

<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 12139</b>	<b>Date: July 20, 2023</b>
	<b>Change Request 10797</b>

**SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Checks Issued to Payee Screen**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update the processing of the duplicate remittance advice a user request through the use of the Checks Issued to Payee screen.

**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: 12139	Date: July 20, 2023	Change Request: 10797
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## I. GENERAL INFORMATION

**A. Background:** The purpose of this CR is to update the processing of the duplicate remittance advice a user request through the use of the Checks Issued to Payee screen. The screen is accessed by using the mnemonic of IP and frequently referred to as the IP screen.

This change shall update the processing of the duplicate remittance advice request, to identify and create the Provider Level Balance (PLB) adjustments reported in the PLB segment of the Electronic Remittance Advice (835 ERA) for all payouts and all offsets, including the offsets against the payouts. The duplicate remittance advice created shall include all PLB information produced on the original remittance advice. This would mean that any check that had any combination of claims, re-issues, payouts shall print all claims/re-issues and all PLB information for all payouts and all offsets. The user shall also have the capability to order a duplicate remittance advice request for a check that contained only payouts, or payouts with offsets and the duplicate remittance advice requested shall contain all of the original PLB information.

The MCS is not successfully creating the duplicate Health Professional Shortage Area (HPSA) remittance advice. This shall be corrected with this CR.

The transaction used to create the duplicate HPSA remittance advice is not being updated with this CR to create a duplicate of the HPSA report. This is a level of effort outside the scope of this CR. The Peraton shared system maintainer for the MCS plans to design this process under their sustainability workload. The time frame for this change to occur is to be determined at a later date.

**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	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		
10797.1	The MCS shall enhance the duplicate remittance process when the request is initiated from the Checks Issued to Payee (IP) screen.						X				
10797.1.1	The MCS shall ensure the duplicate remittance advise is successfully produced for payment sets that contain PLBs for combination payment sets.						X				
10797.1.2	The MCS shall ensure the duplicate HPSA remittance advise is successfully produced.						X				

**III. PROVIDER EDUCATION TABLE**

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

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**ATTACHMENTS: 0**