

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2065	Date: April 27, 2018
	Change Request 10034

SUBJECT: Part B Detail Line Expansion - Multi-Carrier System (MCS) Phase 9

I. SUMMARY OF CHANGES: This Change Request (CR) is phase nine of several change requests being written to make the necessary system modifications for a Part B detail line expansion. This CR will implement the MCS deliverables, which were outlined in the analysis and design document produced for CR 9096.

EFFECTIVE DATE: October 1, 2018 - Analysis and Design; January 1, 2019 - Complete coding and implementation of all requirements except BR 10034.5; April 1, 2019 - Complete testing of all phases and full implementation of BR 10034.5.

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

IMPLEMENTATION DATE: October 1, 2018 - Analysis and Design; January 7, 2019 - Complete coding and implementation of all requirements except BR 10034.5; April 1, 2019 - Complete testing of all phases and full implementation of BR 10034.5.

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: This Change Request (CR) is a follow up to CR 9096. This is one of several CRs being written to make the necessary system modifications for a Part B detail line expansion. The Multi-Carrier System (MCS) is expanding detail lines beyond their current thirteen and needs to make several changes to their system in order to accommodate for these modifications. The requirements of this CR are outlined in the Phase 9 section of the Analysis and Design deliverable provided in CR 9096.

B. Policy: The 2006 Tax Relief and Health Care Act (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

The Centers for Medicare & Medicaid Services (CMS) has included instruction to future date the HxxTMDAT Spitab Table. Contractors will receive further instruction via a Technical Direction Letter on when to change the HxxTMDAT Spitab Table date and what the production date shall be. The ultimate production date will be based on the results of the additional MAC/Single Testing Contractor testing feedback, which will take place between January and March.

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		
10034.1	The contractor shall create a switch that allows the ability to turn the 13-detail line split off and on.							X			
10034.1.1	The contractor shall update the HxxTMDAT Spitab date to December 31, 2019. NOTE: Further instruction shall be issued to the <u>MACs</u> on when to update the HxxTMDAT							X			

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
	Spitab and allow up to 50 detail lines to be accepted on incoming claims.								
10034.1.1 .1	Once the HxxTMDAT Spitab contains a date and the claim cycle date is greater than the HxxTMDAT date, the contractor shall no longer split the claim when the: <ul style="list-style-type: none"> Claim is sent to the Common Working File (CWF) Claim will no longer split in Medicare Premium Assistance Programs Claim is sent to the Beneficiary Data Streamlining 					X			
10034.1.1 .2	The contractor shall update the logic to remove special logic to split claims at 13 detail lines added with CR 10033 to process claims differently in the test region than production.					X			
10034.2	The contractor shall remove the ability to enter detail lines greater than 50 on the CLAM screen. NOTE: The CLAM screen contains 52 details and existing claims with 52 details will display all details pending. On-Line and Batch non-overrideable edit fails if CLAM screen contains more than 50 details.					X			
10034.3	The contractor shall update the following report to include 50 details: <ul style="list-style-type: none"> Update the HBCRA009 report to make the "MORE THAN 13 Details" Subtotal to only display when at least one claim split because of the 13 details. 					X			
10034.4	The contractor shall retest all previously installed phases through January 1, 2019.					X			
10034.5	Contractors shall continue to test all phases of the line expansion.		X						
10034.5.1	Once all issues are resolved and testing is fully complete, contractors shall notify MCS and CMS, no later than March 4, 2019, that their systems are ready		X						

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
	to accept up to 50 detail lines.								
10034.5.1 .1	Contractors shall notify CMS via email when their systems are ready. Emails should be sent to Dennis.Savedge@cms.hhs.gov and Brian.Reitz@cms.hhs.gov.		X						
10034.6	Recovery Audit Contractors (RACs) shall accept the files returned from MCS with up to 50 details.								RACs
10034.6.1	RACs shall accept the additional values for detail line 14-50.								RACs
10034.7	Effective for claims processed on or after July 2, 2018 through April 1, 2019, the contractor shall implement a new Part B/durable medical equipment, prosthetics, orthotics and supplies consistency edit in production to not allow claims with more than 13 details to process. NOTE: This Business Requirement (BR) rescinds and replaces BR 10032.4 of Transmittal 2016 dated January 26, 2018. This edit will be date activated in a Customer Information Control System (CICS) region.							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:
	N/A

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

V. CONTACTS

Pre-Implementation Contact(s): Dennis Savedge, 410-786-0140 or Dennis.Savedge@cms.hhs.gov , Brian Reitz, 410-786-5001 or Brian.Reitz@cms.hhs.gov , Ashley Ford, 410-786-0828 or Ashley.Ford@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