

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11680	Date: November 4, 2022
	Change Request 10691

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Include Additional Options for Requesting Duplicate Remittance Advices

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS to allow a MAC to request duplicate remittance advices in an efficient manner.

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

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I. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the MCS Checks Issued to Payee, IP screen and the MCS Desk Top Tool (MCSDT) Bank screen to specify a check date range when ordering duplicate remittance advices. This shall generate all remits within the defined date range for those checks. The update shall apply to the Standard Paper Remittance (SPR) and the Electronic Remittance Advice (ERA).

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC		H H H	M A C	D M E	Shared- System Maintainers			Other
		A	B				F I S S	M C S	V M S	
10691.1	The MCS shall update the existing Issue Date field on the IP screen to isolate the checks within a specified date range and generate the duplicate remittance for the checks identified in that range.							X		
10691.2	The MCS shall add a new select all function to the Issue Date field logic when a range of dates is applied.							X		
10691.2.1	The MCS shall apply the new select all function created on the IP screen, to the same remittance type, an SPR copy to the provider, an SPR copy to the clerk who is requesting the duplicate remittance or an ERA duplicate remittance request.							X		
10691.3	The MCS shall update the Bank screen window in MCSDT to isolate the checks within a specified date range and generate the duplicate remittance for the							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	
	checks identified in that range.									
10691.4	The MCS shall add a new select all function to the MCSDT Bank screen when a range of dates is applied.						X			
10691.4.1	The MCS shall apply the new select all function created on the MCSDT Bank screen to the same remittance type, an SPR copy to the provider, an SPR copy to the clerk who is requesting the duplicate remittance or an ERA duplicate remittance request.						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): 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