CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11667	Date: October 27, 2022
	Change Request 10665

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Current Location of a History Claim on the Related History Line and the MCS Desktop Tool (MCSDT) Related History Window

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the current General History Line – Related History Claim Header related history, to display the current location of the history claim. This change shall also be applied to the MCSDT Related History window.

EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

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: 11667 Date: October 27, 2022 Change	Request: 10665
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SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Current Location of a History Claim on the Related History Line and the MCS Desktop Tool (MCSDT) Related History Window

EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the current General History Line – Related History Claim Header related history, to display the current location of the history claim. This change shall also be applied to the MCSDT Related History window.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		MAC M		-						Other
		A	В	H H H	M A C	F I S S	M C S	V M S	_	
10665.1	The MCS shall update the current General History Line – Related History Claim Header related history, to display the current location of the history claim.						X			
10665.1.1	The MCS shall create a new field that is a 3 position Alpha Numeric (A/N) value.						X			
10665.1.2	The MCS shall insure the new field displays the history claim's current location value.						X			
10665.2	The MCS shall update the existing MCSDT Related History window to display the current location of the history claim.						X			
10665.2.1	The MCS shall create a new field that is a 3 position A/N value.						X			
10665.2.2	The MCs shall insure the new field displays claim's location for the Internal Control Number (ICN) listed						X			

Number	Requirement	Responsibility															
		A/B		A/B		A/B		A/B		S	haı	red-		Other			
		MAC		MAC		MAC		MAC		MAC		MAC N		System			
					Е	Ma	int	aine	ers								
		A	В	Н		F	M	V	C								
				Н	M	I	C	M	W								
				Н	A	S	S	S	F								
					C	S											
	in the Related ICN box.																

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		1	MA(\mathbb{C}	M	Е
					Ε	D
		Α	В	Н		I
				Н	M	
				Н	Α	
					С	
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;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): Cathleen Gurreri, 443-934-2913 or cathleen.gurreri@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: 0