) Computer programs that comprise a series of instructions, rules, routines, or statements, regardless of the media in which recorded, that allow or cause a computer to perform a specific operation or series of operations; and
- (ii) Recorded information comprising source code listings, design details, algorithms, processes, flow charts, formulas, and related material that would enable the computer program to be produced, created, or compiled.

(2) Does not include computer databases or computer software documentation.

“Computer software documentation” means owner’s manuals, user’s manuals, installation instructions, operating instructions, and other similar items, regardless of storage medium, that explain the capabilities of the computer software or provide instructions for using the software.

“Data” means recorded information, regardless of form or the media on which it may be recorded. The term includes technical data and computer software. The term does not include information incidental to contract administration, such as financial, administrative, cost or pricing, or management information.

“Form, fit, and function data” means data relating to items, components, or processes that are sufficient to enable physical and functional interchangeability, and data identifying source, size, configuration, mating, and attachment characteristics, functional characteristics, and performance requirements. For computer software it means data identifying source, functional characteristics, and performance requirements but specifically excludes the source code, algorithms, processes, formulas, and flow charts of the software.

“Limited rights” means the rights of the Government in limited rights data as set forth in the Limited Rights Notice of subparagraph (g) (2) if included in this clause.

“Limited rights data” means data, other than computer software, that embody trade secrets or are commercial or financial and confidential or privileged, to the extent that such data pertain to items, components, or processes developed at private expense, including minor modifications.

“Restricted computer software” means computer software developed at private expense and that is a trade secret; is commercial or financial and is confidential or privileged; or is copyrighted computer software, including minor modifications of the computer software.

“Restricted rights,” as used in this clause, means the rights of the Government in restricted computer software, as set forth in a Restricted Rights Notice of paragraph (g) if included in this clause, or as otherwise may be provided in a collateral agreement incorporated in and made part of this contract, including minor modifications of such computer software.

“Technical data” means recorded information (regardless of the form or method of the recording) of a scientific or technical nature (including computer databases and computer software documentation). This term does not include computer software or financial, administrative, cost or pricing, or management data or other information incidental to contract administration. The term includes recorded information of a scientific or technical nature that is included in computer databases (See 41 U.S.C. 116).

“Unlimited rights” means the right of the Government to use, disclose, reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly, in any manner and for any purpose, and to have or permit others to do so.

(b) *Allocation of rights.*

- (1) Except as provided in paragraph (c) of this clause, the Government shall have unlimited rights in—
  - (i) Data first produced in the performance of this contract;
  - (ii) Form, fit, and function data delivered under this contract;
  - (iii) Data delivered under this contract (except for restricted computer software) that constitute manuals or instructional and training material for installation, operation, or routine maintenance and repair of items, components, or processes delivered or furnished for use under this contract; and
  - (iv) All other data delivered under this contract unless provided otherwise for limited rights data or restricted computer software in accordance with paragraph (g) of this clause.
- (2) The Contractor shall have the right to—
  - (i) Assert copyright in data first produced in the performance of this contract to the extent provided in paragraph (c) (1) of this clause;
  - (ii) Use, release to others, reproduce, distribute, or publish any data first produced or specifically used by the Contractor in the performance of this contract, unless provided otherwise in paragraph (d) of this clause;
  - (iii) Substantiate use of, add or correct limited rights, restricted rights, or copyright notices and to take other appropriate action, in accordance with paragraphs (e) and (f) of this clause; and
  - (iv) Protect from unauthorized disclosure and use those data that are limited rights data or restricted computer software to the extent provided in paragraph (g) of this clause.

(c) *Copyright—*

- (1) *Data first produced in the performance of this contract.*
  - (i) Unless provided otherwise in paragraph (d) of this clause, the Contractor may establish, without prior approval of the Contracting Officer, claim to copyright in scientific and technical articles based on or containing data first produced in the performance of this contract and published in academic, technical or professional journals, symposia proceedings or similar works. The prior, express written permission of the Contracting Officer is required to assert copyright in all other data first produced in the performance of this contract.
  - (ii) When authorized to assert copyright to the data, the Contractor shall affix the applicable copyright notices of 17 U.S.C. 401 or 402, and acknowledgment of Government sponsorship (including contract number).
  - (iii) For data other than computer software, the Contractor grants to the Government, and others acting on its behalf, a paid-up, nonexclusive, irrevocable worldwide license in such copyrighted data to reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly, by or on behalf of the Government. For computer software, the Contractor grants to the Government and others acting on its behalf, a paid-up nonexclusive, irrevocable worldwide license in such copyrighted computer software to reproduce, prepare derivative works, and perform publicly and display publicly (but not to distribute copies to the public) by or on behalf of the Government.

- (2) *Data not first produced in the performance of this contract.* The Contractor shall not, without prior written permission of the Contracting Officer, incorporate in data delivered under this contract any data not first produced in the performance of this contract unless the Contractor—
- (i) Identifies the data; and
  - (ii) Grants to the Government, or acquires on its behalf, a license of the same scope as set forth in subparagraph (c) (1) of this clause or; if such data are restricted computer software, the Government shall acquire a copyright license as set forth in subparagraph (g) (4) of this clause (if included in this contract) or as otherwise provided in a collateral agreement incorporated in or made part of this contract.
- (3) *Removal of copyright notices.* The Government will not remove any authorized copyright notices placed on data pursuant to this paragraph (c), and will include such notices on all reproductions of the data.
- (d) *Release, publication and use of data.* The Contractor shall have the right to use, release to others, reproduce, distribute, or publish any data first produced or specifically used by the Contractor in the performance of this contract, except—
- (1) As *prohibited* by Federal law or regulation (e.g., export control or national security laws or regulations);
  - (2) As expressly set forth in this contract; or
  - (3) *If the Contractor* receives or is given access to data necessary for the performance of this contract which contain restrictive markings, the Contractor shall treat the data in accordance with such markings unless otherwise specifically authorized otherwise in writing by the Contracting Officer.
- (e) *Unauthorized marking of data.*
- (1) *Notwithstanding* any other provisions of this contract concerning inspection or acceptance, if any data delivered under this contract are marked with the notices specified in paragraph (g) (3) or (g) (4) of this clause and use of the notices is not authorized by this clause, or if such data bears any other restrictive or limiting markings not authorized by this contract, the Contracting Officer may at any time either return the data to the Contractor, or cancel or ignore the markings. However, pursuant to 41 U.S.C. 4703, the following procedures shall apply prior to canceling or ignoring the markings.
    - (i) The Contracting Officer will make written inquiry to the Contractor affording the Contractor 60 days from receipt of the inquiry to provide written justification to substantiate the propriety of the markings;
    - (ii) If the Contractor fails to respond or fails to provide written justification to substantiate the propriety of the markings within the 60-day period (or a longer time approved in writing by the Contracting Officer for good cause shown), the Government shall have the right to cancel or ignore the markings at any time after said period and the data will no longer be made subject to any disclosure prohibitions.
  - (iii) If the Contractor provides written justification to substantiate the propriety of the markings within the period set in subdivision (e) (1) (i) of this clause, the Contracting Officer will consider such written justification and determine whether or not the markings are to be canceled or ignored. If the Contracting Officer determines that the markings are authorized, the Contractor will be so notified in writing. If the Contracting Officer determines, with concurrence of the head of the contracting activity, that the markings are not authorized, the Contracting Officer will furnish the Contractor a written determination, which determination shall become the final agency decision regarding the appropriateness of the markings unless the Contractor files suit in a court of competent jurisdiction within 90 days of receipt of the Contracting Officer's decision. The Government shall continue to abide by the markings under this paragraph (e) (1) (iii) until final resolution of the matter either by the Contracting Officer's determination becoming final (in which instance the Government will thereafter have the right to cancel or ignore the markings at any time and the data will no longer be made subject to any disclosure prohibitions), or by final disposition of the matter by court decision if suit is filed.
- (2) The time limits in the procedures set forth in subparagraph (e) (1) of this clause may be modified in accordance with agency regulations implementing the Freedom of Information Act (5 U.S.C. 552) if necessary to respond to a request thereunder.

- (3) Except to the extent the Government's action occurs as the result of final disposition of the matter by a court of competent jurisdiction, the Contractor is not precluded by paragraph (e) of this clause from bringing a claim, in accordance with the Disputes clause of this contract, that may arise as a result of the Government removing or ignoring authorized markings on data delivered under this contract.

(f) *Omitted or incorrect markings.*

- (1) Data delivered to the Government without any restrictive markings shall be deemed to have been furnished with unlimited rights. The Government is not liable for the disclosure, use, or reproduction of such data.
- (2) If the unmarked data has not been disclosed without restriction outside the Government, the Contractor may request, within 6 months (or a longer time approved by the Contracting Officer in writing for good cause shown) after delivery of such data, permission to have authorized notices placed on qualifying data at the Contractor's expense, and the Contracting Officer may agree to do so if the Contractor—
  - (i) Identifies the data to which the omitted notice is to be applied;
  - (ii) Demonstrates that the omission of the notice was inadvertent;
  - (iii) Establishes that the use of the proposed notice is authorized; and
  - (iv) Acknowledges that the Government has no liability for the disclosure, use, or reproduction of any data made prior to the addition of the notice or resulting from the omission of the notice.
- (3) If data has been marked with an incorrect notice, the Contracting Officer may—
  - (i) Permit correction of the notice at the Contractor's expense if the Contractor identifies the data and demonstrates that the correct notice is authorized, or
  - (ii) Correct any incorrect notices.

(g) *Protection of limited rights data and restricted computer software.*

- (1) The Contractor may withhold from delivery qualifying limited rights data or restricted computer software that are not data identified in paragraphs (b) (1) (i), (ii), and (iii) of this clause. As a condition to this withholding, the Contractor shall—
  - (i) Identify the data being withheld; and
  - (ii) Furnish form, fit, and function data instead.
- (2) Limited rights data that are formatted as a computer database for delivery to the Government shall be treated as limited rights data and not restricted computer software.

(3) [Reserved]

- (h) *Subcontracting.* The Contractor shall obtain from its subcontractors all data and rights therein necessary to fulfill the Contractor's obligations to the Government under this contract. If a subcontractor refuses to accept terms affording the Government such rights, the Contractor shall promptly notify the Contracting Officer of the refusal and shall not proceed with the subcontract award without authorization in writing from the Contracting Officer.
- (i) *Relationship to patents or other rights.* Nothing contained in this clause shall imply a license to the Government under any patent or be construed as affecting the scope of any license or other right otherwise granted to the Government.

(end of clause)

All CMS information shall be protected from unauthorized access, use, disclosure, duplication, modification, diversion, or destruction, whether accidental or intentional, in order to maintain the security, confidentiality, integrity, and availability of such information. Therefore, if this contract requires the contractor to provide services (both commercial and non-commercial) for Federal Information/Data, to include any of the following requirements:

- Process any Information/Data; or
- Store any Information/Data (includes “Cloud” computing services); or
- Facilitate the transport of Information/Data; or
- Host/maintain Information/Data (including software and/or infrastructure developer/maintainers); or
- Have access to, or use of, Personally Identifiable Information (PII), including instances of remote access to, or physical removal of, such information beyond agency premises or control,

The contractor shall become and remain compliant with the requirements set forth at the CMS Information Security website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Info-Security-Library-Items/CMS-Information-Security-Contract-Clause-Provision.html>. The requirements cover **all** CMS contracts and associated deliverables, which are required on a “per contractor” basis.

The contractor shall ensure that the following Federal information security standards are met for all of its CMS contracts:

**Federal Information Security Management Act (FISMA)** – FISMA information can be found at <http://csrc.nist.gov/groups/SMA/fisma/index.html>. FISMA requires each Federal agency to develop, document, and implement an agency-wide program to provide information security for the information and information systems that support the operations and assets of the agency, including those provided or managed by another agency, contractor, or other source; and,

**Federal Risk and Authorization Management Program (FedRAMP)** – FedRAMP information can be found at <http://www.gsa.gov/portal/category/102371>. The FedRAMP is a government-wide program that provides a standardized approach to security assessment, authorization, and continuous monitoring for cloud products and services.

The Contractor shall include in all awarded subcontracts the FISMA/FedRAMP compliance requirements set forth at the CMS Information Security website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Info-Security-Library-Items/CMS-Information-Security-Contract-Clause-Provision.html>.

**HIPAA BUSINESS ASSOCIATE CLAUSE (OCT 2014)**

All Protected Health Information (PHI), as defined in 45 C.F.R. §160.103, that is relevant to this Contract, shall be administered in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA,” 42 U.S.C. § 1320d), as amended, as well as the corresponding implementing regulations and this HIPAA Business Associate Clause.

**a. Definitions:**

All terms used herein and not otherwise defined, shall have the same meaning as in HIPAA, as amended, and the corresponding implementing regulations. Non-HIPAA related provisions governing the Contractor’s duties and obligations, such as those under the Privacy Act and any applicable data use agreements, are generally covered elsewhere in the Contract.

The following definitions apply to this Contract Clause:

“**Business Associate**” shall mean the Contractor (and/or the Contractor’s subcontractors or agents) if/when it uses individually identifiable health information on behalf of CMS, i.e. PHI, to carry out CMS’ HIPAA-covered functions.

“**Covered Entity**” shall mean the portions of CMS that are subject to the HIPAA Privacy Rule.

“**Secretary**” shall mean the Secretary of the Department of Health & Human Services or the Secretary’s designee.

**b. Obligations and Activities of Business Associate:**

Except as otherwise provided in this Contract, Business Associate, as defined above, shall only use or disclose PHI on behalf of, or to provide services to, Covered Entity in accordance with this Contract and the HIPAA Privacy and Security Rules.

Business Associate shall document in writing the policies and procedures that will be used to meet HIPAA requirements. The policies and procedures shall include the following, at a minimum:

1. Business Associate shall not:

- i. Use or disclose PHI that is created, received, maintained or transmitted by Business Associate from, or on behalf of, Covered Entity other than as permitted or required by this Contract or as required by law;
- ii. Sell PHI; or,
- iii. Threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual for:
  - A. Filing a complaint under 45 CFR § 160.306;
  - B. Testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under 45 CFR Part 160; or
  - C. Opposing any act or practice that is unlawful under HIPAA, provided there is a good faith belief that the practice is unlawful, the manner of opposition is reasonable, and the opposition does not involve the disclosure of PHI in violation of subpart E of Part 164.

2. Business Associate shall:

- i. Have a security official who will be responsible for development and implementation of its security policies and procedures, including workforce security measures, to ensure proper security awareness and training (including security incident response and reporting), and security incident procedures, in accordance with this Contract, including this HIPAA Business Associate Clause and the Contract’s clause entitled “CMS Information Security.”
- ii. Use administrative, physical and technical safeguards to prevent use or disclosure of PHI created, received, maintained or transmitted by Business Associate from, or on behalf of Covered Entity only as provided for by this Contract. In doing so, it shall implement policies and procedures to address the following and, where applicable, ensure that such policies and procedures are also in conformance with this Contract’s clause entitled “CMS Information Security:”

- A. Prevent, detect, contain and correct security violations through the use of:
    - a. Risk analyses (including periodic technical and nontechnical evaluations);
    - b. Appropriate risk management strategies, including system activity review;
    - c. Information access procedures for approving individual's access rights to PHI (including the implementation of workforce security measures to ensure continued appropriate role-based access to PHI), and technical policies and procedures to ensure compliance with grants of access (including unique user identification and tracking of users) and;
    - d. The imposition of sanctions for violations.
  - B. Limit physical access to its electronic information systems and the facility or facilities in which they are housed.
  - C. Implement policies, procedures and physical security measures that will limit access to PHI through workstations and other devices, including access through mobile devices.
  - D. Implement media controls covering the movement of devices containing PHI within or outside of the Business Associate's facility as well as the disposal and reuse of media containing PHI.
  - E. Implement appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability (including the use of contingency plans) of any electronic protected health information ("E PHI") it creates, receives, maintains or transmits from, or on behalf of the Covered Entity to prevent impermissible use, disclosure, maintenance or transmission of such E PHI. In the establishment of such safeguards, Business Associate shall consider its size, complexity and capabilities, as well as its technical infrastructure, and its hardware and software security capabilities.
- iii. Assess, and implement, where appropriate, any addressable implementation specifications associated with applicable PHI security standards.
  - iv. Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Contract.
  - v. Comply with the following Incident Reporting:
    - A. Report to Covered Entity any security incident/breach involving unsecured PHI, of which it becomes aware, including those of its agents and subcontractors. The Business Associate shall report any violation of the terms of this contract involving PHI and any security incidents/breaches involving unsecured PHI to CMS within one (1) hour of discovery in accordance with the CMS Risk Management Handbook (RMH), specifically "RMH Vol II Procedure 7-2 Incident Handling Procedure" and "RMH Vol III Standard 7-1 Incident Handling." These procedures can be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Information-Security-Library.html>. In addition, the Business Associate will also notify the CMS Contracting Officer and the Contracting Officer's Representative (COR) by e-mail within one (1) hour of identifying such violation or incident.
    - B. Upon Covered Entity's knowledge of any material security incident/breach by Business Associate, Covered Entity will provide an opportunity for Business Associate to cure the breach or end the violation consistent with the termination clause of this Contract. *See also* paragraph D. Term of Clause below.
  - vi. Ensure that any agent or subcontractor agrees through a written contract, or other legally enforceable arrangement, to the same restrictions and conditions that apply through this HIPAA Contract Clause, when creating, receiving, maintaining or transmitting PHI from, or on behalf of, Covered Entity.
  - vii. Upon Covered Entity's request:
    - A. Provide the Covered Entity or its designee with access to the PHI created, received, maintained or transmitted by Business Associate from or on behalf of the Covered Entity in the course of contract performance in order to ensure Covered Entity's ability to meet the requirements under 45 CFR § 164.524.
    - B. Amend PHI as Covered Entity directs or agrees to pursuant to 45 CFR §164.526.
  - viii. Make its facilities and any books, records, accounts, and any sources of PHI, including any policies and procedures, that are pertinent to ascertaining its own compliance with this contract or the Covered Entity's compliance with the applicable HIPAA requirements, available to Covered Entity, or, in the context of an investigation or compliance review, to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the various rules implementing the HIPAA.



- ix. Document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.
- x. Provide to Covered Entity, or an individual identified by the Covered Entity, information collected under this Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.
- xi. Make reasonable efforts to limit the PHI it uses, discloses or requests to the minimum necessary to accomplish the intended purpose of the permitted use, disclosure or request.

**c. Obligations of Covered Entity**

Covered Entity shall notify Business Associate of any:

1. Limitation(s) in its Notice of Privacy Practices in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI;
2. Changes in, or revocation of, permission by an Individual to use or disclose their PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI; and,
3. Restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

**d. Term of Clause**

1. The term of this Clause shall be effective as of date of Contract award, and shall terminate when all of the PHI provided to Business Associate by the Covered Entity or a Business Associate of the Covered Entity, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity in accordance with "CMS Information Security" procedures. Business Associate shall not retain any PHI.
2. Security Incident/Breach:

Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall take action consistent with the terms of this Contract, and, as appropriate, the following:

- i. Federal Acquisition Regulation (FAR) Contracts – Covered Entity may:
  - A. Terminate this Contract in accordance with FAR Part 49, Termination of Contracts, if the Business Associate does not cure the security incident/breach within the time specified by Covered Entity and/or cure is not possible; or,
  - B. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- ii. Other Agreements –Covered Entity shall either:
  - A. Provide an opportunity for Business Associate to cure the breach or end the violation consistent with the termination terms of this Contract. Covered Entity may terminate this Contract for default if the Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or,
  - B. Consistent with the terms of this Contract, terminate this Contract for default if Business Associate has breached a material term of this Contract and cure is not possible; or,
  - C. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
3. Returning or Destroying PHI:

Business Associate, as defined above, which includes subcontractors or agents of the Contractor, shall:

- i. Upon expiration or termination of this Contract, for any reason, return or destroy all PHI received from Covered Entity or another Business Associate of the Covered Entity, as well as any PHI created, received, maintained or transmitted from or on behalf of Covered Entity, or another Business Associate of the Covered Entity, in accordance with this contract, including the "CMS Information Security" clause.

- ii. In the event that Business Associate determines that returning or destroying the PHI is infeasible, provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon such notice that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Contract to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

**e. Miscellaneous**

1. A reference in this Contract to a section in the Rules issued under HIPAA means the section as in effect or as amended.
2. The respective rights and obligations of Business Associate under paragraph D.3.b of the section entitled "Term of Clause" shall survive the termination of this Contract.

Any ambiguity in this Contract clause shall be resolved to permit Covered Entity to comply with the Rules implemented under HIPAA.

CMS SPECIFIC PROVISIONS FOR HIGH VISIBILITY/HIGH PUBLIC INTEREST CONTRACTS (OCT 2013)

**OPEN GOVERNMENT PROACTIVE PREDISCLOSURE NOTIFICATION (OCT 2013)**

In order to reduce the administrative burden of responding to Freedom of Information Act (FOIA) requests for high visibility/high public interest contracts throughout contract administration, the Contractor shall submit its review of the awarded contract (and contract modifications, if requested) for FOIA disclosure exemptions within thirty (30) calendar days of contract award. The review will substantiate "...Trade secrets and commercial or financial information obtained from a person and privileged or confidential..." information, in accordance with 5 U.S.C. §552 FOIA, Exemption (b)(4), which could reasonably be expected to cause substantial competitive harm.

**Submissions:** The Contractor shall submit one (1) Compact Disc (CD) or Digital Video Disc (DVD) with all 5 U.S.C. §552 FOIA, Exemption (b)(4), "...Trade Secrets, Commercial or Financial Information Which is Privileged or Confidential..." otherwise known as public release/non-Confidential Business Information (non-CBI), with the information identified as follows:

- a. **CBI Highlighted Copy of Contract:** One copy of the contract with all CBI highlighted for CMS FOIA review.
- b. **Contractor Proposed Redacted Public Release Copy of Contract:** An additional copy of the contract will be provided for public release with all the identified information redacted. Redactions shall be made using "black" boxes, which cannot be removed or uncovered by a reader.
- c. **Pre-Disclosure Concerns - Comments/Rationale for Non-Disclosure of Trade Secrets, Commercial or Financial Information Which is Privileged or Confidential:** The Contractor shall provide, in a separate file, rationale for why disclosure of "...Trade Secrets, Commercial or Financial Information Which is Privileged or Confidential..." would cause the Contractor organization substantial competitive harm if disclosed to other entities. Rationale shall be provided for each individual recommended redaction. Generalized conclusions of competitive harm are not a sufficient basis for the CMS FOIA office to invoke the exemption and thereby protect the Contractor's interest.

All CD/DVDs shall be mailed to the CMS FOIA Officer (address below) within thirty (30) calendar days of contract award and within thirty (30) calendar days of a CMS request, i.e. existing or modified contracts. All CD/DVD files shall be submitted as Portable Document Format (.pdf) files.

**CD/DVD and File Naming Conventions:** The Contractor shall name the CD/DVD with the Contract Number and utilize the following CD/DVD file naming conventions:

- HHSM-500-2013-xxxxxx – Highlighted
- HHSM-500-2013-xxxxxx – Redacted
- HHSM-500-2013-xxxxxx – Pre-Disclosure Concerns

CD/DVD shall be mailed to the CMS FOIA Officer at:

Centers for Medicare & Medicaid Services  
Freedom of Information Act Office  
ATTN: CMS FOIA Officer  
Mailstop: N2-20-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Copy Correspondence Only (No CD/DVD):  
Contracting Officer  
Contracting Officer's Representative (COR)

It should be noted that the CMS FOIA Office makes the final determination as to what information is released to the public, after considering any feedback from OAGM and/or the Contractor.

**CMS SECURITY CLAUSE**

**FAR 52.204-9 Personal Identity Verification of Contractor Personnel.**

As prescribed in [4.1303](#), insert the following clause:

PERSONAL IDENTITY VERIFICATION OF CONTRACTOR PERSONNEL (JAN 2011)

- (a) The Contractor shall comply with agency personal identity verification procedures identified in the contract that implement Homeland Security Presidential Directive-12 (HSPD-12), Office of Management and Budget (OMB) guidance M-05-24 and Federal Information Processing Standards Publication (FIPS PUB) Number 201.
- (b) The Contractor shall account for all forms of Government-provided identification issued to the Contractor employees in connection with performance under this contract. The Contractor shall return such identification to the issuing agency at the earliest of any of the following, unless otherwise determined by the Government:
  - (1) When no longer needed for contract performance.
  - (2) Upon completion of the Contractor employee's employment.
  - (3) Upon contract completion or termination.
- (c) The Contracting Officer may delay final payment under a contract if the Contractor fails to comply with these requirements.
- (d) The Contractor shall insert the substance of this clause, including this paragraph (d), in all subcontracts when the subcontractor's employees are required to have routine physical access to a Federally-controlled facility and/or routine access to a Federally-controlled information system. It shall be the responsibility of the prime Contractor to return such identification to the issuing agency in accordance with the terms set forth in paragraph (b) of this section, unless otherwise approved in writing by the Contracting Officer.

(End of clause)

**FAR 52.222-54 Employment Eligibility Verification.**

As prescribed in [22.1803](#), Insert the following clause:

EMPLOYMENT ELIGIBILITY VERIFICATION (OCT 2015)

- (a) Definitions. As used in this clause—
  - “Commercially available off-the-shelf (COTS) item”—
    - (1) Means any item of supply that is—
      - (i) A commercial item (as defined in paragraph (1) of the definition at [2.101](#));
      - (ii) Sold in substantial quantities in the commercial marketplace; and
      - (iii) Offered to the Government, without modification, in the same form in which it is sold in the commercial marketplace; and
    - (2) Does not include bulk cargo, as defined in [46 U.S.C. 40102 \(4\)](#), such as agricultural products and petroleum products. Per 46 CFR 525.1 (c) (2), “bulk cargo” means cargo that is loaded and carried in bulk onboard ship without mark or count, in a loose unpackaged form, having homogenous characteristics. Bulk cargo loaded into intermodal equipment, except LASH or Seabee barges, is subject to mark and count and, therefore, ceases to be bulk cargo.

“Employee assigned to the contract” means an employee who was hired after November 6, 1986 (after November 27, 2009 in the Commonwealth of the Northern Mariana Islands), who is directly performing work, in the United States, under a contract that is required to include the clause prescribed at [22.1803](#). An employee is not considered to be directly performing work under a contract if the employee—

- (1) Normally performs support work, such as indirect or overhead functions; and
- (2) Does not perform any substantial duties applicable to the contract.

“Subcontract” means any contract, as defined in [2.101](#), entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract. It includes but is not limited to purchase orders, and changes and modifications to purchase orders.

“Subcontractor” means any supplier, distributor, vendor, or firm that furnishes supplies or services to or for a prime Contractor or another subcontractor.

“United States”, as defined in [8 U.S.C. 1101 \(a\) \(38\)](#), means the 50 States, the District of Columbia, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands.

(b) Enrollment and verification requirements.

- (1) If the Contractor is not enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall—
  - (i) Enroll. Enroll as a Federal Contractor in the E-Verify program within 30 calendar days of contract award;
  - (ii) Verify all new employees. Within 90 calendar days of enrollment in the E-Verify program, begin to use E-Verify to initiate verification of employment eligibility of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire (but see paragraph (b) (3) of this section); and
  - (iii) Verify employees assigned to the contract. For each employee assigned to the contract, initiate verification within 90 calendar days after date of enrollment or within 30 calendar days of the employee’s assignment to the contract, whichever date is later (but see paragraph (b) (4) of this section).
- (2) If the Contractor is enrolled as a Federal Contractor in E-Verify at time of contract award, the Contractor shall use E-Verify to initiate verification of employment eligibility of—
  - (i) All new employees.
    - (A) Enrolled 90 calendar days or more. The Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire (but see paragraph (b) (3) of this section); or
    - (B) Enrolled less than 90 calendar days. Within 90 calendar days after enrollment as a Federal Contractor in E-Verify, the Contractor shall initiate verification of all new hires of the Contractor, who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire (but see paragraph (b) (3) of this section); or
  - (ii) Employees assigned to the contract. For each employee assigned to the contract, the Contractor shall initiate verification within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever date is later (but see paragraph (b) (4) of this section).
- (3) If the Contractor is an institution of higher education (as defined at [20 U.S.C. 1001 \(a\)](#)); a State or local government or the government of a Federally recognized Indian tribe; or a surety performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond, the Contractor may choose to verify only employees assigned to the contract, whether existing employees or new hires. The Contractor shall follow the applicable verification requirements at (b) (1) or (b) (2) respectively, except that any requirement for verification of new employees applies only to new employees assigned to the contract.

- (4) Option to verify employment eligibility of all employees. The Contractor may elect to verify all existing employees hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), rather than just those employees assigned to the contract. The Contractor shall initiate verification for each existing employee working in the United States who was hired after November 6, 1986 (after November 27, 2009, in the Commonwealth of the Northern Mariana Islands), within 180 calendar days of—
- (i) Enrollment in the E-Verify program; or
  - (ii) Notification to E-Verify Operations of the Contractor's decision to exercise this option, using the contact information provided in the E-Verify program Memorandum of Understanding (MOU).
- (5) The Contractor shall comply, for the period of performance of this contract, with the requirements of the E-Verify program MOU.
- (i) The Department of Homeland Security (DHS) or the Social Security Administration (SSA) may terminate the Contractor's MOU and deny access to the E-Verify system in accordance with the terms of the MOU. In such case, the Contractor will be referred to a suspension or debarment official.
  - (ii) During the period between termination of the MOU and a decision by the suspension or debarment official whether to suspend or debar, the Contractor is excused from its obligations under paragraph (b) of this clause. If the suspension or debarment official determines not to suspend or debar the Contractor, then the Contractor must reenroll in E-Verify.
- (c) Web site. Information on registration for and use of the E-Verify program can be obtained via the Internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.
- (d) Individuals previously verified. The Contractor is not required by this clause to perform additional employment verification using E-Verify for any employee—
- (1) Whose employment eligibility was previously verified by the Contractor through the E-Verify program;
  - (2) Who has been granted and holds an active U.S. Government security clearance for access to confidential, secret, or top secret information in accordance with the National Industrial Security Program Operating Manual; or
  - (3) Who has undergone a completed background investigation and been issued credentials pursuant to Homeland Security Presidential Directive (HSPD)-12, Policy for a Common Identification Standard for Federal Employees and Contractors.
- (e) Subcontracts. The Contractor shall include the requirements of this clause, including this paragraph (e) (appropriately modified for identification of the parties), in each subcontract that—
- (1) Is for—
    - (i) Commercial or noncommercial services (except for commercial services that are part of the purchase of a COTS item (or an item that would be a COTS item, but for minor modifications), performed by the COTS provider, and are normally provided for that COTS item); or
    - (ii) Construction;
  - (2) Has a value of more than \$3,500; and
  - (3) Includes work performed in the United States.

(End of clause)

**CMS SECURITY CLAUSE (APR 2016)**

**a. Applicability**

In accordance with OMB Memorandum M-05-24, Implementation of Homeland Security Presidential Directive 12 (HSPD-12): Policy for a Common Identification Standard for Federal Employees and Contractors, dated August 27, 2004, and Federal Information Processing Standard (FIPS) PUB Number 201-2, Personal Identity Verification (PIV) of Federal Employees and Contractors, CMS must achieve appropriate security assurance for multiple applications by efficiently verifying the claimed identity of individuals seeking physical access to Federally controlled government facilities and/or logical access to federally controlled information systems. Contractors that require routine physical access to a CMS facility and/or routine access to a CMS federally controlled information system will be required to obtain a CMS issued PIV, PIV-I or Locally Based Physical Access card. FIPS PUB 201-2 specifies the architecture and technical requirements for a common identification standard for Federal employees and Contractors.

When a PIV or PIV-I card is provided, it shall be used in conjunction with a compliant card reader and middleware for logical system access. The Contractor shall (1) Include FIPS 201-2 compliant, HSPD-12 card readers with the purchase of servers, desktops, and laptops; and (2) comply with FAR 52.204-9, Personal Identity Verification of Contractor Personnel.

**b. Definitions**

“Agency Access” means access to CMS facilities, sensitive information, information systems or other CMS resources.

“Applicant” is a Contractor employee for whom the Contractor submits an application for a CMS identification card.

“Contractor Employee” means prime Contractor and subcontractor employees who require agency access to perform work under a CMS contract.

“Official station”— As defined by Federal Travel Regulations, an area defined by the agency that includes the location where the employee regularly performs his or her duties or an invitational traveler’s home or regular place of business. The area may be a mileage radius around a particular point, a geographic boundary, or any other definite domain, provided no part of the area is more than 50 miles from where the employee regularly performs his or her duties or from an invitational traveler’s home or regular place of business. If the employee’s work involves recurring travel or varies on a recurring basis, the location where the work activities of the employee’s position of record are based is considered the regular place of work.

“Federal Identification Card” (or “ID card”) means a federal government issued or accepted identification card such as a Personal Identity Verification (PIV) card, Personal Identity Verification-Interoperable (PIV-I) card, or a Local-Based Physical Access Card issued by CMS, or a Local-Based Physical Access Card issued by another Federal agency and approved by CMS. “Issuing Office” means the CMS entity that issues identification cards to Contractor employees.

“Locally Based Physical Access Card” means an access Card that is graphically personalized for visual identification, that does not contain an embedded computer chip, and is only used for physical access.

“Local Security Servicing Organization” means the CMS entity that provides security services to the CMS organization sponsoring the contract, Division of Physical Security and Strategic Information (DPSSI).

“Logical Access” means the ability for the Contractor to interact with CMS information systems, databases, digital infrastructure, or data via access control procedures such as identification, authentication, and authorization.

“Personal Identity Verification (PIV) card,” as defined in FIPS PUB 201-2, is a physical artifact (e.g., identity card, “smart” card) issued to an individual that contains a PIV Card Application which stores identity credentials (e.g., photograph, cryptographic keys, digitized fingerprint representation) so that the claimed identity of the cardholder can be verified against the stored credentials by another person (human readable and verifiable) or an automated process (computer readable and verifiable).

“Personal Identity Verification-Interoperable (PIV-I) card” similar to a PIV card, is a physical artifact (e.g., identity card, “smart” card) issued to an individual that contains a PIV Card Application which stores identity credentials (e.g., photograph, cryptographic keys, digitized fingerprint representation) so that the claimed identity of the cardholder can be verified against the stored credentials by another person (human readable and verifiable) or an automated process (computer readable and verifiable). PIV-I cards are issued by a non-federal government entity to non-federal government staff. PIV-I cards are issued in a manner that allows federal relying parties to trust the cards. The PIV-I cards uses the same standards of vetting and issuance developed by the U.S. government for its employees

**c. Screening of Contractor Employees**

**i. Contractor Screening of Applicants**

1. **Contractor Responsibility:** The Contractor shall pre-screen individuals designated for employment under any CMS contract by verifying minimum suitability requirements to ensure that only qualified candidates are considered for contract employment. At the discretion of the government, the government reserves the right to request and/or review Contractor employee vetting processes. The federal minimum suitability requirements can be found below in section (c) (2)—Suitability Requirements, and are also contained in 5 CFR 731.202. The Contractor shall exercise due diligence in pre-screening all employees prior to submission to CMS for agency access.
2. **Alien Status:** The Contractor shall monitor an alien’s (foreign nationals) continued authorization for employment in the United States. If requested by the Agency, the Contractor shall provide documentation to the Contracting Officer (CO) or the Contracting Officer’s Representative (COR) that validates that the Employment Eligibility Verification (e-Verify) requirement has been met for each Contractor or sub-Contractor employee working on the contract in accordance with Federal Acquisition Regulation (FAR) 52.222-54 – Employment Eligibility Verification.
3. **Residency Requirement:** All CMS Contractor applicants shall have lived in the United States at least three (3) out of the last five (5) years prior to submitting an application for a Federal ID Card. CMS will process background investigations for foreign nationals in accordance with Office of Personnel Management (OPM) guidance. Contractor employees who worked for the U.S. Government as an employee overseas in a Federal or military capacity; and/or been a dependent of a U.S. Federal or military employee serving overseas, must be able to provide state-side reference coverage. State-side coverage information is required to make a suitability or security determination. Examples of state-side coverage information include: the state-side address of the company headquarters where the applicant’s personnel file is located, the state-side address of the Professor in charge of the applicant’s “Study Abroad” program, the religious organization, charity, educational, or other non-profit organization records for the applicant’s overseas missions, and/or the state-side addresses of anyone who worked or studied with the applicant while overseas.
4. **Selective Service Registration:** All males born after December 31, 1959, must meet the Federal Selective Service System requirements as established on [www.sss.gov](http://www.sss.gov).

**ii. Identification Card Application Process**

**ID Card Sponsor:** The CMS Contracting Officer’s Representative (COR) will be the CMS ID card Sponsor and point of contact for the Contractor’s application for a CMS ID card. The COR will review and approve/deny the HHS ID Badge Request before the form is submitted to the CMS, Office of Support Services and Operations, (OSSO), Division of Personnel Security Services (DPS), for processing. If approved, an applicant may be issued either a Personal Identity Verification (PIV) or PIV- I card that meets the standards of HSPD-12 or a Local-Based Physical Access Card.

**Contractor Application Required Submissions:** All applicants shall submit an HHS ID Badge Request form for issuance of a Federal ID Card. Unless otherwise directed by the ID Card Sponsor or DPS, applicants are required to electronically submit the request form via CMS’ Enterprise User Administration (EUA) Electronic Front-end Interface (EFI) system, which is located at <https://eua.cms.gov/efi>. To assist users with the application process, a user’s guide is located at: <https://www.cms.gov/About-CMS/Contracting-With-CMS/ContractingGeneralInformation/Contracting-Policy-and-Resources.html>.

The EUA users guide link should be used to obtain the most current instructional guidance.



**PIV Training:** Contractors who need PIV or PIV-I card shall complete HHS PIV Applicant Training, which is found at <https://www.cms.gov/About-CMS/Contracting-With-CMS/ContractingGeneralInformation/Contracting-Policy-and-Resources.html>. A copy of the completion certificate shall be included with the EFI application.

**CMS Applicant Evaluations:** CMS will evaluate an applicant's required access level. Once the review is complete and accepted for further processing, the applicant will be contacted by DPS to submit the below information, as applicable.

1. **e-QIP:** Contractor employees will be required to submit information into e-QIP, a web-based automated system that is designed to facilitate the processing of standard investigative forms used when conducting background investigations for Federal security, suitability, fitness and credentialing purposes.
2. **Fingerprints:** Instructions for obtaining fingerprints will be provided by CMS, OSSO, DPS.
3. **OF 306:** Contractor employees may be required to complete the Optional Form (OF) 306, Declaration for Federal Employment which can be found at [https://www.opm.gov/forms/pdf\\_fill/of306.PDF](https://www.opm.gov/forms/pdf_fill/of306.PDF).
4. **Access to Restricted Area(s):** The CMS COR will initiate all Federal ID card holders' physical access requests via Physical Access Control System (PACS) Central at <https://pam.cms.local>.

**Suitability Requirements:** CMS may decline to grant agency access to a Contractor employee including, but not limited to, any of the criteria cited below:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of 5 CFR 731.202;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

**Badge Issuance:** Upon approval of the badging application process and prior to starting work on the contract, applicants whose official station is located within 50 miles from CMS' central office or one of its regional offices will be contacted to appear in person, at least two times (estimated at one hour for each visit), and shall provide two (2) original forms of identity source documents in order to generate the badge/ID. The identity source documents shall come from the list of acceptable documents included in FIPS 201-2, located at <http://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.201-2.pdf>. At least one (1) document shall be a valid State or Federal government-issued picture ID. PIV-I mobile enrollment stations will be made available for applicants that have an official station more than 50 miles from CMS or any of its regional offices, and the employee will not need to travel to a CMS Office. The Contractor will be contacted by CMS for further instructions on the badging process in this scenario.

#### d. CMS Position Designation Assessment

CMS will assign a risk and sensitivity level designation analysis to the overall contract and/or to Contractor employee positions by category, group or individual. The risk and sensitivity level designations will be the basis for determining the level and type of personnel security investigations required for Contractor employees. At a minimum, the FBI National Criminal History Check (fingerprint check) must be favorably adjudicated. Additionally, the OPM e-QIP and other required forms must be accepted by DPS before a CMS identification card will be issued.

#### e. Post Badging Training Requirements:

Contractor employees that receive an HHS ID Badge are expected to complete the following online trainings each year, according to the timeframes indicated below, and annually thereafter. The below list is not all inclusive and the COR may indicate training that must be taken in addition to the below:

- i. **Security and Insider Threat Awareness and Training (30 days after receiving badge):** This course outlines the role of Contractors with regard to protecting information and ensuring the secure operation of CMS federally controlled information systems. Estimated time to complete is one hour.
- ii. **Computer Based Training (CBT) (within 3 days of approved EUA account):** This training offers several modules to familiarize contractor employees with features of CMS' webinar service. Estimated time to complete is one hour.

**f. Background Investigation and Adjudication**

Upon contract award and receipt of an HHS ID Badge Request, CMS will initiate the Agency Access procedures, to include a background investigation.

CMS may accept favorable background investigation adjudications from other Federal agencies when there has been no break in service. A favorable adjudication does not preclude CMS from initiating a new investigation when deemed necessary. Each CMS sponsored Contractor shall use the OPM e-QIP system to complete any required investigative forms.

The Contractor remains fully responsible for ensuring contract performance pending completion of background investigations of Contractor personnel. Employees that do not require access to CMS federally controlled information systems, facilities, or sensitive information in order to perform their duties may begin work on a contract immediately and need not submit an HHS ID Badge Request.

- i. Failure to cooperate with OPM or Agency representatives during the background investigation process is considered grounds for removal from the contract.
- ii. DPS may provide written notification to the Contractor employee, with a copy to the COR, of all suitability/non-suitability decisions. A CMS adjudicative decision (based on criminal history results or completed investigation results) is final, and is not subject to appeal.
- iii. Contractor personnel for whom DPS determines to be ineligible for ID issuance will be required to cease working on the contract immediately.
- iv. The Contractor shall immediately submit an adverse information report, in writing to the CO with a copy to the COR, of any adverse information regarding any of its employees that may impact their ability to perform under this contract. Reports should be based on reliable and substantiated information, not on rumor or innuendo. The report shall include, at a minimum, the Contractor employee's name and associated contract number along with the adverse information. The COR will forward the adverse information report to the DPS for review and/or action.
- v. At the Agency's discretion, Contractor personnel may be provided an opportunity to explain or refute unfavorable information before an adjudicative decision is rendered on whether or not to withdraw the Federal ID from the individual in question. Under the provision of the Privacy Act of 1974, Contractor personnel may request a copy of their own investigation by submitting a written request to the OPM Federal Investigative Services (FIS) Freedom of Information (FOI) office. The following OPM-FOI link is being provided to afford one the instructions for obtaining a copy of one's file: <https://www.opm.gov/investigations/freedom-of-information-and-privacy-act-requests/>.

**g. Background Investigation Cost**

The government will bear the cost of background investigations that are performed at the direction of CMS' personnel security representatives by the Federal government's approved and designated background investigation service provider, the OPM.

At the Agency's discretion, if an investigated Contractor employee leaves the employment of the Contractor, or otherwise is no longer associated with the contract within one (1) year from the date the background investigation was completed, the Contractor may be required to reimburse CMS for the full cost of the investigation. Depending upon the type of background investigation conducted and the cost incurred by CMS, the Contractor cost will be determined based upon the current OPM fiscal year billing rates, which can be found at <http://www.opm.gov/investigations/background-investigations/federal-investigations-notice>. The amount to be paid by the Contractor shall be due and payable when the CO submits a written letter notifying the Contractor as to the cost of the investigation. The Contractor shall pay the amount due within thirty (30) days of the date of the CO's letter by check, made payable to the "United States Treasury." The Contractor shall provide a copy of the CO's letter as an attachment to the check and submit both to the Office of Financial Management at the following address:

Centers for Medicare & Medicaid Services  
PO Box 7520  
Baltimore, Maryland 21207

#### **h. Identification Card Custody and Control**

The Contractor is responsible for the custody and control of all forms of Federal identification issued by CMS to Contractor employees. The Contractor shall immediately notify the COR when a Contractor employee no longer requires agency access due to transfer, completion of a project, retirement, removal from work on the contract, or termination of employment. Return all CMS Federal ID cards to:

The Centers for Medicare and Medicaid Services  
Attn: DPS, Mailstop: SL-17-06  
7500 Security Boulevard  
Baltimore, Maryland 21244

The Contractor shall also ensure that Contractor employees comply with CMS requirements concerning the renewal, loss, theft, or damage of an ID card.

Failure to comply with the requirements for custody and control of CMS issued ID cards may result in a delay in withholding final payment or contract termination, based on the potential for serious harm caused by inappropriate access to CMS facilities, sensitive information, information systems or other CMS resources.

- i. **Renewal:** A Contractor employee's CMS issued ID card is valid for a maximum of five (5) years and 9 months or until the contract expiration date (including option periods), whichever occurs first. The renewal process should begin six weeks before the ID card expiration date by contacting the COR. If an ID card is not renewed before it expires, the Contractor employee will be required to sign-in daily for facility access and may have limited access to information systems and other resources. Contractor ID card certificate(s) require yearly updates from the issuance date. The yearly updates should be coordinated between the contractor and the COR.
- ii. **Lost/Stolen:** Immediately upon detection that an ID card is lost or stolen, the Contractor or Contractor employee shall report a lost or stolen ID card to the COR and the local security servicing organization at [SECURITY@cms.hhs.gov](mailto:SECURITY@cms.hhs.gov). The Contractor shall also submit an Incident Report within 48 hours, to the COR, DPS at [Badging@cms.hhs.gov](mailto:Badging@cms.hhs.gov), and the local security servicing organization. The Incident Report shall describe the circumstances of the loss or theft. If the loss or theft is reported by the Contractor to the local police, a copy of the police report shall be provided to the COR. The Contractor employee shall sign in daily for facility access and may have limited access to information systems and other resources until the replacement card is issued.
- iii. **Replacement:** An ID card will be replaced if it is damaged, contains incorrect data, or is lost or stolen for more than three (3) days, provided there is a continuing need for agency access to perform work under the contract.

In the event that the PIV card or certificate(s) are not renewed in a timely fashion, or the ID card requires replacement due to being lost, stolen, or damaged, the contractor employee will go through the "Badge Issuance" process again as described in above in section (c) (2). In any of these events, contact your COR to coordinate the appropriate next steps.

#### **i. Surrender ID Cards/Access Cards, Government Equipment**

CMS reserves the right to suspend or withdraw ID card access at any time for any reason. Access will be restored upon the resolution of the issue(s).

Upon notification that routine access to CMS facilities, sensitive information, federally controlled information systems or other CMS resources is no longer required, the Contractor shall surrender the CMS issued ID card, access card, keys, computer equipment, and other government property to the CMS COR or directly to CMS at the address referenced above in section (f). DPS Contractor personnel who do not return their government issued property within 48 hours of the last day of authorized access to CMS, may be permanently barred from CMS systems and facilities and may be subject to fines and penalties, as authorized by applicable Federal or State laws.

EXHIBITS

**EXHIBIT A: MEDICARE PREMIUM BILL FILE LAYOUT FOR CMS-500, CMS-500ID, CMS-20143, AND CMS-20143ID FORMS**

**TABLE 1: CMS-500/CMS-500ID/CMS-20143/CMS-20143ID REVISED FILE LAYOUT**

Field #	Field Name	Format	Start Position	End Position	Remarks
1	Medicare Beneficiary Identifier	X(11)	1	11	Alpha Numeric  Unique Medicare Beneficiary Identifier
2	Servicing Program Service Center	X(1)	12	12	Values 1 through 8
3	Surname	X(3)	13	15	First Three Letters of Surname
4	ZIP Code	9(5)	16	20	Numeric
5	Extended ZIP Code	X(4)	21	24	Blank or Alpha Numeric
6	Address Line 1	X(22)	25	46	Beneficiary Name (Note: Last address line field contains the Zone Improvement Plan (ZIP) Code.)
7	Address Line 2	X(22)	47	68	None
8	Address Line 3	X(22)	69	90	None
9	Address Line 4	X(22)	91	112	None
10	Address Line 5	X(22)	113	134	None
11	Address Line 6	X(22)	135	156	None
12	Statement Date	9(8)	157	164	MMDDYYYY, Actual Bill run date
13	Bill Due Date	9(8)	165	172	MMDDYYYY, 25 <sup>th</sup> of the month after Statement Date

Field #	Field Name	Format	Start Position	End Position	Remarks
14	Current Start Date	9(8)	173	180	MMDDYYYY  (Hospital Insurance/Part A, Medical Insurance/Part B & Part B IRMAA, Part D IRMAA, Part B Immunosuppressive Drug (PBID), Part B Immunosuppressive Drug IRMAA (PBID IRMAA))
15	Current Through Date	9(8)	181	188	MMDDYYYY  (Hospital Insurance/Part A, Medical Insurance/Part B & Part B IRMAA, Part D IRMAA, Part B Immunosuppressive Drug (PBID), Part B Immunosuppressive Drug IRMAA (PBID IRMAA))
16	Current Amount – Part A	9(8)	189	196	\$\$\$\$\$cc  (Hospital Insurance/Part A)
17	Current Amount – Part B or Current Amount – Part B Immuno Drug	9(8)	197	204	\$\$\$\$\$cc  (Medical Insurance/Part B  or Part B Immunosuppressive Drug (PBID))
18	Current Amount – Part B IRMAA or Current Amount – Part B Immuno Drug IRMAA	9(8)	205	212	\$\$\$\$\$cc  (Medical Insurance/Part B IRMAA)  or (Part B Immunosuppressive Drug IRMAA (PBID IRMAA))

Field #	Field Name	Format	Start Position	End Position	Remarks
19	Current Amount – Part D IRMAA	9(8)	213	220	\$\$\$\$\$cc  (Part D IRMAA)
20	Total Current Amount – Part A, Part B, Part B IRMAA, Part D IRMAA, or Part B Immuno Drug, Part B Immuno Drug IRMAA	9(8)	221	228	\$\$\$\$\$cc  (Hospital Insurance/Part A, Medical Insurance/Part B & Part B IRMAA, Part D IRMAA) or (Part B Immunosuppressive Drug (PBID), Part B Immunosuppressive Drug IRMAA (PBID IRMAA))
21	Past Due Start Date	9(8)	229	236	MMDDYYYY  (Hospital Insurance/Part A, Medical Insurance/Part B & Part B IRMAA, Part D IRMAA, Part B Immunosuppressive Drug (PBID), Part B Immunosuppressive Drug IRMAA (PBID IRMAA))  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes

Field #	Field Name	Format	Start Position	End Position	Remarks
22	Past Due Through Date	9(8)	237	244	MMDDYYYY  (Hospital Insurance/Part A, Medical Insurance/Part B & Part B IRMAA, Part D IRMAA, Part B Immunosuppressive Drug (PBID), Part B Immunosuppressive Drug IRMAA (PBID IRMAA))  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes
23	Part Due Amount – Part A	9(8)	245	252	\$\$\$\$\$cc  (Hospital Insurance/Part A)  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes
24	Past Due Amount – Part B or Past Due Amount – Part B Immuno Drug	9(8)	253	260	\$\$\$\$\$cc  (Medical Insurance/Part B) or (Part B Immunosuppressive Drug (PBID))  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes

Field #	Field Name	Format	Start Position	End Position	Remarks
25	Past Due Amount – Part B IRMAA or Past Due Amount – Part B Immuno Drug IRMAA	9(8)	261	268	<p>\$\$\$\$\$cc</p> <p>(Medical Insurance/Part B IRMAA) or (Part B Immunosuppressive Drug IRMAA (PBID IRMAA))</p> <p>Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes</p>
26	Past Due Amount – Part D IRMAA	9(8)	269	276	<p>\$\$\$\$\$cc</p> <p>(Part D IRMAA)</p> <p>Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes</p>
27	Total Past Due Amount – Part A, Part B, Part B IRMAA, or Part D IRMAA, Part B Immuno Drug, Part B Immuno Drug IRMAA	9(8)	277	284	<p>\$\$\$\$\$cc</p> <p>(Hospital Insurance/Part A, Medical Insurance/Part B &amp; Part B IRMAA, Part D IRMAA, or (Part B Immunosuppressive Drug (PBID), Part B Immunosuppressive Drug IRMAA (PBID IRMAA))</p> <p>Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes</p>
28	Total Amount Due	9(8)	285	292	<p>\$\$\$\$\$cc</p> <p>Total Current Amount + Total Past Due Amount</p>



Field #	Field Name	Format	Start Position	End Position	Remarks
29	Termination Date – Part A	9(8)	293	300	MMDDYYYY  (Hospital Insurance/Part A)  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes
30	Termination Date – Part B/Part B IRMAA or Termination Date – Part B Immuno Drug	9(8)	301	308	MMDDYYYY  (Medical Insurance/Part B & Part B IRMAA or (Part B Immunosuppressive Drug & Part B Immunosuppressive Drug IRMAA))  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes
31	Termination Date – Part D IRMAA	9(8)	309	316	MMDDYYYY  (Part D IRMAA)  Note: zeroes if not applicable, does not apply for Easy Pay notice/will default to zeroes
32	Last Payment Received Date	9(8)	317	324	MMDDYYYY
33	Last Payment Received Amount	9(8)	325	332	\$\$\$\$\$cc

Field #	Field Name	Format	Start Position	End Position	Remarks
34	Template Type	X(1)	333	333	R – Regular Bill Template (CMS-500 or CMS-500ID)  E – Medicare Easy Pay Premium Template (CMS-20143 or CMS-20143ID: This Is Not A Bill)
35	Estate Bill Switch	X(1)	334	334	Y – Estate Bill  N – not an Estate Bill
36	Language Preference Code	X(1)	335	335	E – English  S – Spanish
37	Media Preference Code	X(1)	336	336	PMC Contractor:  Space – Regular Print  H – Regular Print  L – Large Print  Accessible Format Contractor:  A – Audio Cd  B – Braille  C – CD ROM/Data CD  Q – Qualified Reader  X – Custom Format
38	Custom Format Description	X(50)	337	386	Format Description if Media Preference Code is X

Field #	Field Name	Format	Start Position	End Position	Remarks
39	Electronic Medicare Correspondence Switch	X(1)	387	387	For Future Use  Y if provide CMS-500 electronically  N otherwise
40	Filler	X(313)	388	700	Spaces – for future use

TABLE 2: FORM TEMPLATE CONTROL TABLE

Field #	Value	Form Template
34	R	Regular Bill Template (CMS-500 or CMS-500ID)
34	E	Medicare Easy Pay Premium Statement Template (CMS-20143 or CMS-20143ID: THIS IS NOT A BILL)
36	E	English
36	S	Spanish
37	Space	Regular font (Applicable Print & Mail Contractor)
37	H	Regular font (Applicable Print & Mail Contractor)
37	L	Large font (Applicable Print & Mail Contractor)
37	A	Audio Cd (Applicable Print & Mail Contractor)
37	B	Braille (Applicable Print & Mail Contractor)
37	C	CD ROM/Data CD (Applicable Print & Mail Contractor)
37	Q	Qualified Reader (Applicable Print & Mail Contractor)
37	X	Custom Format/see field # 38 (Applicable Print & Mail Contractor)

TABLE 3: PAST PREMIUM DUE DETAILS (STATIC VARIABLE)

Field	Value	Description	Font Size/Print Type
21	0000000	<u>DO NOT DISPLAY</u> <b>Past Premium Due</b> in Summary of Charges section	N/A
21	Not equal 00000000	<u>DISPLAY</u> <b>Past Premium Due</b> in Summary of Charges section Fields 21 thru 27	<p>“Past Premium Due” language:</p> <p><u>Standard</u>: Myriad Pro Bold - 10 pt <u>Large Print</u>: Helvetica Neue LT Std - 18 pt</p> <p><b>Fields 21 thru 26</b> <u>Standard</u>: Myriad Pro Regular - 10 pt <u>Large Print</u>: Helvetica Neue LT Std - 18 pt</p> <p><b>Field 27</b> <u>Standard</u>: Myriad Pro Bold - 10 pt</p>

TABLE 4: TERMINATION DATES AND MESSAGE (STATIC VARIABLE)

Field #	Value	Message	Dates	Font Size/Print Type
29	00000000	No Message	None	N/A
<b>AND</b>				
30	00000000			
<b>AND</b>				
31	00000000			
29	Not Equal 00000000	<b>REGULAR CMS-500 and Large Print</b>  English: <b>DELINQUENT BILL in red on upper right of form and Coverage Termination Dates For Past-due Accounts</b>	Yes All Dates with column headings:  English:  <b>(Part A Termination Part B Termination Part D Termination)</b>  or  Spanish: <b>(Terminación de la Parte A Terminación de la Parte B Terminación de la Parte D)</b>	<b>“DELINQUENT BILL” or “FACTURA VENCIDA”</b>  Standard: Myria Pro Bold - 15 pt  Large Print: Helvetica Neue LT Std - 20 pt
<b>OR</b>				
30	Not Equal 00000000	<b>Fechas de terminación de la cobertura para cuentas vencidas</b>  Su cobertura de Medicare terminará en esta fecha si no recibimos su pago para la fecha de vencimiento. Si se cancela su cobertura de Medicare, comuníquese con su oficina local del Seguro Social o llame al 1-800-772-1213. Los usuarios de TTY pueden llamar al 1-800-325-0778.	<b>“Coverage Termination Dates For Past-due Accounts” language:</b>  Standard: Myriad Pro Bold - 13 pt Large Print: Helvetica Neue LT Std - 20 pt	
<b>OR</b>				
31	Not Equal 00000000	Your Medicare coverage will end on this date if we don't get your payment by the due date. If your Medicare coverage is canceled, contact your local Social Security field office or call 1-800-772-1213. TTY users call 1-800-325-0778.	<b>The Message:</b>  Standard: Myriad Pro Regular - 10 pt Large Print: Helvetica Neue LT Std - 18 pt  <b>Termination Date Column Headings:</b>  Standard: Myriad Pro Bold - 10 pt Large Print:	

		<p style="text-align: center;"><b>CONTINUED BELOW FOR CMS-500ID (PBID)</b></p> <p style="text-align: center;"><b>PBID CMS-500ID and Large Print</b></p> <p><u>English:</u> <b>DELINQUENT BILL</b> in <b>red</b> on upper right of form and <b>Coverage Termination Dates For Past-due Accounts</b> Your Immunosuppressive Drug coverage will end on this date if we don't get your payment by the due date. If your coverage is canceled, contact your local Social Security field office or call 1-800-772-1213. TTY users call 1-800-325-0778.</p> <p>or</p> <p><u>Spanish:</u> <b>FACTURA VENCIDA</b> in <b>red</b> on upper right of form and <b>Fechas de terminación de la cobertura para cuentas vencidas</b> Su cobertura de Medicare terminará en esta fecha si no recibimos su pago para la fecha de vencimiento. Si se cancela su cobertura de medicamentos inmunosupresores, comuníquese con su oficina local del Seguro Social o llame al 1-800-772- 1213. Los usuarios de TTY pueden llamar al 1-800-325-0778.</p>	<p style="text-align: center;"><b>CONTINUED BELOW FOR CMS-500ID (PBID)</b></p> <p><u>English:</u> <b>Part B Immunosuppressive Drug Termination</b></p> <p><u>Spanish:</u> <b>Terminación de medicamentos inmunosupresores</b></p>	<p>Helvetica Neue LT Std - 18 pt</p> <p><b>Fields 29 thru 31</b> <u>Standard:</u> Myriad Pro Regular - 10 pt <u>Large Print:</u> Helvetica Neue LT Std - 18 pt</p>
--	--	--	---	--

TABLE 5: DELINQUENT BILL/ESTATE BILL (STATIC VARIABLE)

Field #	Value	Message	Font Size/Print Type
29	00000000	<u>No Message</u> <b>BLANK</b>	N/A
AND			
30	00000000		
AND			
31	00000000		
AND			
35	N		
29	00000000	<u>English:</u> <u>DISPLAY</u> <b>ESTATE BILL (in red on upper right of form)</b> or <u>Spanish:</u> Display <b>FACTURA DE HERENCIA (in upper right of form)</b>	Standard: Myriad Pro Bold - 15 pt Large Print: Helvetica Neue LT Std - 20 pt
AND			
30	00000000		
AND			
31	00000000		
AND			
35	Y		
29	Not Equal 00000000	<u>English:</u> <u>DISPLAY</u> <b>DELINQUENT BILL (in red on upper right of form)</b> or <u>Spanish:</u> Display <b>FACTURA VENCIDA (in red on upper right of form)</b>	Standard: Myriad Pro Bold - 15 pt Large Print: Helvetica Neue LT Std - 20 pt
OR			
30	Not Equal 00000000		
OR			
31	Not Equal 00000000		
AND			
35	N		
29	Not Equal 00000000	<u>English:</u> <u>DISPLAY</u> <b>ESTATE BILL (in red on upper right of form)</b> or <u>Spanish:</u> Display <b>FACTURA DE HERENCIA (in red on upper right of form)</b>	Standard: Myriad Pro Bold - 15 pt Large Print: Helvetica Neue LT Std - 20 pt
OR			
30	Not Equal 00000000		
OR			
31	Not Equal 00000000		
AND			
35	Y		

**EXHIBIT B: CMS-500 AND CMS-500ID SCAN LINE SPECS**

**CMS 500 Scan Line Specs**

**Centers for Medicare & Medicaid**

Requirements

Scan line

1. The Scan Line will be all numeric.
2. The Scan line will only appear on the coupon portion of the bill form, which is located in the bottom half of the form beneath the red dotted line.
3. The location of the scan line must be consistent within the specified tolerance as described in the Optical Character Recognition (OCR) document, Appendix C.
4. The scan line band will be ½ inch high and as wide as the billing form.
5. The scan line band need not be defined by non-red ink as long as print targets are provided for the printer operator.
6. All numerics in the scan line and on the billing form will be OCR-A as defined in ANSI x3A1.17-1977.
7. The scan line will have a field separation of 1 or 2 adjacent space characters allowing adequate time for scanner off/on or for space recognition.
8. Scan Line Format
  - a. 41 numeric character format
  - b. OCR Parsing for CMS Scanline stub

Position	Length	Field Name	Bill Record Field	Validation	Comments
1 – 22	22	Claim Account Number/Beneficiary Identification Code/MBI (Medicare Number)	Field 2	Numeric	Alpha characters and numeric characters converted from the "Coded Conversion" section of the <a href="#">OCR Conversion Chart</a>
23 – 23	1	Filler		Space	
24 - 29	6	Surname	Field 5	Numeric	Alpha characters converted from the "Coded Conversion" section of the <a href="#">OCR Conversion Chart</a> Add the code for blank/space to the right of a two-digit name.
30 - 30	1	Filler		Space	
31 – 37	7	Total Amount Due	Field 14	Numeric	Digits right justified zero padded on the left to equal 7 digits
38 – 38	1	Filler		Space	
39 - 39	1	Claim Account Number/Beneficiary Identification Code/ MBI Check Digit		Numeric	See Appendix # for check digit rules
40 - 40	1	Surname Code Check Digit		Numeric	See Appendix # for check digit rules
41 - 41	1	Total Amount Due Check Digit		Numeric	See Appendix # for check digit rules



CMS 500 Scan Line Specs

Create the Scan Line

Data for the Scan line is:

Medicare Number (Claim Account Number/Beneficiary Identification Code/MBI) 531301561D

Surname HOL

Total Amount Due \$366.60

Scan line for the following is:

4745434542434748431900 233027 0036660 329

Check Digits Created

Medicare Number (Claim Account Number/Beneficiary Identification Code/MBI) Check Digit 3

Surname Code Check Digit 2

Total Amount Due Check Digit 9

[See Check Digit Calculations](#) for details.

Create the Scan line Medicare Number (Claim Account Number/Beneficiary Code/MBI):

Place the 11 - digit Medicare Number in position 1 – 22.

531301561D

Numeric character(s): 531301561  
AND

Alpha character(s): D

Convert the numeric characters (531301561) to digits from the OCR Conversion Chart Coded Conversion table which is: 474543454243474843.

Convert the letter D to digits from the OCR Conversion Chart which is 19.

Convert blank from the OCR Conversion Chart which is 00.

1900

Create the Scan line Surname Code

Place the 6-digit Surname code in position 24 – 29.

**CMS 500 Scan Line Specs**

Convert the letter H to digits from the OCR Conversion Chart which is

23. Convert the letter O to digits from the OCR Conversion Chart which

is 30. Convert the letter L to digits from the OCR Conversion Chart which

**233027**

Create the Scan line Total Amount Due

Place the Total Amount of 366.60 digits only in position 31 – 37 Right Justify and pad left with zeroes.

**0036660**

OCR Conversion Chart

Character/ Number	Numeric Representation
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0
Coded Conversion	
Space	00
' (apostrophe)	01
- (hyphen)	02
A	16
B	17
C	18
D	19
E	20
F	21
G	22
H	23
I	24
J	25
K	26
L	27
M	28
N	29
O	30

CMS 500 Scan Line Specs

Character/ Number	Numeric Representation
P	31
Q	32
R	33
S	34
T	35
U	36
V	37
W	38
X	39
Y	40
Z	41
0	42
1	43
2	44
3	45
4	46
5	47
6	48
7	49
8	50
9	51

**Check Digit Rules**

Calculate check Digit by following the Processing Rules

Processing Rule or Value name	Value	Comments
Modulus	10	Divide by 10
Weight Sequence Direction (End at which to start applying weights to string)	<	Start from the right
Weight Sequence	2, 1, 2, 1	
Carry (Sum of Products)	Y	
Subtract Result	Y	Subtract the sum of the results from 10
Concerned Fields	Medicare Number Surname Total Amount Due	

1. Apply weight sequence from right to left.
2. Multiply Field Values by the weight value and obtain products for each digit.
3. Sum the double digit products to create single digits.
4. Sum resulting single digits.
5. Divide the total by 10.
6. Subtract any remainder from 10.

CMS 500 Scan Line Specs

Example:

Scanline

4745434542434748431900 233027 0036660 329

Medicare Number:

4 7 4 5 4 3 4 5 4 2 4 3 4 7 4 8 4 3 1 9 0 0

Medicare Number Check digit is the first number in the check digit cluster 329

1. Apply weight sequence (2, 1, 2, 1, ) from right to left

4	7	4	5	4	3	4	5	4	2	4	3	4	7	4	8	4	3	1	9	0	0
1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

←

2. Multiply Field Values by the weight value and obtain products for each digit

4 14 4 10 4 6 4 10 4 4 4 6 4 14 4 16 4 6 1 18 0 0

3. Sum the double digit products to create single digits

4 5 4 1 4 6 4 1 4 4 4 6 4 5 4 7 4 6 1 9 0 0

4. Sum resulting single digits

$4+5+4+1+4+6+4+1+4+4+4+6+4+5+4+7+4+6+1+9+0+0 = 87$

5. Divide the total by 10.

$87/10 = 8$  remainder 7

6. Subtract any remainder from 10.

$10 - 7 = 3$  (First digit of the Check Digit Cluster)

Surname:

2 3 3 0 2 7

1. 2 3 3 0 2 7

1 2 1 2 1 2

2. 2 6 3 0 2 14

3. 2 6 3 0 2 5

4.  $2 + 6 + 3 + 0 + 2 + 5 = 18$

CMS 500 Scan Line Specs

5.  $18/10 = 1$  remainder 8

6.  $10 - 8 = 2$  (Second digit of the Check Digit Cluster)

Total Amount Due:

0 0 3 6 6 6 0

1. 0 0 3 6 6 6 0

2 1 2 1 2 1 2

2. 0 0 6 6 12 6 0

3. 0 0 6 6 3 6 0

4.  $0 + 0 + 6 + 6 + 3 + 6 + 0 = 21$

5.  $21/10 = 2$  remainder 1

6.  $10 - 1 = 9$  (Third digit of the Check Digit Cluster)

**EXHIBIT C: OCR SCAN LINE SPECS**

**Optical Character Recognition (OCR)**

**OCR Paper Optical Specifications**

Special OCR Paper Optical Specifications are applicable when using Optical Character Recognition. The specifications are in Table 5.1, in addition to the specifications discussed in *General Requirements on Page 2-1*.

Table 5.1: Special OCR Paper Optical Specifications

Characteristic	Specification	Standard Test Method
Reflectance*	Average Reflectance from 0.1 sq. inch area not less than 70% relative to Barium Sulfate Std. at 100%	TAPPI T452-OS-58
Opacity*	Minimum 85%	TAPPI T425-M-60
Cotton (rag) Content	Maximum 25% (0% preferred)	
Dirt	10 parts per million maximum. Particles longer or wider than 0.004" are undesirable.	TAPPI T437-TS-63
Gloss	Avoid using high gloss super calendared or coated papers	
Surface Properties	Avoid oil and grease resistant papers	
Fluorescence	None desired, traces permissible.	
Color	White is preferred, pale shades of some colors may be permissible	

\*Reflectance and opacity measurements should be taken at 6328 Angstroms for OCR applications. However, measurements at 6200 Angstroms may normally be used with white paper.

## Optical Character Recognition (OCR)

### Margins

OCR document margins prevent the reading of any shadows cast by the document edges, and help exclude carbon smudges around the edges of documents. Margins are defined as the perpendicular or horizontal distance from any document edge; or from the beginning of any perforations to the edges of a character.

Left and right margins must be at least 0.375" (9.53 mm). Top and bottom margins must be at least 0.250" (6.35 mm). The centerline of a data line to be read must be at least 0.3" (7.62 mm) from the bottom or the top edge of the document. The maximum height (centerline) of a scan line from the bottom of a document is 3.5" (114.3 mm). Figure 5.4.

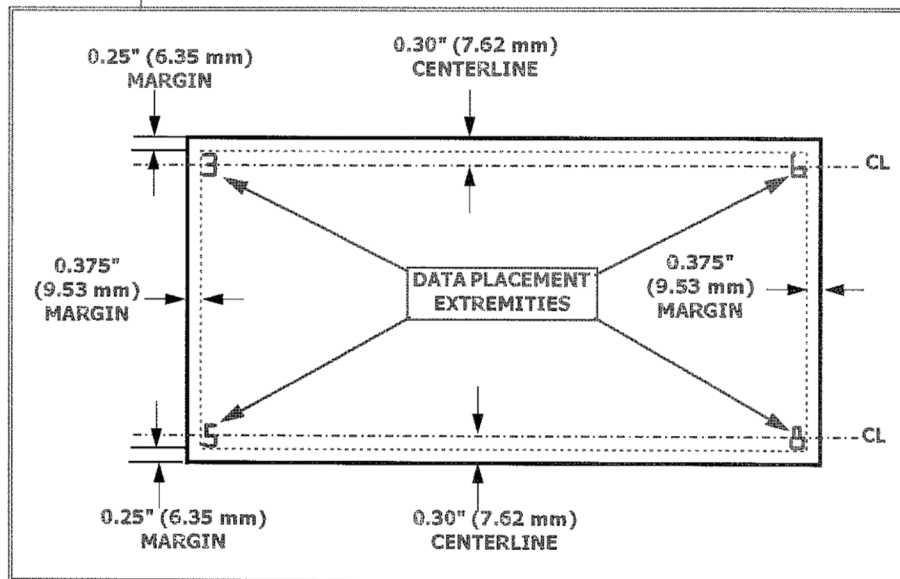


Figure 5.4: Minimum Document Margins

## Optical Character Recognition (OCR)

### Clear Band

The Clear Band is a horizontal strip extended the length of the document and centered on the Read Band; the Read Band contains the data line to be read. The Read Band is discussed in more detail in *Print Specifications on Page 5-6*.

The Clear Band may contain only data to be read; no tears, holes, cuts, staple marks, vertically adjacent characters or lines, or detectable printing or marks, will be tolerated within the Clear Band.

The Clear Band is centered about the Read Band and extends 3.18 mm (0.125 in) above and below the Read Band. The size relationship between the Clear Band and the Read Band is illustrated in Figure 5.5. The Clear Band dimension is 0.525" (13.34 mm) for all Fonts described in this Media Manual. A Scan Band of 0.39" (9.91 mm) is not shown. The Clear Band shown with a centered Print Band allows reasonable tolerances for document design and manufacture, alignment in the printing device, and system paper handling.

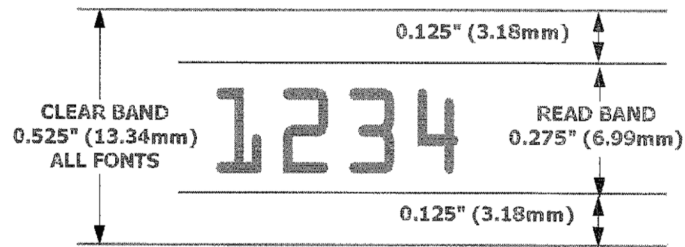


Figure 5.5: Dimensions of Clear Band and Read Band



## Optical Character Recognition (OCR)

---

### Print Specifications

The appropriate ANSI or other similar specifications also apply where not in conflict.

### Print Contrast Signal (PCS)

The Print Contrast Signal (PCS) must be equal to or greater than 0.6 for at least 85% of the character area with no more than 5% of the character area less than 0.4 within the boundary of the character defined by the minimum stroke width as defined in ANSI specs.

Print Contrast is defined as the difference in diffuse reflectance (based on barium sulfate as the 100 percent reflectance standard) between a printed character and the paper on which it is printed; this reflectance difference is termed the PCS (Print Contrast Signal).

Print Contrast measurements are usually expressed in the print contrast decimal scale, but are sometimes referred to as "reflectance percentage" values. Print Contrast is determined by applying the formula:

$$PCSp = \frac{Rw - Rp}{Rw}$$

Where:

- PCSp = The Print Contrast Signal measured from an inspection area p
- p = A circular area with a diameter of 0.008" (0.2 mm)
- Rw = Reflectance measured within 0.25" (6.35 mm) of p
- Rp = Reflectance from area p located within the boundary of a minimum character stroke width.



Vertical text: 3561-S (01/25)

$$\text{Percent PCS} = PCSp \times 100.$$

---

## Optical Character Recognition (OCR)

---

### Calculations for Print Contrast

Print contrast for OCR printing must be equal to, or greater than, 60 percent. A document to be read has a reflectance of 90 percent. Calculate the maximum permissible reflectance of the character stroke by applying the formula for Print Contrast.

$$R_p = R_w (1 - PCS_p)$$

$$R_p = 0.9 (1 - 0.6)$$

$$R_p = 0.36$$

Accordingly, the maximum reflectance from the printed character must be 0.36, or 36 percent. If any of the characters on the Data Line are printed over a non-read color, use the reflectance of the non-read color rather than the reflectance of the basic document in calculating PCS. Reflectance measurements should be taken at 6328 Angstroms for OCR applications.

Reflectance can be measured using the equipment described in *Non-Read Colors on Page 5-7*.

### Non-Read Colors

Non-read colors, also referred to as drop-out colors or drop-out inks, serve as visual guides and must not interfere with data reading. They must retain 92 percent of the reflectance of the paper used, and the PCS cannot be greater than 0.08. In general, the non-read colors are in the yellow-orange-red portion of the spectrum. Forms printed with non-read colors should be tested to make certain that adequate ink reflectance is maintained throughout the production run.

Reflectance of non-read inks can be measured by the Moore 082a (Kidder 082) Optical Character Tester, a product of Moore Business Forms, Inc., 270 Locust Street, Dover, New Hampshire 03820; or by using the Macbeth PCM-II Print Contrast Meter, a product of Macbeth Division of Kollmorgen Corporation, P.O. Box 950T, Newburgh, New York 12550.

The Moore 082a (Kidder 082) setting for OCR is I.R./No Filter.

The PCM-II setting for OCR is Filter C (I/R).

**Optical Character Recognition (OCR)**

**Acceptable Inks**

The X-Series read sub-system is highly sensitive to red and infrared light, less sensitive to blue light. Inks which **DO NOT** absorb red (for example, red ink) make good drop-out inks for the X-Series; while inks which **DO** absorb red (for example, blue or green) make poor drop-out inks; however, the X-Series is biased as far as possible toward infrared sensitivity, taking into account that almost all colored inks are infrared transparent, this in turn makes many inks acceptable as drop-out inks as long as they are not too dense.

Preferred inks are at the red end of the color spectrum; the red and pink inks Technology Development recommends are shown in Table 5.2.

Other inks which are acceptable are given in Table 5.3. Solid printing of some inks will interfere with recognition; this effect can be reduced by screening the ink (30%) during the printing process.

In all cases a white background is highly recommended.

Table 5.2: Preferred Inks

Color	Ink
Red	J-19410
Red	J-24882
Red	J-30495
Red	J-25083
Red	J-6983
Pink	J-24944
Pink	J-24893

Table 5.3: Acceptable Inks





Color	Ink	Color	Ink
Orange	J-30269	Light Blue	J-31858
Magenta	J-22045	Light Blue	J-24662
Yellow	J-24182	Light Green-Green	J-24555
Light Blue	J-27972	Light Green	J-24554
Light Blue	J-27973	Light Green	J-24185




**Optical Character Recognition (OCR)**

**Character Spacing**

Characters on the Read Line of a document must be spaced so that adjacent characters are separated by at least the nominal Stroke Width. Horizontal character spacing is defined as the space between the vertical center-lines of adjacent characters. The horizontal character spacing of all character sets discussed in this manual are given in Table 5.4, and shown in Figure 5.6.

Table 5.4: Font Dimensions Chart

Font Option	Stroke Width	Nomi- nal Pitch	Min Pitch	Max Pitch	Min Clear	Height Center- line	Width Center- line
ANSI OCR-A Numeric or Alphanumeric Size 1	0.014 ± .006" 0.36 ± 0.15mm 	0.100" 2.54mm	0.090" 2.29 mm	0.125" 3.18 mm	0.090" 2.29 mm  	0.094" 2.39 mm	0.055" 1.40 mm
ECMA OCR-B Numeric or Alphanumeric Size 1	0.014 ± .006" 0.36 ± 0.15mm 	0.100" 2.54mm	0.090" 2.29 mm	0.125" 3.18 mm	0.090" 2.29 mm	0.094" 2.39 mm	0.055" 1.40 mm
7B Numeric	0.020 ± .005" 0.51 ± 0.13mm	0.143" 3.63 mm	0.130" 3.30 mm	0.200" 5.08 mm	0.160" 4.06 mm	0.150" 3.81 mm	0.080" 2.03mm

-  Minimum LVM is 0.014" (0.36mm)
-  Maximum Pitch that will never yield a Space Code
-  Minimum clear space between adjacent characters that will always yield a Space Code

## Optical Character Recognition (OCR)

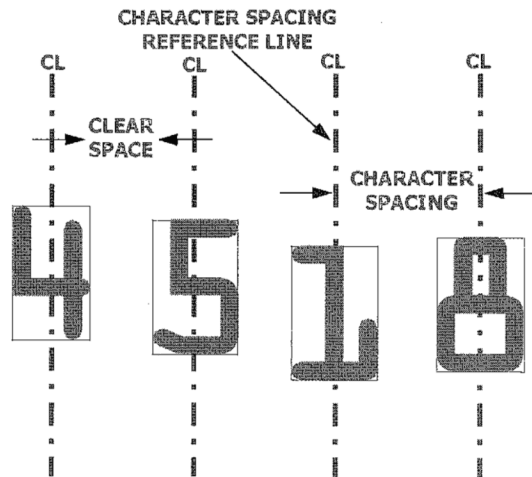


Figure 5.6: Character Spacing

### Character Pitch

Character Pitch is defined as the number of characters in a horizontal inch (25.4 mm) of data. ANSI OCR-A (Size 1) and ECMA-11 OCR-B (Size 1) character sets have a nominal character pitch of 10 characters per inch (CPI); the 7-B Font has a nominal character pitch of 7 CPI.

The generation of Space Codes is based on defined specifications for clear space between characters. The clear space limits for Space Code generation are given in the Font Dimensions Chart, Table 5.4, and shown in Figure 5.6.

### Printed Character Dimensions

Characteristics of printed data include the height and width of a character as well as the stroke width. Nominal center-line dimensions have a tolerance of  $\pm 0.003''$  ( $\pm 0.08$  mm). The center-line dimensions which apply to Fonts readable by the X-Series Workstation are given in Table 5.4; the various nomenclatures are illustrated in Figure 5.7.

## Optical Character Recognition (OCR)

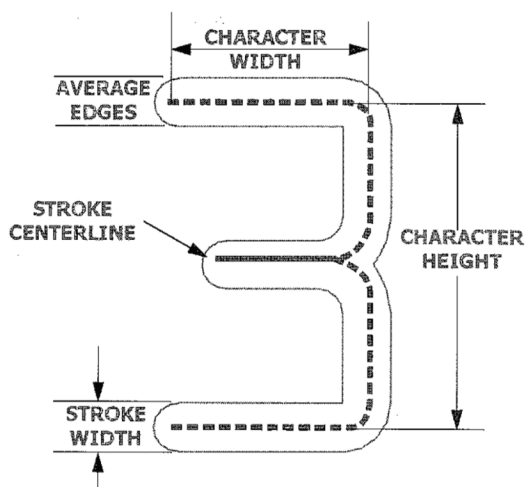


Figure 5.7: Character Parts Nomenclature

### Average Edge

The Average Edge of a printed character is defined as the imaginary line bisecting the irregularities of the character edges.

### Stroke Center-line

The Stroke Center-line is represented by a line drawn equidistant from the two Average Edges of a character and following the character configuration. Reference Figure 5.7.

### Stroke Width

Character Stroke Width is defined as the width of the horizontal, vertical, curved, or slanted segment of a character as illustrated in Figure 5.7. Stroke Width is the distance between the Average Edges of the stroke. Nominal Stroke Width dimensions and tolerances for all Fonts discussed in this manual are shown in Table 5.4.

### Range Y Tolerances

Nominal Stroke Width variation limits for OCR-A (Size 1) and ECMA-11 OCR-B (Size 1) characters are Range Y Tolerances as defined by the American national Standards Institute (ANSI).

## Optical Character Recognition (OCR)

---

### Major Print Faults

Each printed character may contain many faults not obvious to the eye; these faults can reduce the prospects of accurate reading. The more common faults include Voids, Smudges, Extraneous Marks, and Edge Irregularities, and are shown in the magnified numeral five shown in Figure 5.8.

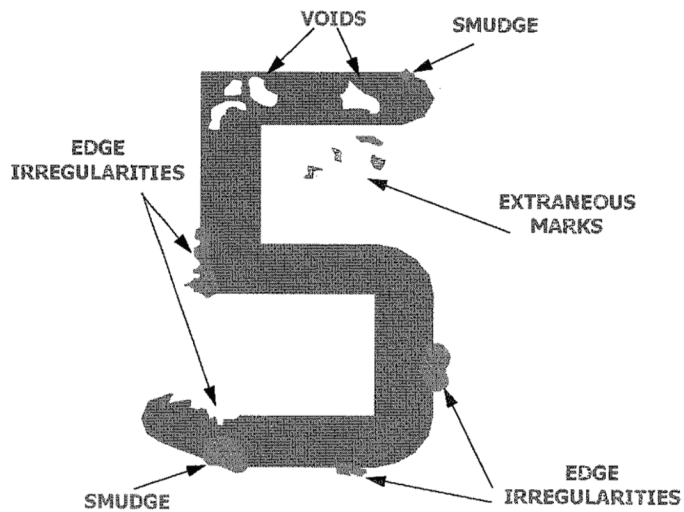


Figure 5.8: Example of Character Faults

### Voids

Voids are areas inside the Minimum Character Outline Limit that can be identified as being of significantly lower density than the rest of the printed image. Voids can be measured visually or in terms of PCS. The distinction between allowable voids and non-allowable voids is based upon a measurement of their size.

### Allowable Voids

Allowable Voids can be identified with a Comparator, viewing the area within the Minimum Character Outline Limit. Voids are allowable if the Void can be contained entirely within an area viewed by moving a 0.008" (0.20 mm) diameter circle along a straight line in any direction of 0.004" (0.10 mm) or less.





**EXHIBIT F: CMS-20143 MEDICARE EASY PAY PREMIUM STATEMENT, STANDARD PRINT, ENGLISH**

**Medicare Easy Pay Premium Statement**

**THIS IS NOT A BILL**

Thank you for choosing Medicare Easy Pay. Your premium payment will be deducted on the 15th of the month, or the next business day.

**Statement Due:** 09/27/2021  
**Your Medicare Number:** 2055846236  
**Last Payment Received:** \$476.90 on 09/20/2021  
**Current Payment Amount:** \$476.90

**Summary of Charges**

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	Part B (IRMAA)	Part D (PBM)	Total Amount
Current Premium Due: 10/01/2021 - 11/01/2021	\$476.90	\$0.00	\$0.00	\$0.00	\$476.90
<b>Total Amount To Be Deducted This Month:</b>					<b>\$476.90</b>

**Make Sure There Are Funds in Your Account**

- Deductions occur on the 15th of each month, or the next business day if the 15th falls on a weekend or holiday.
- Deductions will appear on your bank statement as an Automated Clearinghouse (ACH) transaction.
- If you signed a debit card, you will see a notification letter and a Medicare Premium Bill (CMS-2020) the following month instead of a Medicare Easy Pay Statement. At that time, you must pay your Medicare Premium Bill in full using another payment method (see note).
- When a payment is deducted, Easy Pay deductions are interrupted. You must pay the full amount due to resume Easy Pay deductions for the next month.

**Prevent Overpayment**

- Your Easy Pay premium payment will be deducted from your bank account on the 15th of every month.
- If you pay your premium by another method at any time during the month, this will result in an overpayment. Your regular premium amount will still be deducted.
- Any overpayment will be applied to the next month's premium payment.

**Medicare Easy Pay Deduction And Limits**

Your first Medicare Easy Pay deduction can include up to 3 months of premiums.

**After your first Easy Pay deduction:** CMS will never deduct more than 1 month's premium - \$15.

**If you owe more than 1 month's premium - \$10.00:** you'll get a Medicare Premium Bill from CMS. Instead of a Medicare Easy Pay Statement, if you get a bill you can pay online or by mail. See "Other Ways to Pay" below.

**If you owe less than \$10:** payment will not be deducted until the following month. Your amount will remain in good standing until the next scheduled Easy Pay deduction.

**If Your Premium Amount Changes**

If your premium amount changes, you'll get a letter telling you how the next amount before your Medicare premium payment is deducted. You don't need to do anything - the new premium amount will automatically be deducted from your bank account.

**Questions About Your Statement?**

For specific billing questions, call 1-800-898-0836, 24 hours a day, 7 days a week. If you call 1-877-486-2048, it's only for Medicare Contact Center Operations, PO Box 1270, Leesville, SC 29556. Don't send your payment here.

**For questions about your Part A or Part B coverage,** call Social Security at 1-800-772-1213. If you need 1-800-325-0778. You can also write to or visit our Social Security field office.

**Other Ways to Pay**

Medicare.gov is the quickest way to pay online. Make a one-time payment with a credit card or debit card with the Visa Signature card from our Express! Debit card logo for a checking or savings account. You can make a secure debit card amount and make a payment the same day. Payment should be posted within 3-5 business days. We'll receive your payment directly from a checking or savings account. Contact your bank to enroll in their Online Bill Pay service.

**Pay by check or money order** using the option on the Medicare Premium Bill (CMS-2020). As a Medicare Easy Pay customer, you'll get a Premium Bill only if your Medicare Easy Pay deduction is declined.

Call 1-800-MEDICARE for more information on ways to pay your bill. TTY users call 1-877-486-2048. **Phone payments are not accepted.**

**Change Or Stop Medicare Easy Pay**

It can take up to 6 weeks to change to stop Easy Pay deductions. To change or stop Easy Pay, log into your Medicare account at Medicare.gov and select "My Payments" from the menu. You can also fill out and mail another Authorization Agreement for the authorized signature (see note below) at 1-800-898-0836, 1-800-835-0237 to request the form by mail. TTY users call 1-877-486-2048.

**Get Help Paying Your Medicare Costs**

If you need help paying your Medicare costs, contact your State Medical Assistance Office (SMAO) to see if you qualify for a Medicare Savings Program. To learn more, go to Medicare.gov/medicare-savings-programs. You can also contact your State Health Insurance Assistance Program (SHIP). Your location-specific contact for the phone number of the SHIP in your state.

**About IRMAA**

IRMAA is an Income-Related Monthly Adjustment Amount that some people must pay for Part B and Part D coverage because they have a higher income. If you owe IRMAA for Part B or D, you'll see this cost in the "Summary of Charges."

IRMAA costs can change. For questions about your IRMAA amount, or if you think your IRMAA amount is too high, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

**What Happens If I Don't Pay?**

If you don't pay your Part A or Part B premium and any IRMAA amounts, you will lose coverage, and you must still pay the total premium amounts you owe.

To enroll for Medicare later, you may have to wait 6-12 months. You may have to pay a higher monthly premium for Part A, as well as a higher late enrollment penalty for Part B and Part D.

**Need An Accessible Format?**

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/medicare-accessibility for more information. TTY users call 1-877-486-2048.

**For information on how to change your name, address, or report a death,** visit Medicare or contact Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

**EXHIBIT G: CMS-20143ID, STANDARD PRINT, ENGLISH**

**Immunosuppressive Drug Medicare Easy Pay Premium Statement**

**THIS IS NOT A BILL**

Thank you for choosing Medicare Easy Pay. Your premium payment will be deducted on the 15th of the month, or the next business day.

**Statement Due:** 09/27/2021  
**Your Medicare Number:** 2055846236  
**Last Payment Received:** \$180.50 on 09/20/2021  
**Current Payment Amount:** \$180.50

**Summary of Charges**

Coverage Periods	Immunosuppressive Drug Insurance	IRMAA	Total Amount
Current Premium Due: 10/01/2021 - 11/01/2021	\$180.50	\$0.00	\$180.50
<b>Total Amount To Be Deducted This Month:</b>			<b>\$180.50</b>

**Make Sure There Are Funds in Your Account**

- Deductions occur on the 15th of each month, or the next business day if the 15th falls on a weekend or holiday.
- Deductions will appear on your bank statement as an Automated Clearinghouse (ACH) transaction.
- If you signed a debit card, you will see a notification letter and a Medicare Premium Bill (CMS-2020) the following month instead of a Medicare Easy Pay Statement. At that time, you must pay your Medicare Premium Bill in full using another payment method (see note).
- When a payment is deducted, Easy Pay deductions are interrupted. You must pay the full amount due to resume Easy Pay deductions for the next month.

**Prevent Overpayment**

- Your Easy Pay premium payment will be deducted from your bank account on the 15th of every month.
- If you pay your premium by another method at any time during the month, this will result in an overpayment. Your regular premium amount will still be deducted.
- Any overpayment will be applied to the next month's premium payment.

**Medicare Easy Pay Deduction And Limits**

Your first Medicare Easy Pay deduction can include up to 3 months of premiums.

**After your first Easy Pay deduction:** CMS will never deduct more than 1 month's premium - \$15.

**If you owe more than 1 month's premium - \$10.00:** you'll get a Medicare Premium Bill from CMS. Instead of a Medicare Easy Pay Statement, if you get a bill you can pay online or by mail. See "Other Ways to Pay" below.

**If you owe less than \$10:** payment will not be deducted until the following month. Your amount will remain in good standing until the next scheduled Easy Pay deduction.

**If Your Premium Amount Changes**

If your premium amount changes, you'll get a letter telling you how the next amount before your Medicare premium payment is deducted. You don't need to do anything - the new premium amount will automatically be deducted from your bank account.

**Questions About Your Statement?**

For specific billing questions, call 1-800-898-0836, 24 hours a day, 7 days a week. If you call 1-877-486-2048, it's only for Medicare Contact Center Operations, PO Box 1270, Leesville, SC 29556. Don't send your payment here.

**For questions about your immunosuppressive drug coverage,** call Social Security at 1-800-772-1213. If you need 1-800-325-0778. You can also write to or visit our Social Security field office.

**Other Ways to Pay**

Medicare.gov is the quickest way to pay online. Make a one-time payment with a credit card or debit card with the Visa Signature card from our Express! Debit card logo for a checking or savings account. You can make a secure debit card amount and make a payment the same day. Payment should be posted within 3-5 business days. We'll receive your payment directly from a checking or savings account. Contact your bank to enroll in their Online Bill Pay service.

**Pay by check or money order** using the option on the Medicare Premium Bill (CMS-2020). As a Medicare Easy Pay customer, you'll get a Premium Bill only if your Medicare Easy Pay deduction is declined.

Call 1-800-MEDICARE for more information on ways to pay your bill. TTY users call 1-877-486-2048. **Phone payments are not accepted.**

**Change Or Stop Medicare Easy Pay**

It can take up to 6 weeks to change to stop Easy Pay deductions. To change or stop Easy Pay, log into your Medicare account at Medicare.gov and select "My Payments" from the menu. You can also fill out and mail another Authorization Agreement for the authorized signature (see note below) at 1-800-898-0836, 1-800-835-0237 to request the form by mail. TTY users call 1-877-486-2048.

**Get Help Paying Your Medicare Costs**

If you need help paying your Medicare costs, contact your State Medical Assistance Office (SMAO) to see if you qualify for a Medicare Savings Program. To learn more, go to Medicare.gov/medicare-savings-programs. You can also contact your State Health Insurance Assistance Program (SHIP). Your location-specific contact for the phone number of the SHIP in your state.

**About IRMAA**

IRMAA is an Income-Related Monthly Adjustment Amount that some people must pay because they have a higher income. If you owe IRMAA, you'll see this cost in the "Summary of Charges."

IRMAA costs can change. For questions about your IRMAA amount, or if you think your IRMAA amount is too high, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

**What Happens If I Don't Pay?**

If you don't pay your premium and any IRMAA amounts, you will lose coverage, and you must still pay the total premium amounts you owe.

To enroll for Medicare later, you may have to wait 6-12 months. You may have to pay a higher monthly premium for Part A, as well as a higher late enrollment penalty for Part B and Part D.

**Need An Accessible Format?**

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/medicare-accessibility for more information. TTY users call 1-877-486-2048.

**For information on how to change your name, address, or report a death,** visit Medicare or contact Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

**EXHIBIT H: CMS-500 MEDICARE PREMIUM BILL, LARGE PRINT, ENGLISH**

CMS-500 LP (11/21)  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services

**DELINQUENT BILL**

E4695-DEB-0112960-701907 \*\*\*\*\*ALL FOR AROC 212  
Charlie Medicare  
123 Example Street  
Apartment A  
Anytown, USA 12345 - 6789

**Medicare Premium Bill**

Statement Date 09/27/2021

Your Medicare Number 1EG4TE5MK70

Last Payment Received \$678.90 on 07/22/2021

Total Amount Due \$2,715.60 by 10/25/2021

**Want to pay electronically?**

- Pay online at Medicare.gov
- Establish online bill pay with your bank
- Enroll in Medicare Easy Pay

**Send payment with the coupon on the last page to:**  
Medicare Premium Collection Center  
P.O. Box 790355  
St. Louis, MO 63179 - 0355

1

**Summary Of Charges**

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	Part B + IRMAA	Part D + IRMAA	Total Amount
<b>Current Premium Due</b> 11/01/2021 – 11/30/2021	\$471.00	\$148.50	\$59.40	\$0	\$678.90
<b>Past Premium Due</b> 08/01/2021 – 10/31/2021	\$1,413.00	\$445.50	\$178.20	\$0	\$2,036.70
<b>Total Amount Due:</b>					<b>\$2,715.60</b>
<b>Due In Full By:</b>					<b>10/25/2021</b>

**Coverage Termination Dates For Past-due Accounts**

Your Medicare coverage will end on this date if we don't get your payment by the due date. If your Medicare coverage is canceled, contact your local Social Security field office or call 1 800 772 - 1213. TTY users call 1 800 325 - 0778.

Part A Termination	Part B Termination	Part D Termination
10/31/2021	10/31/2021	

2

**Questions About Your Bill?**

For specific billing questions, call 1 800 633 - 4227. TTY users call 1 877 486 - 2048. Or, write to Medicare Contact Center Operations, PO Box 1270, Lawrence, KS 66044. **Don't send your payment here.**

For questions about your Part A or Part B coverage, call Social Security at 1 800 772 - 1213. TTY users call 1 800 325 - 0778. You can also write to or visit any Social Security field office.

**Ways To Pay Electronically**

**Medicare.gov** is the quickest way to pay online. You can create a secure Medicare account and make a one-time payment the same day with a credit or debit card with the Visa / Mastercard / American Express / Discover logo, or from a checking or savings account. Payment should be posted within 3 – 5 business days. No Medicare fees apply.

**Medicare Easy Pay** authorizes CMS to automatically deduct payment from a checking or savings account each month. It can take up to 8 weeks to establish an Easy Pay account. Go to Medicare.gov and search for "Easy Pay" to learn how to enroll in Easy Pay. No Medicare fees apply.

3

**Online Bill Pay** lets you set up one-time or recurring payments directly from a checking or savings account. Contact your bank to enroll in their Online Bill Pay service. For information you need to give your bank, visit Medicare.gov and search for "Online Bill Pay."

For more information about ways to pay your bill call 1 800 633 - 4227. TTY users call 1 877 486 - 2048. **Phone payments are not accepted.**

**Information About Check Payments**

When you pay by check, you authorize the Medicare Premium Collection Center to use the information from your check to make a one-time electronic funds transfer from your bank account or to process the payment as a check transaction. Your bank statement will show the transaction as "CMS Medicare."

**About Premium Overpayments**

You may not specify how additional payments are applied. Any overpayments will be applied first to any past due balance, then to Medicare Part B and Part A, and lastly to Part D-IRMAA (only if you pay for Part A or Part D-IRMAA).

**Information About Medicare Costs**

Visit Medicare.gov for updated premium amounts and other basic costs.

4

**Get Help Paying Your Medicare Costs**

If you need help paying your Medicare costs, contact your State Medical Assistance Office (Medicaid) to see if you qualify for a Medicare Savings Program. To learn more, go to [Medicare.gov/medicare-savings-programs](http://Medicare.gov/medicare-savings-programs). You can also contact your State Health Insurance Assistance Program (SHIP). Visit [Medicare.gov/talk-to-someone](http://Medicare.gov/talk-to-someone) for the phone number of the SHIP in your state.

**About IRMAA**

IRMAA is an **Income-Related Monthly Adjustment Amount** that some people must pay for Part B and Part D coverage because they have a higher income. If you owe IRMAA for Part B or D, you'll see this cost in the "Summary Of Charges."

**What Happens If I Don't Pay?**

If you don't pay your Part A or Part B premium and any IRMAA amounts, **you will lose coverage**, and you must still pay the total premium amounts you owe.

To reapply for Medicare later, you may have to wait to enroll. You may also have to pay a higher monthly premium amount for Part A as well as a lifetime late enrollment penalty for Part B and Part D.

IRMAA costs can change. For questions about your Part B or Part D-IRMAA amount, or if you think your IRMAA amount is too high, call Social Security at 1 800 772 - 1213. TTY users call 1 800 325 - 0778.

5

**Need An Accessible Format?**

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](http://Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1 800 633 - 4227 for more information. TTY users can call 1 877 486 - 2048.

**For information on how to change your name, address, or report a death,** visit [ssa.gov](http://ssa.gov) or contact Social Security at 1 800 772 - 1213. TTY users can call 1 800 325 - 0778.

6

**NOTE: Don't send letters with your payment or write notes on the coupon – this will delay your payment.**

Charlie Medicare  
123 Example Street  
Apartment A  
Anytown, USA 12345 - 6789

**Amount You're Paying:**

\$     .

Amount Due: \$ 2,715.60

Due In Full By: 10/25/2021

Medicare Number: **1EQ4TE5MK70**

**Attention: Send just one payment and one coupon per envelope.**

Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

Visa / MasterCard / American Express /  
Discover Accepted:

-     -

Expiration Date: (mm / yyyy)

-

Credit / Debit Card Billing ZIP Code:

Signature: \_\_\_\_\_

**Don't Send Cash.** Make check/money order payable to: CMS Medicare Insurance

**Send Payment To:**

Medicare Premium Collection Center  
P.O. Box 790355  
St. Louis, MO 63179 - 0355

7

EXHIBIT I: 8-1/2 x 14" STUFFER, STANDARD PRINT, 2 INK COLORS

The second page of your Medicare Premium Bill includes clear information to help answer questions you may have about your bill and your Medicare premium payments.

**For specific billing questions,** call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

**To view a sample bill online,** go to Medicare.gov and search for "Medicare Premium Bill".

**Sample Page 2**

**Questions About Your Bill?**

**For specific billing questions,** call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. Or, write to Medicare Contact Center Operations, PO Box 1270, Lawrence, KS 66044. **Don't send your payment here.**

**For questions about your Part A or Part B coverage,** call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778. You can also write to or visit any Social Security field office.

**Ways To Pay Electronically**

Medicare.gov is the quickest way to pay online. You can create a secure Medicare account and make a one-time payment the same day with a credit or debit card with the Visa/Mastercard/American Express/Discover logo, or from a checking or savings account. Payment should be processed within 7-15 business days. No Medicare fees apply.

**Medicare Easy Pay** authorizes CMS to automatically deduct payment from a checking or savings account each month. It can take up to 8 weeks to establish an Easy Pay account. Go to Medicare.gov and search for "Easy Pay" to learn how to enroll in Easy Pay. No Medicare fees apply.

**Online Bill Pay** lets you set up one-time or recurring payments directly from a checking or savings account. Contact your bank to enroll in their Online Bill Pay service. For information you need to give your bank, visit Medicare.gov and search for "Online Bill Pay".

**For more information** about ways to pay your bill call 1-800-MEDICARE. TTY users call 1-877-486-2048. **Phone payments are not accepted.**

**Information About Check Payments**

When you pay by check, you authorize the Medicare Premium Collection Center to use the information from your check to make a one-time electronic funds transfer from your bank account or to process the payment as a check transaction. Your bank statement will show the transaction as "CMS Medicare".

**About Premium Overpayments**

You may not specify how additional payments are applied. Any overpayments will be applied first to any past due balance then to Medicare Part B and Part A, and lastly to Part D IRMAA (only if you pay for Part A or Part D-IRMAA).

**Information About Medicare Costs**

Visit Medicare.gov for updated premium amounts and other basic costs.

**Get Help Paying Your Medicare Costs**

If you need help paying your Medicare costs, contact your State Medical Assistance Office (Medicaid) to see if you qualify for a Medicare Savings Program. To learn more, go to [medicare.gov/medicare-savings-programs](http://medicare.gov/medicare-savings-programs). You can also contact your State Health Insurance Assistance Program (SHIP). Visit Medicare.gov/ship to someone for the phone number of the SHIP in your state.

**About IRMAA**

IRMAA is an **Income-Related Monthly Adjustment Amount** that some people must pay for Part B and Part D coverage because they have a higher income. If you owe IRMAA for Part B or D, you'll see this cost in the "Summary Of Charges."

**What Happens If I Don't Pay?**

If you don't pay your Part A or Part B premium and any IRMAA amounts, **you will lose coverage**, and you must still pay the total premium amounts you owe.

To reapply for Medicare later, you may have to wait to enroll. You may also have to pay a higher monthly premium amount for Part A, as well as a lifetime late enrollment penalty for Part B and Part D.

IRMAA costs can change. For questions about your Part B or Part D IRMAA amount, or if you think your IRMAA amount is too high, call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

**Need An Accessible Format?**

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [medicare.gov/about-us/accessibility-and-discrimination](http://medicare.gov/about-us/accessibility-and-discrimination), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users call 1-877-486-2048.

**For information on how to change your name, address, or report a death,** visit [ssa.gov](http://ssa.gov) or contact Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

**Understanding Your Medicare Premium Bill (CMS-500)**

CMS Preamble No. 11629  
November 2011

Centers for Medicare & Medicaid Services

**Sample Page 1**

Medicare Premium Bill

1 DELINQUENT BILL

Statement Date: 09/27/2021  
 Your Medicare Number: 1G4TSMK70  
 Last Payment Received: \$678.90 on 07/22/2021  
 Total Amount Due: \$2,715.60 by 10/23/2021

Want to pay electronically?  
 • Pay online at [medicare.gov](http://medicare.gov)  
 • Establish online bill pay with your bank  
 • Enroll in Medicare Easy Pay

Summary Of Charges		Part A	Part B	Part C	Part D	Total
Coverage Periods		(Hospital Insurance)	(Medical Insurance)	+ IRMAA	+ Part D = IRMAA	Amount
Current Premium Due	11/01/2021 - 11/30/2021	\$47.00	\$165.50	\$58.40	\$0	\$670.90
Past Premium Due	08/07/2021 - 10/31/2021	\$1,413.00	\$145.50	\$176.20	\$0	\$2,034.70
						<b>Total Amount Due: \$2,715.60</b>
						Due in Full By: 10/23/2021

**Coverage Termination Dates For Past-due Accounts**

Part A Termination	Part B Termination	Part D Termination
10/31/2021	10/31/2021	

**NOTE: Don't send letters with your payment or write notes on the coupon - this will delay your payment.**

16 CHARIE MED CARE  
123 EXAMPLE STREET  
APT#12345  
ANTYOWN, USA 12345-6789

17 Amount You're Paying: \$ 2,715.60 Due in Full by: 10/23/2021

18 Medicare Number: 1G4TSMK70


19 Send just one payment and one coupon per envelope. Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

#132226820/201/2026/994 18385 02/16/0 120

Understanding Your Medicare Premium Bill (CMS-500)

- 1 **Bill Type:** DELINQUENT BILL will display if you're 90 days past due in payment. ESTATE BILL will display to identify a final bill due for a person who is deceased.
- 2 **Your Medicare Number:** If you pay your premiums with a check or money order, write this number on the check or money order. You'll need this number whenever you call or write to Medicare about your bill, claims or coverage.
- 3 **Last Payment Received:** This is the date and payment amount we last received from you.
- 4 **Total Amount Due:** This total indicates how much you owe by the due date. It may include past due charges from a prior billing period.
- 5 **Summary Of Charges:** This table shows the current amount due and coverage periods for the insurance you have and any Part B Income Related Monthly Adjustment Amount (IRMAA) or Part D IRMAA amounts that may apply to you. **Note:** May include Part B late enrollment penalty amounts if they apply to you.
- 6 **Part A and Part B Coverage:** Some people with Medicare owe premium payments for Hospital Insurance (Part A) only or Medical Insurance (Part B) only. **Note:** You may owe more than the standard Part B premium if you enrolled late; disenrolled from Medicare and later reenrolled; and/or you have a higher yearly income that makes you owe a Part B IRMAA. IRMAA is determined by Social Security.
- 7 **Part D Income Related Monthly Adjustment Amount (IRMAA):** This is an amount some people may pay in addition to the Part D premium as determined by Social Security. **Note:** This isn't your Part D premium. If you have Part D, your Part D plan bills you separately for your premium amount.
- 8 **Past Premium Due:** This notification appears on your bill only if your payment is past due by at least one billing period.
- 9 **Coverage Termination Date:** You'll only see this notification if your payment is 90 days past due. If you don't pay the full balance of the "Total Amount Due" by the "Due in Full By" date, your Medicare coverage will be terminated.
- 10 **Payment Coupon:** If you're paying with a check, money order, or mail-in credit card payment, complete the coupon and return it with your payment. **If you don't include this coupon with your payment, your payment will be delayed.**
- 11 **Credit/Debit Card Payments:** You can pay with a credit card or with a debit card with the Visa/Mastercard/American Express or Discover card logo. If you're paying by credit card, be sure to complete and sign the coupon. **If you don't sign the coupon, your payment won't be processed and will be returned to you.**
- 12 **Amount You're Paying:** Write in the exact amount of your check, money order, or credit card payment. If you're paying by check or money order, this should match the amount of your check or money order.
- 13 **Send just one payment and one coupon per envelope for the fastest processing.** Write your Medicare Number on your check or money order and use the return envelope included with your bill. Your payment may be delayed or misapplied if this information isn't included.

**EXHIBIT J: 11 x 8-1/2" STUFFER, LARGE PRINT, ENGLISH**



**Understanding Your Medicare Easy Pay Premium Statement (CMS-20143)**

This brochure explains the information you might see on your updated Medicare Easy Pay Premium Statement. Information shown is for example purposes only.

**1 THIS IS NOT A BILL:** Since you're enrolled in Easy Pay, you get a Medicare Easy Pay Premium Statement each month instead of a bill.

**THIS IS NOT A BILL**

1

**6 Part A And Part B Coverage:** Some people with Medicare owe premium payments for Hospital Insurance (Part A) only or Medical Insurance (Part B) only.

**Note:** You may owe more than the standard Part B premium if you enrolled late, disenrolled from Medicare and later reenrolled, and/or you have a higher yearly income that makes you owe a Part B IRMAA. IRMAA is determined by Social Security.

Part A (Hospital + Insurance)	Part B (Medical + Insurance)	Part B + Part B IRMAA
\$471.00	\$148.50	\$59.40

4

**2 Your Medicare Number:** This is the unique personal number associated with your Medicare benefits. You'll need this number whenever you call or write to Medicare about your bill, claims or coverage.

**3 Last Payment Received:** This is the date and payment amount we last received from you.

**4 Current Deduction Amount:** This total indicates how much will be deducted from your bank account on the 20th of each month (or the next business day if the 20th falls on a weekend or holiday).

Your Medicare Number	2CG5BJ6KS7Ø
Last Payment Received	\$678.90 on 09/20/2021
Current Deduction Amount	\$678.90

2

**7 Part D Income Related Monthly Adjustment Amount (IRMAA):** This is an amount some people may pay in addition to the Part D premium as determined by Social Security.

**Note:** This isn't your Part D premium. If you have Part D, your Part D plan bills you separately for your premium amount.

Part D IRMAA
\$0

**8 Prevent Overpayment:** Your Easy Pay premium payment will be deducted on the 20th of every month, even if you pay by another method during that month. If this happens, any overpayment amount will be applied to the next month's premium payment.

**Prevent Overpayment**

5

**5 Summary Of Charges:** This section shows the current amount due and coverage periods for the insurance you have and any Part B Income Related Monthly Adjustment Amount (IRMAA) or Part D IRMAA amounts that may apply to you.

**Note:** May also include Part B late enrollment penalty amounts if they apply to you.

**Summary Of Charges**

3

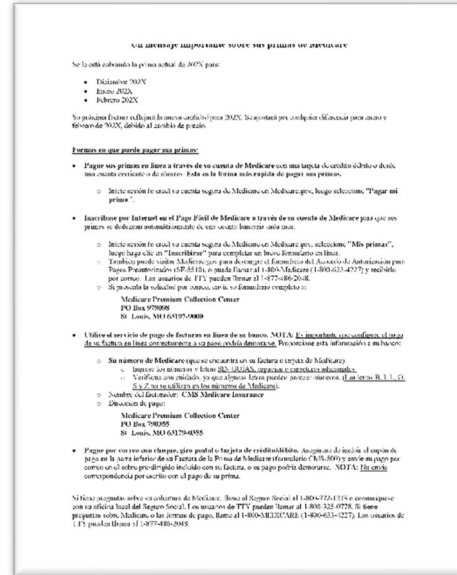
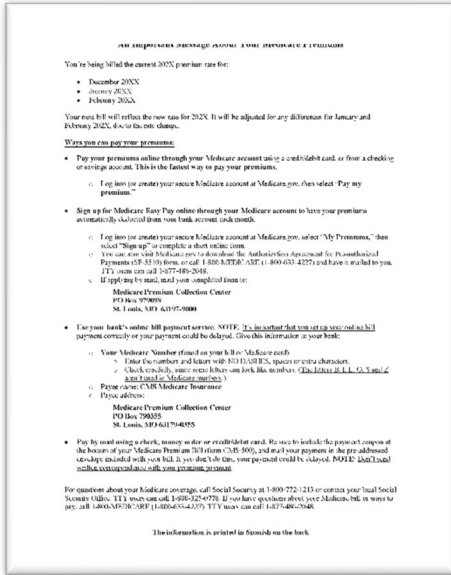
Pages 3 – 7 of your Medicare Easy Pay Premium Statement include clear information to help answer questions you may have about your statement and your Medicare premium payments.

**For specific billing questions,** call 1 800 633 - 4227.  
TTY users call 1 877 486 - 2048.

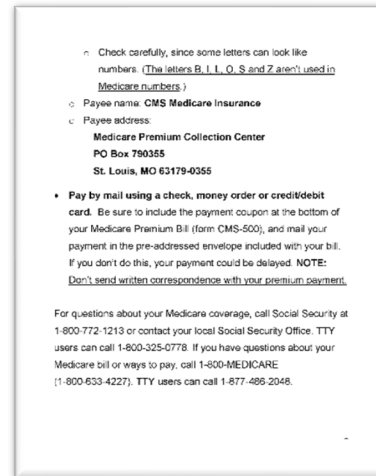
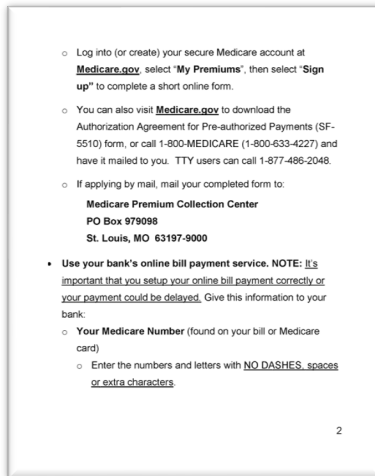
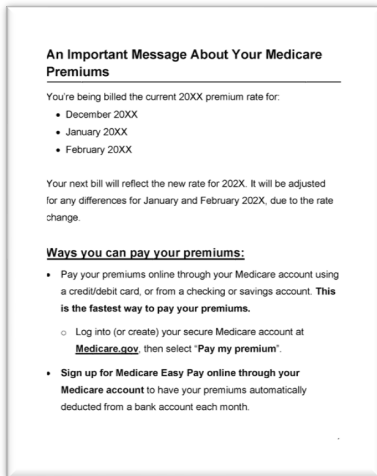
**To view a sample statement online,** go to Medicare.gov and search for "Medicare Easy Pay Statement."

6

**EXHIBIT K: 8-1/2 x 11" STUFFER, STANDARD PRINT, SINGLE INK**



**EXHIBIT L: 8-1/2 x 11" STUFFER, LARGE PRINT, SINGLE INK**



NOTE: Exhibits D through L are a sampling of CMS Forms and Bill Stuffers ordered on this contract. Not all CMS Forms and Bill Stuffers are represented with an Exhibit.