

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11958	Date: April 20, 2023
	Change Request 10718

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Mass Adjustment Process to Include Selection Criteria for a Pricing Action Code (PAC) or Pricing Level Code

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to enhance the MCS mass adjustment process by allowing a user to select the adjustment claims based upon a specific PAC or pricing level code.

EFFECTIVE DATE: July 1, 2023

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

IMPLEMENTATION DATE: July 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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SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Mass Adjustment Process to Include Selection Criteria for a Pricing Action Code (PAC) or Pricing Level Code

EFFECTIVE DATE: July 1, 2023

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IMPLEMENTATION DATE: July 3, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to enhance the MCS mass adjustment process by allowing a user to select the adjustment claims based upon a specific PAC or pricing level code.

The MCS currently supports a method for a user to automatically create a large number of full claim adjustments, known as a mass adjustment. A mass adjustment may need to be performed when an underpayment or overpayment has occurred on a large volume of claims. The user is able to select the type of claims to be adjusted, based upon specific claim processing criteria using the MCS SPITAB criteria screen H**UADJ2 or the H**T2 table. The user may also choose to use a DATAIN method to apply the selection criteria by updating the BppyUADJ Mass Adjustment DATAIN.

The system currently uses a PAC to determine which pricing method to use when calculating the reasonable charge or fee. The PAC is assigned to each type of service, procedure, pricing modifier combination in accordance with pricing policy.

A pricing level is currently used by the MCS to indicate how the Medicare allowed amount was determined and used to control the message that is printed on a Medicare Summary Notice.

The implementation of this change shall allow a user the option to select claims for adjustment, using either the SPITAB and DATAIN method, according to a specific PAC coded or pricing level code.

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	Shared- System Maintainers				Other	
		A	B	H	M	F	M	V	C		
				H	A	S	S	S	S		
				H	C	I	C	M	W		
				H	C	S	S	S	F		

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10718.1	The MCS shall update the mass adjustment SPITAB process to add fields to the HxxUADJ2 screen and HxxTADJ2 table enabling a user to select claims for adjustment based on the PAC.						X				
10718.2	The MCS shall update the mass adjustment DATAIN process to add fields to the ADJ2 portion of the BppyUADJ, enabling a user to select claims for adjustment based on the PAC.						X				
10718.3	The MCS shall update the mass adjustment SPITAB process to add fields to the HxxUADJ2 screen and HxxTADJ2 table, enabling a user to select claims for adjustment based on the pricing level code.						X				
10718.4	The MCS shall update the mass adjustment DATAIN process to add fields to the ADJ2 portion of the BppyUADJ, enabling a user to select claims for adjustment based on the pricing level code.						X				
10718.5	The MCS shall update the Mass Adjustments Criteria Mass Adjustments Selection Criteria report (H99RAJ02) to add fields for the PAC and the pricing level code.						X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E	C E D I	
		A	B	H H H			M A C
	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): 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):

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ATTACHMENTS: 0