CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12137	Date: July 20, 2023
	Change Request 10749

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Alpha Numeric Values in the Division Number (DIV) Field of the Clerk Record and Department Profile Inquiry/Update Screens

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to correct the division number (DIV) field to accept alpha numeric values on the Clerk Record Inquiry/Update screen and the Department Profile Inquiry/Update screen.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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, 2024

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IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to correct the division number (DIV) field to accept alpha numeric values on the Clerk Record Inquiry/Update screen and the Department Profile Inquiry/Update screen.

The Clerk Record Inquiry/Update screen displays the clerk identification number, name, department, description and all relevant information associated with an individual clerk identification number. This screen is also used to display the access assigned under a specific clerk identification number, and allows for access updates to be made by those with update authority.

The Department Profile Inquiry/Update screen displays the department, description and all relevant information associated with an individual clerk identification number who is assigned to a specific department. This screen is used to display existing department profiles on file, and allows a department record to be added, changed, or deleted from the department profiles. Departments must be added to the Department Profile Inquiry/Update screen before any clerk identification numbers can be assigned to the department.

The Division Number (DIV) field is present on both the aforementioned screens. This field currently allows only numeric values to be entered.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Other

Number	Requirement	Responsibility								
			A/B		D	5	Shai	red-		Other
		N	/AA	\sim	M		Syst	tem		
					Е	Ma	aint	aine	ers	
		A	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
10749.2	The MCS shall update the DIV field on the						X			
	Department Profile Inquiry/Update screen to allow for									
	alpha numeric values. This screen is accessed through									
	the use of the mnemonic DP.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	С
			MAC		M	Е
					Е	D
		A	В	Н		I
				Н	M	
				Н	A C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

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