CMS Manual System	Department of Health & Human Services (DHHS)				
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)				
Transmittal 2258	Date: February 15, 2019				
	Change Request 10657				

SUBJECT: User CR: MCS - Display Region on Select MCS Screens

I. SUMMARY OF CHANGES: This Change Request (CR) will update MCS to display the region on select screens. This is tied to User CR 56564.

EFFECTIVE DATE: July 1, 2019

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: July 1, 2019

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		

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

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SUBJECT: User CR: MCS - Display Region on Select MCS Screens

EFFECTIVE DATE: July 1, 2019

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: July 1, 2019

I. GENERAL INFORMATION

A. Background: This Change Request will update MCS to display the region field on the following MCS Screens: HI Screen, PC Screen, PH Screen, PS Screen, NU Screen, SB Screen, SM Screen, IN Screen, AM Screen, ZP Screen, F1 Screen, F2 Screen, DR Screen, PY Screen, FS Screen, CF Screen, RI Screen, PI Screen, CD Screen, LT Screen, COPY Screen.

This CR will also update MCS to remove the NHIC and NME fields from the following screens: HI Screen, PC Screen, PH Screen, PS Screen, NU Screen, SB Screen, SM Screen, IN Screen, AM Screen, ZP Screen, F1 Screen, F2 Screen, DR Screen, PY Screen, FS Screen, CF Screen, RI Screen, PI Screen, CD Screen, LT Screen, COPY Screen.

This CR was formerly MCS Infoman USER CR 56564.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Re	espo	nsi	bilit	y				
			A/B MA(D M E		Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F	
10657.1	MCS shall remove the NHIC and NME fields from the following screens: HI Screen, PC Screen, PH Screen, PS Screen, NU Screen, SB Screen, SM Screen, IN Screen, AM Screen, ZP Screen, F1 Screen, F2 Screen, DR Screen, PY Screen, FS Screen, CF Screen, RI Screen, PI Screen, CD Screen, LT Screen, COPY Screen.						X			
10657.2	MCS shall display the Region Identifier field on the following screens: HI Screen, PC Screen, PH Screen, PS Screen, NU Screen, SB Screen, SM Screen, IN Screen, AM Screen, ZP Screen, F1 Screen, F2 Screen, DR Screen,						X			

Number	Requirement	Responsibility								
			A/B		D	S	Sha	red-		Other
		1	MAG	5	Μ	S	Syst	tem		
					Е	Ma	aint	aine	ers	
		Α	В	Η		F	Μ	V	C	
				Η	Μ	Ι	С	Μ	W	
				Η	А	S	S	S	F	
					С	S				
	PY Screen, FS Screen, CF Screen, RI Screen, PI									
	Screen, CD Screen, LT Screen, COPY Screen.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spor	nsib	ility	
			A/B MAC B		D M E M A C	C E D I
	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): Stacey Shagena, 410-786-8208 or Stacey.Shagena@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