CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2390	**Date: November 8, 2019**
	Change Request 11469

SUBJECT: Enhance Maximum Claim Counter for Edits and Audits - Implementation

I. SUMMARY OF CHANGES: The purpose of this CR is to enhance the MCS system to add a maximum claim counter to provide the Medicare Administrative Contractors (MACs) the ability to specify, by procedure code, the number of claims that should fail a specified edit/audit. The goal of this change is to minimize the number of edits/audits required to implement Targeted Probe and Educate (TPE) audits, and save time on file maintenance/implementation.

EFFECTIVE DATE: April 1, 2020 - for Analysis, Design, and Coding; July 1, 2020 - for Coding, Testing, and Implementation
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 6, 2020 - For Analysis, Design, and Coding; July 6, 2020 - for Coding, Testing, and Implementation

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: 2390	Date: November 8, 2019	Change Request: 11469

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I. GENERAL INFORMATION

A. Background: The purpose of this CR is to enhance the MCS system to add a maximum claim counter to provide the Medicare Administrative Contractors (MACs) the ability to specify, by procedure code, the number of claims that should fail a specified edit/audit. The goal of this change is to minimize the number of edits/audits required to implement Targeted Probe and Educate (TPE) audits, and save time on file maintenance/implementation.

With the shift of prepayment medical review to TPE (CMS CR 10249), MACs need an MCS enhancement for counting the maximum claims that fail an edit or audit. Currently, the maximum claim counter is only available on the EA (edit audit) screen, which will require MACs to use one audit per provider per procedure code to count the number of claims that fail a specified audit for a specified procedure code, and stop failing after the maximum number has been reached.

After analysis calls with MCS Maintainer and the MACs, this CR will implement the following enhancements to the current MCS Focused Medical Review (MR) screen process:

- Add a maximum claim counter to the MR screen at the provider level.
- Expand the MR screen logic to include audits.
- Add additional claim criteria fields to the MR screen - receipt date, adjustment include/exclude indicator, beneficiary submitted claim include/exclude indicator, and review indicator.

B. Policy: This CR is not related to a policy or regulation.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	DME MAC	FISS	MCS	VMS	CWF	
11469.1	MCS shall expand the current Focused Medical Review (MR) screen functionality to include audits.						X			
11469.2	MCS shall add maximum claims, maximum claim						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	counter, and maximum counter reset date fields and processing logic to the MR screen, which will provide the MACs the ability to specify the number of claims that should fail the specified MR selection edit or audit.									
11469.2.1	MCS shall ensure that the logic is at the provider level to allow for a separate maximum claim count for each specified provider.						X			
11469.2.2	MCS shall ensure that the maximum claim counter fields are not be copied when using the MR screen copy function.						X			
11469.3	MCS shall add a claim receipt date field and processing logic to the MR screen.						X			
11469.3.1	MCS shall ensure that the logic is at the provider level to allow for a separate receipt effective date for each provider.						X			
11469.3.2	MCS shall ensure that when adjusting and reopening claims the original receipt date of the original claim is used.						X			
11469.4	MCS shall add an adjustment indicator field and processing logic to the MR screen.						X			
11469.4.1	MCS shall ensure that the new case level field is used to indicate if adjustment and reopening claims are included or excluded from the MR case.						X			
11469.5	MCS shall add a beneficiary submitted claims field and processing logic to the MR screen.						X			
11469.5.1	MCS shall ensure that the new case level field is used to indicate if beneficiary claims are included or excluded from the MR case.						X			
11469.6	MCS shall add review indicator fields and processing logic to the MR screen.						X			
11469.6.1	MCS shall ensure that the new case level fields are used to indicate if MAC specified review indicators are included or excluded from the MR case.						X			

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	
11469.7	The MCS shall update SAFE to capture maintenance updates to the new MR screen fields.						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:

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

V. CONTACTS

Pre-Implementation Contact(s): Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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