

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10955	Date: August 19, 2021
	Change Request 10692

SUBJECT: User CR: Multi-Carrier-System (MCS) - Expand Number of Details on Provider Profiles Inquiry (PI) Screen

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to expand the number of details that can be passed from the MCS Claim Entry (CLAM) and Detailed History (HI) screens to the PI screen.

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

I. GENERAL INFORMATION

A. Background: Currently, there is a limitation of two details that can be passed from the MCS Claim Entry (CLAM) and Detailed History (HI) screens to the Provider Profiles Inquiry (PI) screen. This CR will expand the number of details that can be passed to the PI Screen.

B. Policy: This CR does not affect policy or regulation.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10692.1	MCS shall enhance the MCS CLAM Screen to allow the clerk to pass all claim detail lines displayed on the screen to the PI Screen.							X			
10692.1.1	MCS shall retain the existing ability that allows the clerk to request up to two detail lines through the half PI Screen function.							X			
10692.1.2	MCS shall add a new function that will allow the clerk to request all six details through the half PI Screen function.							X			
10692.2	MCS shall enhance the half PI Screen functionality to allow the clerk to enter an action on all details to support manual pricing.							X			
10692.3	MCS shall enhance the MCS HI Screen to allow the clerk to select up to 6 details at one time to pass to the PI Screen.							X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0