

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1489	Date: May 1, 2015
	Change Request 9096

SUBJECT: Analysis and Design for Part B Detail Line Expansion

I. SUMMARY OF CHANGES: CMS is requesting an analysis and design estimate from the Part B and DME shared system maintainers and the Common Working File maintainer for an expansion in the number of detail lines of service which can be brought into the claims adjudication system and stored in downstream systems.

EFFECTIVE DATE: October 1, 2015

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

IMPLEMENTATION DATE: October 5, 2015

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/revise 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

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	
9096.2	Contractor shall perform a detailed analysis and design to accommodate 100 service lines in the claims processing system.						X	X		
9096.3	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.						X	X	X	
9096.3.1	Contractors shall post their analysis and design document (minus the LOE) to eChimp.						X	X	X	
9096.4	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.		X		X		X	X	X	BDS, FPS, HIGLAS, IDR, NCH
9096.4.1	Contractor shall capture, produce, and distribute meeting minutes for each conference call.						X			
9096.4.1.1	Once approved, contractor shall post meeting minutes to eChimp.						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
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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, Whitney Korangkool, 410-786-0551 or whitney.korangkool@cms.hhs.gov, Brian Reitz, 410-786-5001 or brian.reitz@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