

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11837</b>	<b>Date: February 3, 2023</b>
	<b>Change Request 10693</b>

**Transmittal 11709 issued November 17, 2022, is being rescinded and replaced by Transmittal 11837, dated, February 3, 2023 to revise the effective and implementation dates as well as the background section, expanding this CR from the April to the July 2023 releases. All other information remains the same.**

**SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Comment Screen**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to allow a user to make corrections on the Comment screen, add comments to a finalized claim and to auto populate specific data to fields on the screen which currently require manual entry. This CR shall span releases with the April 2023 release being the analysis and design of the code and the July 2023 release providing the delivery of the code for testing and implementation to production.

**EFFECTIVE DATE: April 1, 2023 - Analysis, Design and Coding; July 1, 2023 - Continue Coding, Testing and Implementation**

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

**IMPLEMENTATION DATE: April 3, 2023 - Analysis, Design and Coding; July 3, 2023 - Continue 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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 11837	Date: February 3, 2023	Change Request: 10693
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## I. GENERAL INFORMATION

**A. Background:** The purpose of this CR is to allow a user to make corrections on the Comment screen, add comments to a finalized claim and to auto populate specific data to fields on the screen which currently require manual entry. This CR shall span releases with the April 2023 release being the analysis and design of the code and the July 2023 release providing the delivery of the code for testing and implementation to production.

Currently the Comment screen accessed with the mnemonic CO, does not allow for a correction to be made to a previously posted comment. A corrected comment must be entered, adding to the number of existing comments, causing unnecessary additional entries to display.

There is also a limitation as to when a comment can be added to a claim. The user is not able to add a comment to a finalized claim without opening up a correspondence batch. The ability to access the Comment screen through the finalized claims' Internal Control Number (ICN) is being requested.

An enhancement to auto populate fields which currently require manual entry are as follows:

- Current date
- ICN or Correspondence Control Number (CCN)
- Clerk ID of the staff member adding the comment (CLRK)
- Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)
- Provider number (PIN); National Provider Identifier (NPI); the Health Plan Identifier (HPID) or Other Entity Identifier (OEID)

The MCS Desktop Tool (MCSDT) application currently does not allow corrections to existing comments on the MCSDT Comments window.

**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		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	
10693.1	The MCS shall update the Comment screen, accessed with the mnemonic CO, to allow for a correction to an existing comment.						X				
10693.2	The MCS shall update the existing MCSDT Comments window to allow for a correction to an existing comment.						X				
10693.3	The MCS shall update the system logic to allow a user to add a comment and to correct an existing comment on a finalized claim within the MCSDT application.						X				
10693.4	The MCS shall update the system logic to allow a user to add a comment and to correct an existing comment on a finalized claim utilizing the ICN within the MCS.						X				
10693.5	The MCS shall systematically populate fields on the Comment screen when the user is adding a comment to a pending or finalized claim utilizing the ICN.						X				
10693.5.1	The MCS shall populate the following fields when the user accesses the Comment screen by entering the mnemonic CO from the Claim screen, Detail History screen, Correspondence Entry Beneficiary Initiated screen and the Correspondence Entry Provider Initiated screen.						X				
10693.5.1 .1	The MCS shall systematically populate the current date.						X				
10693.5.1 .2	The MCS shall systematically populate the ICN.						X				
10693.5.1 .3	The MCS shall systematically populate the Clerk ID.						X				
10693.5.1 .4	The MCS shall systematically populate the HICN or the MBI.						X				
10693.5.1 .5	The MCS shall systematically populate the PIN, NPI, HPID, or OEID.						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**