

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1144	Date: November 2, 2012
	Change Request 8053

SUBJECT: MCS/TACs System Edits

I. SUMMARY OF CHANGES: This CR is being entered to enhance the functionality of the MCS/TACs letter writing system. The edits are necessary to assist the Medicare Administrative Contractors (MAC) and Carriers with creating appeals decisions letters.

EFFECTIVE DATE: April 1, 2013

IMPLEMENTATION DATE: April 1, 2013

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets.

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 obliged 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

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

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: A CMS/MAC workgroup was formed to discuss the issues the MACs and Carriers encounter with the MCS/TACs letter writing system. Potential edits were recommended for its enhancement. This change request incorporates some of the edits that would enhance the functionality of the system and aid the MACs in creating error proof appeals redetermination decision letters.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8053.1	The contractor shall develop a new process for uploading paragraphs from MS Word.								X			
8053.2	The contractor shall allow redacting of the health insurance claim number to carry over to all pages and allow an audit check or prompt the analyst to help with the process.								X			
8053.3	The contractor shall increase the number of letters that TACs will send under one Correspondence Control Number.								X			
8053.4	The contractor shall allow inserts to be listed by type of service instead of by number.								X			
8053.5	The contractor shall allow TACs to pick up the date span from the claim in question, not just the "from" date when the letter is written against the claim.								X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC	D M E	F I	C A R R I E R	R H H I	Other	
		P a r t A	P a r t B	M A C				
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Cyqwenithia Scott, 410-786-5875 or Cyqwenithia.Scott@cms.hhs.gov (Anita.Denion@cms.hhs.gov 410-786-7022)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: For Medicare Administrative Contractors (MACs):

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