CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11285	Date: March 3, 2022
	Change Request 10678

SUBJECT: User CR: MCS - Create an Audit Trail for Updates to Multi-Carrier System (MCS) Eligible Professional (EP) Screen

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create an audit trail for updates to Multi-Carrier System (MCS) eligible professionals (EPs) screen. This CR will allow the Medicare Administrative Contractors (MACs) to be aware of changes to the provider's payment adjustment information.

EFFECTIVE DATE: July 1, 2022

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: July 5, 2022

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: 11285	Date: March 3, 2022	Change Request: 10678

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I. GENERAL INFORMATION

A. Background: The Eligible Professional (EP) screen was created to hold provider information for different types of payment adjustments. Weekly, there could be updates to the provider's payment adjustment information. The EP screen only holds the current information; there is no easy way for the MAC to see what changes may have occurred.

Having an audit trail of the updates that occurred for a particular provider would be beneficial to the MAC. The MAC would know when information was changed and what that change was. This would also eliminate the need for the MAC to have to look back through prior reports to find when an update was made, which could be very time-consuming.

B. Policy: This CR is not based on policy or regulation.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		A/B MAC DME		DME	Share	Other		
		Α	В	HHH		FISS	MCS	VMS	CWF	
					MAC					
10678.1	MCS shall create a new SAFE						Х			
	function to capture additions,									
	changes and deletes made to									
	the Provider Payment									
	Adjustment file.									
10678.1.1	The new SAFE function shall						Х			
	capture additions, changes,									
	and deletes associated with the									
	following Provider Payment									
	Adjustment Types:									
	• Ambulatory Surgical Center									
	Payment Adjustment									
	• Comprehensive Primary									
	Care Plus									
	• Merit-Based Incentive									
	Payment System									
	• Maryland Comprehensive									
	Primary Care Program									
	Oncology Care Model									

Number	Requirement	Responsibility									
		A/B MAC		A/B MAC DME			Shared-System Maintainers				
		Α	В	HHH		FISS	MCS	VMS	CWF		
					MAC						
	Participating Provider										
	Radiation Oncology Model										
	Payment Adjustment										
10678.2	The new SAFE function						Х				
	screen shall include the										
	following fields:										
	Payment Adjustment Type										
	• Year										
	• National Provider Identifier										
	• Taxpayer Identification										
	Number										
	Contractor NumberEffective Date										
	Enective Date End Date										
	Decision Date										
	Process Date										
	Status Indicator										
	Adjustment Percent										
	Adjustment Percent 2										
	• Model ID										
	Justification										
	Rational										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsibility	r	
			A/		DME	CEDI
			MA	AC		
					MAC	
		А	В	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"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

Pre-Implementation Contact(s): Tracey Smith, 410-786-0462 or tracey.smith@cms.hhs.gov, Kay Curry, 410-786-1801 or Kay.curry@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