CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1745	**Date: November 4, 2016**
	Change Request 9840

SUBJECT: Part B Detail Line Expansion - Checkpoint Discussion Meetings

I. SUMMARY OF CHANGES: This change request (CR) initiates several checkpoint conference calls with Shared System Maintainers (SSMs) and Medicare Administrative Contractors (MACs) in order to confirm the current direction of the Part B Detail Line Expansion work completed to date as well as formulate the direction of future CRs.

EFFECTIVE DATE: April 1, 2017
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 3, 2017

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

Pub. 100-20	Transmittal: 1745	Date: November 4, 2016	Change Request: 9840

SUBJECT: Part B Detail Line Expansion - Checkpoint Discussion Meetings

EFFECTIVE DATE: April 1, 2017
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 3, 2017

I.   GENERAL INFORMATION

A.   Background: In an effort to ensure that beneficiaries are receiving the best possible care from Medicare providers, Congress has directed the Centers for Medicare & Medicaid Services (CMS) to implement several different quality measure/functional reporting programs over the last six years. These programs each require the submission of quality measure data, in the form of non-payable procedure codes, on detail lines of the claim. With a downstream system limitation of thirteen detail lines of service on Professional claims, it is becoming increasingly more difficult to continue to support both current and future quality measure/functional reporting initiatives without negatively impacting our provider's fee-for-service claims adjudication. CMS wants to assess the feasibility of increasing the number of detail lines which can be submitted to the claims processing systems, as well as, the downstream systems.

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 the Part B Detail Line Expansion. Shared System Maintainers (SSMs), as well as, possibly, Medicare Administrative Contractors (MACs), need to make changes to their systems in order to accommodate for these modifications. Contractors shall refer to the attachment (MCS Analysis Paper for CR 9096) to this CR for a detailed outline of the technical and programmatic requirements needed to accomplish this line expansion. Based on the attachment (MCS Analysis Paper for CR 9096), CMS is requesting checkpoint discussion meetings from both the SSMs and MACs to ask, address, and answer the MACs' questions and concerns pertaining to the Part B Detail Line Expansion. The MACs should thoroughly review the attachment and come to conference calls prepared with technical questions to discuss with CMS and the SSMs. CMS is not expecting an additional analysis paper or deliverable from the SSMs. Rather, CMS is expecting the SSMs to be prepared to address, in detail, any questions or concerns the MACs have as it relates to the attachment and the Part B Detail Line Expansion.

B.   Policy: Contractors shall participate in question and answer discussions pertaining to the Part B Detail Line Expansion. It is CMS' goal that any questions the MACs may have will be answered during the calls. However, if that is not possible, upon completion of all conference calls, the MACs will submit to CMS and Echimp a document that lists any outstanding or unresolved issues as it relates to the attachment and the Part B Detail Line Expansion, if any. The SSMs will then answer and address the remaining outstanding or unresolved questions submitted by the MACs and submit the responses to CMS and Echimp. The ultimate goal of this CR is to clarify for the MACs the current approach the SSMs are taking to implement the Part B Detail Line Expansion.

If CMS decides further instructions are needed to prepare the contractors' systems for the Part B Detail Line Expansion or that there needs to be changes to the shared systems, they will be announced in a future CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	A/B MAC			DME MAC	Shared-System Maintainers			Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9840.1	Contractors shall participate in up to five, 1 hour weekly conference calls to discuss with CMS staff and the SSMs, the MACs' file management and systems impact as it relates to this CR's attachment (MCS Analysis Paper for CR 9096) and the Part B Detail Line Expansion. Conference calls shall take place beginning the week of January 9, 2017.		X		X		X	X	X	HIGLAS, IDR, NCH, PDAC, STC, VDCs
9840.1.1	The MACs shall thoroughly review the attachment (MCS Analysis Paper for CR 9096) and come to conference calls prepared with technical questions to discuss with CMS and the SSMs. To the extent possible, the MACs shall upload these questions to Echimp so that the SSMs and CMS are able to view them prior to the meetings.		X							
9840.1.2	The SSMs shall be prepared to address, in detail, any questions or concerns the MACs have as it relates to the attachment and the Part B Detail Line Expansion.						X	X	X	HIGLAS, IDR, NCH, STC, VDCs
9840.2	Approximately 30 business days after the completion of all conference calls, contractors shall submit a document that lists any outstanding or unresolved questions as it relates to the attachment (MCS Analysis Paper for CR 9096) and the Part B Detail Line Expansion. This document should be posted in Echimp and emailed to Brian.Reitz@cms.hhs.gov and Dennis.Savedge@cms.hhs.gov.		X		X					
9840.2.1	Once the MACs' document is posted in Echimp, the SSMs shall answer and address the outstanding or unresolved questions submitted by the MACs.						X	X	X	HIGLAS, IDR, NCH, STC, VDCs
9840.2.1.1	Upon completion, the SSMs shall email the responses to Brian.Reitz@cms.hhs.gov and Dennis.Savedge@cms.hhs.gov and post the responses to Echimp.						X	X	X	HIGLAS, IDR, NCH, STC, VDCs
9840.3	Contractors shall send contact name(s) for attendance of the Part B Line Expansion – Checkpoint Discussion Meeting calls to Brian.Reitz@cms.hhs.gov and Dennis.Savedge@cms.hhs.gov within 5 days of issuance of this CR.		X		X		X	X	X	HIGLAS, IDR, NCH, STC, VDCs
9840.4	CMS shall be responsible for recording weekly conference calls. The weekly recordings shall be available immediately following each conference call.									CMS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D
		A	B	H H H	M A C	I
	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): Brian Reitz, 410-796-5001 or Brian.Reitz@cms.hhs.gov , Dennis Savedge, 410-796-0140 or Dennis.Savedge@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: 1

CR Analysis Paper

for CR 9096

Table of Contents

General Information

Document Title:	Analysis and Design for Part B Detail Line Expansion
INFOMAN Number:	54924
CMS CR#:	9096
Sponsor:	Noridian
CMS CR Effective Date:	January 1, 2015
CMS CR Implementation Date:	January 4, 2015
CMS Analyst:	Dennis Savedge, 410-786-0140 or dennis.savedge@cms.hhs.gov, Whitney Korangkool, 410-786-0551 or whitney.korangkool@cms.hhs.gov, Brian Reitz, 410-786-5001 or brian.reitz@cms.hhs.gov
CMS Delivery Date:	12/14/15
Total Analysis Hours:	22,624
INFOMAN Updated:	

Removal of Obsolete Code:	N

Prepared By (RAT BA):   Deb Lundy

Prepared by (SME):   Diane Greene, James Dowell, Kristal Hambelton, George Fuchs, Doug Berg

Executive Summary

CMS initiated an analysis to determine the system requirements and level of effort required to implement expanding MCS to process a 50 detail line claim. This change is being split into 9 phases and MCS proposes the change be split over at least 5 releases.

Phase 1 – 3,181 hours – This phase must be implemented first.
Phase 2 – 1,847 hours – This phase must be implement after phase 1.
Phase 3 – 2,947 hours – This phase can happen any time after phase 1.
Phase 4 – 1,526 hours - This phase can happen any time even before phase 1 but must happen before phase 9.
Phase 5 – 2,526 hours - This phase can happen any time after phase 2.
Phase 6 – 2,453 hours – This phase can happen any time after phase 2.
Phase 7 – 1,299 hours - This phase can happen any time after phase 1.
Phase 8 – 1,596 hours – This phase can happen any time after phase 1 and with the BDS/CWF changes.
Phase 9 – 5,249 hours - All phases must be implemented before this phase.

This analysis paper is the final deliverable associated with the analysis activity.

Explanation of Current State

Currently MCS processes a pending claim with up to 52 detail lines until the claim is ready to be sent to CWF. Once the claim is ready for CWF, the MPAP subsystem splits the pending claim into multiple claims each with a maximum detail lines of 13.

Once a processed claim is moved to an approved-to-pay status, the claim is stored on the MCS history files. MCS maintains an index structure so that any history claim can be easily recalled by HIC, ICN or provider. Each index record contains a pointer to the individual history claim. MCS online screens list claims by HIC, ICN or provider and offer selections and filters to support a variety of customer service activities. MCS maintains a COBOL Friendly file layout for both internal and external uses of its history claims. Processed claim functions, such as remittance, COB and adjustments (RAC, IUR, mass adjustments or manual adjustments) do not handle claims with more than 13 details.

Mainframe file storage for VDC processing environments is limited to a maximum physical record size of 32,760. The MCS pending claim exceeds this limitation, and was modified several years ago to use a reader/writer with multiple physical records for a single claim. However, because of the MCS/CWF split for 13 details, this pending claim expansion did not affect the MCS history files. The MCS history claim size is 28,000 characters. The COBOL Friendly file record is currently over 25,000 characters. Each finalized processed history claims with 13 details, in a compressed history or COBOL Friendly format, easily fit into one record within the mainframe storage record size.

Future State

A. Background: In an effort to ensure that beneficiaries are receiving the best possible care from Medicare providers, Congress has directed the Centers for Medicare & Medicaid Services (CMS) to implement several different quality measure/functional reporting programs over the last six years. These programs each require the submission of quality measure data, in the form of non-payable procedure codes, on detail lines of the claim. With a downstream system limitation of thirteen details lines of service on Professional claims, it is becoming increasingly more difficult to continue to support both current and future quality measure/functional reporting initiatives without negatively impacting our provider's fee-for-service claims adjudication.

The CMS wants to assess the feasibility of increasing the number of detail lines which can be submitted to the claims processing systems, as well as, the downstream systems. The current maximum number of detail lines allowed by the ASC X12 837 Professional (837P) claim transaction is 50. At a minimum, CMS believes that there is a need to expand the downstream systems to allow for 50 detail lines. However, in order to accommodate future quality measure/functional reporting initiatives, CMS would like to also assess an expansion to 100 detail lines.

Therefore, CMS is requesting an analysis and design estimate from the Part B and DME shared system maintainer for an expansion to 100 detail lines and from the Common Working File maintainer for both an expansion to 50 detail lines as well as 100 detail lines. The maintainers shall include all system requirements necessary for the expansion as well as any additional suggestions related to the expansion. In addition, they should provide us with any concerns and/or issues, as they see it, along with their proposed solution(s).

B. Policy: The 2006 Tax Relief and Health Care Act (TRHCA) (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.

Potential Issues/Requirement Gaps

Number	Question/Issue/Potential Risks
1.	It appears that CWF may need to update CWF Trailer 06 since the line number is documented in the trailer. CWF will need to expand line number value to 01 – 50.

MCS Assumptions

Number	Assumption
1.	Current Accounts Receivables (ARs) will not be changed and if the ARs are created with an M&T transaction, the ARs will continue to process as set up. NOTE: Once the AR is set up it cannot be changed without starting the AR over and then interest is affected.
2.	The MCS Case Tracking application is not affected by the expansion of the claim to 50 detail lines.
3.	According to CWF, the BDS Transmit record (HBBC) will not need to be updated.
4.	13 detail split logic will not be removed at this time. But will need to be removed at a later date.

Number	Assumption
5.	MCS assumes that it does not need to ensure that the HUBC records are in segment order within a claim. In general, MCS will create the segments in order. However, there are various sort/merge output processes to build the actual transmit files and the order is not guaranteed. CWF needs to inform MCS if a specific segment order is needed
6.	Provider and Beneficiary ARU transactions are not being updated as they currently display up to 20 details.

Summary of Requirements

Number	Requirement	Solution
CR9096.1	Contractor shall perform a detailed analysis and design to accommodate 50 service lines, as well as, 100 service lines in claims history.	MCS will provide a detail analysis paper.
CR9096.2	Contractor shall perform a detailed analysis and design to accommodate 100 service lines in the claims processing system.	MCS will provide a detail analysis paper.
CR9096.3	Contractors shall provide their analysis and design document in Microsoft Word format and deliver via email to the CMS contacts listed on this Change Request by October 5, 2015.	MCS will provide a detail analysis paper.
CR9096.3.1	Contractors shall post their analysis and design document (minus the LOE) to eChimp.	MCS will provide a detail analysis paper.
CR9096.4	Contractors shall attend up to 6 conference calls, lasting no longer than 1 hour, regarding the expansion of the detail lines. At this time, the call frequency is undetermined.	MCS attended calls.
CR9096.4.1	Contractor shall capture, produce, and distribute meeting minutes for each conference call.	MCS took meeting minutes and added the minutes to eChimp.
CR9096.4.1.1	Once approved, contractor shall post meeting minutes to eChimp.	MCS took meeting minutes and added the minutes to eChimp.

High Level CMS/User CR Business Requirements

The CR analysis has identified multiple structural limitations, such as fixed internal tables and record layouts and business functions that occur exactly 13 times. In addition, we have determined that this expansion will cross the mainframe storage limitations of 32,760. Therefore, there will no longer be a one-to-one correspondence between history records and history claims. Simple history claim reads, writes, selections and sorts must be standardized and reengineered to use readers and writers so that physical multiple records can be reassembled into a single history claim view, with special consideration for claim sorts. Additionally, the history claim index structure must be expanded to include multiple pointers to a single claim. All these history functions must be expanded before the first history claim can be processed to completion with more than 13 details.

Here are the phases that MCS proposes. We would recommend at least 5 releases for delivery. Multiple phases may go in the same release as documented in the "Executive Summary".

CMS BR #; 9096.3, 9096.3.1 – Phase 1- Split history record into pieces on the VSAM files

Identify any MCS documentation reference:	CLAM Screen profile, XH, HI, IN, H4

Estimating Points

1. Expand online history structure and indexes so when a claim exceeds physical record limits, it can be stored in fragments and then reconstructed for processing.
   1.1 Modify the Related History Claim Detail for the history claim to ensure that 50 details are available.
   1.2 Update the ICN, HIC, and Provider index record layouts to allow for additional Relative Byte Address (RBA) to store the physical record addresses for all parts of the history record. This includes MTD and YTD indexes and their overflow.
   1.3 Update the processes that read or write history to allow for the need to read or write multiple records per claim.
   1.4 Update the on-line history detail layout to allow for up to 50 details.
   1.5 Update the on-line history D-trailer to allow for up to 50 details.
   1.6 Update the on-line history K-trailer to allow for up to 50 details.
   1.7 Create a history record structure that can write out the MCS history claim in pieces, when the record exceeds the physical limits of files and record lengths.
   1.8 Expand history index structures for HIC, ICN, and provider have multiple history claim pointers to the same claim.
   1.9 Create an History Claim Splitter module break the MCS claim into multiple records
   1.10 Create a companion History Claim Reader to recombine multiple claim fragments back into a single history claim for processing.
   1.11 Set the split/break limit significantly to a low value (such as 10000) for testing so that claims lower than the largest record size (28000) can split, even though they have only 13 details.
   1.12 Load online/VSAM files in multiple pieces, when the claim size exceeds the break limit.
   1.13 Modify MCS history accessors to handle history in pieces.
   1.14 Modify MCS online history functions to use split history claims.
   1.15 Modify MCS batch functions to use split history claims.
   1.16 Modify multiple history selection process from the following screens.

2. Modify the on-line Claim Status (H4) processing to allow up to 50 details.

3. Update the following on-line screens to accommodate 50 detail lines.
   3.1 XH Express Adjustment History Screen.
   3.2 HI screen and other history screens.
   3.3 IN Screen Selections.

4. Modify Express Adjustment Process to ensure all 50 claim details are reviewed during the processing of the Express Adjustment process.

CMS BR #; 9096.3, 9096.3.1 – Phase 2 – Modify the physical sequential history outputs

Identify any MCS documentation reference:	H99RAWKS, HBBR0424, S1450000, S1675000, S1640000, S1610000, S1612000

Estimating Points

5. Expand history claim handling for large records so that large history records can be sorted, read and written in multiple pieces on sequential files.
    1.1 Add history writer functions to the History Claim Splitter to handle output for large records.
    1.2 Modify MCS IDR processing to use claim in the expanded claim format.
    1.3 Modify the MCS Bene Research Document (BRD) to use the expanded claim format.
    1.4 Modify the mass adjustment processes to use the expanded claim format
    1.4.1 Modify MSP Mass Adjustments (DB52)
    1.4.2 Modify SPITAB mass adjustments (DB68, RB68)

2. Modify the Suspense Worksheet to display up to 50 details.
    2.1 Remove the mass adjustment history section.

3. Modify the BRD to display up to 50 claim details.

4. Modify IDR Phase II and Phase III files to send up to 50 claim details per ICN.

5. Modify all Adjustment Processing to select history claims from multiple records.

CMS BR #; 9096.3, 9096.3.1 – Phase 3 - Financial

Identify any MCS documentation reference:	S0670000, S0676000, S1656000, S1806000, S1808000, S1621000, S1809000, S1811000, HBDR2001 report. MCSBFINA

Estimating Points

6. Modify the Financial Wrap processing to ensure that all 50 detail lines are processed.
7. Modify the financial record (600 record) to retain up to 50 detail lines together per ICN.
    7.1 600 Claim Record.
8. Modify the SPR to display up to 50 details per ICN.
    8.1 Update duplicate SPR jobs.
9. Modify the ERA to display up to 50 details per ICN.
    9.1 Update duplicate ERA jobs.
10. Modify the MSN to display up to 50 details per ICN.
    10.1 Update duplicate MSN jobs.

CMS BR #; 9096.3, 9096.3.1 – Phase 4 – Cash

Identify any MCS documentation reference:	MCSBCASH, S1801000, S1901000, S1902000, S1903000, S1904000, S1905000, S1906000, S1907000, S1909000, S1911000, S1913000, S1914000, S1927000, AI, CASH Setup Screen, MF, SF, RC, RP, MT.

Estimating Points

11. Modify the Cash Wrap processing to ensure that all 50 detail lines are processed.
12. Modify the internal MCS cash/financial subsystem interfaces to ensure that all 50 detail lines are processed.
     12.1 Remove internal 13 detail indicators for identifying full or partial refunds for applying history updates and refund processing. Apply the refund in detail order for monies available.
     12.2 Update internal processing for reporting interest savings on HBSRMSPD and HBAR1524 reporting by using the history C-trailers instead of the on-line Cash full or partial indicators.
13. On the AR screen, remove the logic that allows the M and T in the P/F field, as that processing uses the detail indicators and it is obsolete. Remove the detail indicators but leave the P/F claim field.
14. AI screen, remove the detail indicators.
15. Cash Setup screen, remove the detail indicators.
16. MF screen, update to remove the detail indicators from the 84 record transaction record.
17. SF screen, page 2. Displays the 85 cash suspense records. Remove the detail indicators.
18. RC screen. Remove the detail indicators, leave the P/F field.
19. RP screen. Remove the detail indicators, leave the PF field. Remove M, T, and A as valid in the P/F field.
20. MT screen, update cash transaction records to no longer have the detail indicators.

CMS BR #; 9096.3, 9096.3.1 – Phase 5 – Expand history processing

Identify any MCS documentation reference:	N/A

Estimating Points

21. Modify history processing for records that exceed the maximum record length of 32 K.
     NOTE: This change is needed because of mainframe storage conventions.
     21.1 Modify trailer processing and compression/expansion logic to allow for the expanded history record lengths.
     21.2 Modify history reader, writer and history logic to allow for the expanded history record lengths.
     21.3 Modify history trailer process to retain up to 50 detail status values, when a history claim is adjusted (Q-status) so that if the adjustment is deleted, the detail status values can be reinstated.
          21.3.1   Create a new history version for the V trailer expansions.

CMS BR #; 9096.3, 9096.3.1 – Phase 6: Expand internal process to 50 details and remove reference to 13 details

Identify any MCS documentation reference:	S28B_050, S2653000, S2654000, S1920000, S1158000, HUGR713M, HUGR730M, S2902008, S2902000, S2902021, S1920000, S1948000, S2626000, S2626100, S1603000, S1610000, S1612000, S1637000, S1637010, , S1638000, S1639000, S1640000, S1646000, S1647000, S1675000, S1678000, S1691000, S1700000,

Estimating Points

22. Modify Adjustment Process to ensure all 50 claim details are reviewed during the execution of the adjustment process.
    22.1 Full claim adjustment process will allow adjusting a claim up to 50 detail lines.
    22.2 Reopening a claim process will allow adjusting a claim up to 50 detail lines.

23. Modify Mass Adjustment Process to ensure all 50 claim details are reviewed during the processing of the mass adjustment process.

24. Modify MCSDT windows to accommodate up to 50 claim details.
    24.1 Update the Adjustment window to be able to adjust a claim with up to 50 details.
    24.2 Update the Claim Overview Window.
    24.3 Update the Patient Responsibility window to include up to 50 details.

25. Update the paging on the following on-line screens.
    25.1 IL794 Screen. **NOTE:** Do the MACs still use this screen or can it be archived?
    25.2 HI Screen,
    25.3 H5 Screen,
    25.4 H7 Screen,

26. Modify MSP secondary payment calculations to review up to 50 claim details.

27. Update the mapping to the COB 837 to display up to 50 details per ICN.
    27.1 Update the Full SFR mapping to map all details received on the 837 file to the outbound 837 COBC file.
    27.2 Update the skinny mapping to map all details from the claim screen to the outbound 837 COBC file.

28. Modify HPSA processing to process all 50 detail lines.

29. Update other MCS processes for 50 details.
    29.1.1   Expand the RAC interfaces to 50 details
        29.1.1.1RAC adjustments
        29.1.1.2RAC development feedback
        29.1.1.3RAC Extract for Additional Documentation Requests (S0366200)
    29.1.2   Expand MCS SPITAB adjustment interfaces from 13 to 50.
    29.1.3   Expand the MCS interface record (126 record) between MPAP and FEND to return payment information for up to 50 details.
        29.1.3.1Expand the 08 segment count
        29.1.3.2Expand the 09 segment count
        29.1.3.3Expand the 0B segment count
    29.2   Update the following reports to include 50 details.
    29.2.1   Update the HUGR713M report to document up to 50 details per claim.
    29.2.2   Update the HUGR730M report to document up to 50 details per claim.
    29.2.3   Update unsolicited adjustments report H99RBURE and HBBRC009 (DB78) for expanded detail count.

CMS BR #; 9096.3, 9096.3.1 – Phase 7 - COBOL Friendly History Record/Claim Status

Identify any MCS documentation reference:	S281601_

Estimating Points

30. Modify the COBOL friendly history record to accept up to 50 details per ICN.
    30.1   Reformat COBOL 338 history record to parse it into logical blocks to allow it to be

written out to a file and/or read from a file.
- 30.2   Update the mapping of COBOL Friendly History record to map up to 50 claim details.
- 30.3   COBOL Friendly - Modify claim uses of COBOL Friendly Format.
- 30.3.1   Create CF reader
- 30.3.2   Create CF writer
- 30.3.3   Revise external technical documentation for external users
- 30.4   Modify MCS functions that use the COBOL Friendly file format.

CMS BR #; 9096.3, 9096.3.1 – Phase 8 Expand CWF Interfaces

Identify any MCS documentation reference:	BDS/CWF Audit Trail Detail Screen, HBBC BDS Response Detail Record Screen, HBBCBDSResonseList, HUBC CWF Response Claim Detail Record, MCSBMO, S2902025, Response Generator Trailer Record Screen, CL-HUBCCWFResonseList, S23T001, S23T002, S23R400, S23R410, S23R080, S23R390, S23R280, S2306000, S2306000,

Estimating Points

31. Modify the HBBC Response Generator to accommodate the larger response record, but it will still all fit in one record.

32. Modify the HUBC Response Generator to accommodate the larger response record, but it will still all fit in one record.

33. Modify the Response Generator Trailer screens to accommodate 50 details when necessary.

34. Modify the Response Generator Summary Screen to accommodate the larger record.

35. Update the BDS/CWF Audit Trail Detail Screen to accommodate up to 50 details on the line item fields.
- 35.1   Update the screen to accommodate up to 50 details on the BDS Query Screen (BQ).
- 35.2   Update the BDS/CWF audit trail detail screen (BR type) to accommodate the BDS 39 Trailer, which will contain up to 50 occurrences.
- 35.3   Update the screen to accommodate up to 50 details on the CWF Transmit Screen (CT).
- 35.4   Update the BDS/CWF audit trail detail screen (CR type) to accommodate a 50 detail claim.
- 35.4.1   Section on Trailer 06 is updated to display values 01 – 50 in the Detail # fields.
- 35.4.2   Section on Trailer 08 is updated to display values 01-50 in the Detail # fields.
- 35.4.3   Section on Trailer 13 is updated to display entry of values 01-50 in the Line # fields when Alert 7282 is in the alert field.
- 35.4.4   Section on Trailer 28 is updated to display values 01-50 in the Line Item fields.
- 35.4.5   Section on Trailer 31 is updated to display values 01-50 in the Line Item fields.
- 35.4.6   Section on Trailer 39 is updated to display values 01-50 in the Line # fields.
- 35.4.7   Section on Trailer 40 is updated to display values 01-50 in the Line # fields.
- 35.4.8   Section on Trailer 41 is updated to display values 01-50 in the Line # fields.
- 35.4.9   Section on Trailer 49 is updated to display values 01-50 in the Line # fields.

36. Verify MCSDT BDS/CWF Audit Trail Detail window will display for claims with 50 details.

37. Modify BDS wrapper program to send claims with up to 50 details.

38. Modify HUBC file to send 50 claim details on the same ICN.

39. Modify CWF response file processing to apply CWF trailers to a claim that contains up to 50 details on the same ICN.
    43.1 Update the processing of the 08 trailer to apply error to details 14 to 50.
    43.2 Update the processing of the 39 trailer to apply trailer to details 01 to 50
    43.3 Update the processing of the 40 trailer to apply error to details 14 to 50.
    43.4 Update the processing of the 41 trailer to apply error to details 14 to 50.
    43.5 Update the processing of the 28 trailer to apply trailer to details 01 to 50.
    43.6 Ensure the ability to read the modified 13 trailer.

40. Modify BDS response file processing to apply BDS trailers to a claim that contains up to 50 details on the same ICN.
    40.1   Update the processing of the 08 trailer to apply error to details 14 to 50.
    40.2   Update the processing of the 39 trailer to apply trailer to details 01 to 50.

CMS BR #; 9096.3, 9096.3.1 – Phase 9 - Modify MCS Claims Split Logic

Identify any MCS documentation reference:	S1334000, H99RBRER, H99RBROU, H99RBURE, HBBRC009, HBCRA009, CLAM screen profile.

Estimating Points

41. Create a switch that allows the ability to turn the 13 detail line split off and on.

    41.1   Update the HxxTMDAT Spitab to contain an entry to split claim for 13 detail lines.
    41.2   Entry contains the date MCS will no longer split the claim for 13 detail lines.
    41.3   When the HxxTMDAT Spitab contains a date and the claim cycle date is greater than the HxxTMDAT date, the claim will no longer be split when:
    41.3.1 Claim is sent to CWF.
    41.3.2 Claim will no longer split in MPAP.
    41.3.3 Claim is sent to BDS.

46. Remove the ability to enter detail lines greater than 50 on the CLAM screen.
    46.1 CLAM screen contain 52 details and existing claims with 52 details will display all details pending.
    46.2 MAC must manually split claim to reduce the number of details to 50. MAC responsibility.
    46.3 On-Line and Batch non-overrideable edit fails if CLAM screen contains more than 50 details.

47. Update the following reports to include 50 details.
    47.1 Update the HBCRA009 report to remove the MORE THAN 13 Details per claim category.
    47.2 Update the H99RBRER report to document up to 50 details per claim.
    47.3 Update the H99RBROU report to document up to 50 details per claim.
    47.4 Update the H99RBURE report to document up to 50 details per claim.
    47.5 Update the HBBRC009 report to document up to 50 details per claim.

48. All phases previously installed will need to be retested.