CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11270	**Date: February 17, 2022**
	Change Request 10671

SUBJECT: User CR: MCS - Add Search by Rendering National Provider Identifier (NPI) Option

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to automate the process of searching by either the group, rendering National Provider Identifier (NPI) or Provider Transaction Access Number (PTAN) for claims submitted by a specific provider. Implementing this CR will give the system users a way to see all claims submitted by a rendering provider not just by a group provider.

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: 11270	Date: February 17, 2022	Change Request: 10671

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I.   GENERAL INFORMATION

A.   Background: This Change Request (CR) will give the system users a way to see all claims submitted by a rendering provider, not just by a group provider. Currently, when searching for claims submitted by a certain provider, a user can only filter using the group National Provider Identifier (NPI) or Provider Transaction Access Number (PTAN) on the IN or CE screens. Users should be able to filter by either the group, rendering NPI or PTAN when searching for claims submitted by a specific provider.

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			D M E	Shared-System Maintainers				Other
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
10671.1	MCS shall update the MCS IN and CE-B online screens to search claim records by rendering NPI.						X			
10671.2	MCS shall update the MCS Desktop Tool (MCSDT) Correspondence Summary Search Window and the Beneficiary Claim Summary Window to search claims by rendering group member NPI.						X			

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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): 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):
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: 1

MAC User Change Request 54839

<u>**Submitter Information**</u>

MAC Sponsor: (Name of MAC Requesting the Change) __Noridian_____

Dated submitted: __01/08/2015_____

Name: (Name of MAC contact) <u>Melissa Dahlgren___</u>

Email: (E-mail Address of MAC Contact) _<u>melissa.dahlgren@noridian.com</u>_____

Telephone Number: (Telephone Number of MAC Contact) ___701-277-5221_____

<u>**User Change Request Information**</u>

Short Title: (Name of the Change) _<u>Add Rendering NPI for Search Option</u>

Functional or Technical Business Area Associated with User CR (see page 3):
Claims Processing

Detailed Description of Change: (Provide a non-technical plain language description of proposed change in business requirement format)
Currently when searching for claims submitted by a certain provider a user can only filter using the group NPI or PTAN on the IN or CE screens.

Users should be able to filter by either the Group or Rendering NPI or PTAN when searching for claims submitted by a specific provider.

Description of the Benefits of Change: (Describe the benefits the proposed change)
Implementing this CR will give the system users a way to see all claims submitted by a rendering provider not just by a group provider.

<u>**Additional Information About User Change Request**</u>

Estimate Savings associated with the change: (Indicate the annual amount of cost savings and if the change applies to all MACs. If savings cannot be calculated, is this change consider a processing efficiency?)
This request would apply to all MACs and considered a processing efficiency.

Is the change related to a current pending User CR? (Yes or No) _No_____

    If yes, list the User CR number(s) _____

Is the change related to a previous issued CMS CR? (Yes or No) _No___

   If yes, provide the CMS CR # _____

Is the change due to a missed business requirement from a CMS CR? (Yes or No) __No__

   If yes, provide the CMS CR # _____

Is the change due to an audit finding? (Yes or No) __No_____

If yes, explain the type of audit finding:

Functional and Technical Business Areas

Functional Business Area
Automated Development System (ADS)
Appeals
Benefits Coordination and Recovery Contractor (BCRC)
Correct Coding Initiative (CCI) or Medically Unlikely Edits (MUE)
Certificate of Medical Necessity (CMN), DME MAC Only
Comprehensive Error Rate Testing (CERT)
Claims Processing
Electronic Data Interchange (EDI)/ Combine Common Edits Module (CCEM)/Common Electronic Data Interchange (CEDI)
Fraud Prevention System (FPS)
MCS Desktop Tool
Medicare Secondary Payer (MSP)
Medical Review (MR)
National Provider Identifier Crosswalk System (NPICS)
Provider Enrollment or Provider Enrollment, Chain and Ownership System (PECOS)
Medicare Summary Notice (MSN), Standard Provider Remittance (SPR) , or Electronic Remittance Advice (ERA)
System Control Facility (SCF)
The Automated Correspondence System (TACS)
Other CMS Policy Area:
Technical Business Area
Screen Changes: (Indicate the type of change, e.g., DATAIN, On-line Reports, SPITAB,)
Report or On-Request Job
Other Technical Change