

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1602	Date: January 29, 2016
	Change Request 9538

SUBJECT: Part B Detail Line Expansion – MCS Phase 4

I. SUMMARY OF CHANGES: This change request (CR) is phase four of several change requests being written to make the necessary system modifications for a Part B detail line expansion. This CR will implement the Multi-Carrier System (MCS) deliverables only, which were outlined in the Analysis and Design document produced for CR 9096.

EFFECTIVE DATE: July 1, 2016

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

IMPLEMENTATION DATE: July 5, 2016

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

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SUBJECT: Part B Detail Line Expansion – MCS Phase 4

EFFECTIVE DATE: July 1, 2016

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IMPLEMENTATION DATE: July 5, 2016

I. GENERAL INFORMATION

A. Background: This change request (CR) is a follow up to CR 9096. This is the first of several CRs being written to make the necessary system modifications for a Part B detail line expansion. The Multi-Carrier System (MCS) is expanding detail lines beyond their current thirteen and needs to make several changes to their system in order to accommodate for these modifications. The requirements of this CR apply only to MCS and are outlined in the Phase 4 section of the Analysis and Design deliverable provided in CR 9096.

B. Policy: The 2006 Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

II. BUSINESS REQUIREMENTS TABLE

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

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	
9538.1	Contractors shall implement Phase 4 of the Part B Line Expansion per the analysis and design deliverables acquired during CR 9096.						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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Dennis Savedge, 410-786-0140 or dennis.savedge@cms.hhs.gov , Brian Reitz, 410-786-5001 or brian.reitz@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