

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11853	Date: February 9, 2023
	Change Request 10682

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Display Additional Screen Data Accessible from the Detail History and Claim Screens

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to allow a user to access pricing information from the Detail History and Claim screens, eliminating the need to switch to a different screen or move between multiple mainframe sessions. This CR shall span releases with the July 2023 release being the analysis and design of the code and the October 2023 release providing the delivery of the code for testing and implementation to production.

EFFECTIVE DATE: July 1, 2023 - This CR shall span releases. The the July 2023 release is the analysis and design.; October 1, 2023 - This CR shall span releases. The October 2023 release shall be the delivery of the code for testing and production implementation.

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

IMPLEMENTATION DATE: July 3, 2023 - This CR shall span releases. The July 2023 release is the delivery of the analysis and design.; October 2, 2023 - This CR shall span releases. The October 2023 release shall be the delivery of the code for testing and production implementation.

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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I. GENERAL INFORMATION

A. Background: The purpose of this CR is to allow a user to access pricing information from the Detail History and Claim screens, eliminating the need to switch to a different screen or move between multiple mainframe sessions. This CR shall span releases with the July 2023 release being the analysis and design of the code and the October 2023 release providing the delivery of the code for testing and implementation to production.

This CR creates new half screens for the Ambulance Fee Schedule screen, Web Clinical Lab Fee Schedule screen, Ambulatory Surgical Fee Schedule Inquiry screen, Consolidated Fee Schedule screen and the Web Drug Fee Schedule screen that may be accessed from the Detail History and Claim screens. The data from the claim shall be auto-populated on the new half screens as appropriate.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility										Other
		A/B MAC			D M E	Shared- System Maintainers				C		
		A	B	H		F	M	V	W			
10682.1	The MCS shall provide a user the ability to view the Ambulance Fee Schedule screen information (accessed using the mnemonic AM) from the Detail History screen (accessed using the mnemonic HI). The Ambulance Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Detail History screen and the data from the detail shall auto-populate as appropriate.							X				
10682.2	The MCS shall provide a user the ability to view the Ambulance Fee Schedule screen information (accessed using the mnemonic AM) from the Claim							X				

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
	screen (accessed using the mnemonic CLAM). The Ambulance Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Claim screen and the data from the detail shall auto-populate as appropriate.										
10682.3	The MCS shall provide a user the ability to view the Web Clinical Lab Fee Schedule screen information (accessed using the mnemonic CF) from the Detail History screen (accessed using the mnemonic HI). The Web Clinical Lab Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Detail History screen and the data from the detail shall auto-populate as appropriate.							X			
10682.4	The MCS shall provide a user the ability to view the Web Clinical Lab Fee Schedule screen information (accessed using the mnemonic CF) from the Claim screen (accessed using the mnemonic CLAM). The Web Clinical Lab Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Claim screen and the data from the detail shall auto-populate as appropriate.							X			
10682.5	The MCS shall provide a user the ability to view the Ambulatory Surgical Fee Schedule Inquiry screen information (accessed using the mnemonic F1) from the Detail History screen (accessed using the mnemonic HI). The Ambulatory Surgical Fee Schedule Inquiry screen information shall display in the lower half of a split screen when accessed from the Detail History screen and the data from the detail shall auto-populate as appropriate.							X			
10682.6	The MCS shall provide a user the ability to view the Ambulatory Surgical Fee Schedule Inquiry screen information (accessed using the mnemonic F1) from the Claim screen (accessed using the mnemonic CLAM). The Ambulatory Surgical Fee Schedule Inquiry screen information shall display in the lower half of a split screen when accessed from the Claim screen and the data from the detail shall auto-populate as appropriate.							X			
10682.7	The MCS shall provide a user the ability to view the Consolidated Fee Schedule screen information (accessed using the mnemonic FS) from the Detail							X			

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	History screen (accessed using the mnemonic HI). The Consolidated Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Detail History screen and the data from the detail shall auto-populate as appropriate.										
10682.8	The MCS shall provide a user the ability to view the Consolidated Fee Schedule screen information (accessed using the mnemonic FS) from the Claim screen (accessed using the mnemonic CLAM). The Consolidated Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Claim screen and the data from the detail shall auto-populate as appropriate.						X				
10682.9	The MCS shall provide a user the ability to view the Web Drug Fee Schedule screen information (accessed using the mnemonic DR) from the Detail History screen (accessed using the mnemonic HI). The Web Drug Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Detail History screen and the data from the detail shall auto-populate as appropriate.						X				
10682.10	The MCS shall provide a user the ability to view the Web Drug Fee Schedule screen information (accessed using the mnemonic DR) from the Claim screen (accessed using the mnemonic CLAM). The Web Drug Fee Schedule screen information shall display in the lower half of a split screen when accessed from the Claim screen and the data from the detail shall auto-populate as appropriate.						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cathleen Gurreri, 443-934-2913 or cathleen.gurreri@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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

ATTACHMENTS: 0