

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12141	Date: July 20, 2023
	Change Request 12660

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Internal Control Number (ICN) on the H99RBMSD and H99RBMSI Reports

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the H99RBMSD-MCS Daily Medicare Secondary Payer (MSP) Validity Indicator 'I' Adds report and the H99RBMSI- MSP Validity Indicator 'I' Adds for the Month report to display the ICN.

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

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

Pub. 100-20	Transmittal: 12141	Date: July 20, 2023	Change Request: 12660
-------------	--------------------	---------------------	-----------------------

SUBJECT: User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) to Display the Internal Control Number (ICN) on the H99RBMSD and H99RBMSI Reports

EFFECTIVE DATE: January 1, 2024

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

IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the H99RBMSD- MCS Daily MSP Validity Indicator 'I' Adds report and the H99RBMSI- MSP Validity Indicator 'I' Adds for the Month report to display the ICN.

The validity indicator of an 'I' is defined as the Medicare Secondary Payer Investigational record and the validity indicator of a 'Y' indicates another insurer is responsible for payment.

The MCS created the H99RBMSD and H99RBMSI reports to monitor daily/monthly counts of MSP I records created with a validity of I or Y. This is an enhancement to the MCS reports to include the system assigned ICN to help align the I record created for each claim.

B. Policy: There is no change in policy with this instruction.

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		F M V C	M I C S	V M S S	C W F			
12660.1	The MCS shall update the daily H99RBMSD report to include the ICN associated with the MSP 'I' and 'Y' validity indicator records.							X				
12660.2	The MCS shall update the monthly H99RBMSI report to include the ICN associated with the MSP 'I' and 'Y' validity indicator records.							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:

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):

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