

<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 12138</b>	<b>Date: July 20, 2023</b>
	<b>Change Request 10752</b>

**SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Primary Function Keys (PF) for the Provider Enrollment Screens**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to expand the use of PF keys that allow scrolling forward and backward on the MCS provider enrollment screens for efficient navigation within the system.

**EFFECTIVE DATE: January 1, 2024 - This UECR was moved from the October 2023 Release to the January 2024 Release.**

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

**IMPLEMENTATION DATE: January 2, 2024 - This UECR was moved from the October 2023 Release to the January 2024 Release.**

*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: 12138	Date: July 20, 2023	Change Request: 10752
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## I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to expand the use of PF keys that allow scrolling forward and backward on the MCS provider enrollment screens for efficient navigation within the system.

**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 H H	M A C	F I S S	M C S		V M S	C W F	
10752.1	The MCS shall update the Provider Eligibility screens with a PF key to allow navigation backward through a National Provider Identifier (NPI) with multiple Provider Transaction Access Numbers (PTANs).							X				
10752.2	The MCS shall update the Provider Eligibility screens accessed through the use of the mnemonics PE, 2P, 3P, 4P, 5P with a PF key that allows navigation backwards through all of the screens.							X				
10752.3	The MCS shall update the Provider Identification Number (PIN) Support Screens V1, V2, V3, V4, V5 and V6 with a PF key that allows navigation backwards through all of the screens (V6 through V1).							X				
10752.4	The MCS shall update the PECOS Extract Research (VE) screen child record 04 Practice Address with logic that allows navigation backwards through all pages of addresses.							X				

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
10752.5	The MCS shall update the VE child record 10 'Pay To Address' with logic that allows navigation backwards through all pages of addresses.						X				

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	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**

**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**