CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12142	**Date: July 20, 2023**
	Change Request 12722

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Allow Punctuation on the Beneficiary Name, Sex, Date of Birth Update (BN Transaction)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS Data Entry On-Line (DEOL) application, BN transaction, to accept the entry of a beneficiary first and last name with the valid values of spaces, alpha, hyphen, apostrophe or period.

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

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I.   GENERAL INFORMATION

A.   Background: The purpose of this CR is to update the MCS DEOL application, BN transaction, to accept the entry of a beneficiary first and last name with the valid values of spaces, alpha, hyphen, apostrophe or period.

The DEOL application allows the user, through the use of the BN transaction, to add/update the beneficiary's name, sex, date of birth, and/or termination date on the beneficiary eligibility file. The application currently is not accepting these values.

NOTE: A comma cannot be used in either the first or last name fields on the DEOL BN transaction because the comma is used as a delimiter in the transaction.

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			DME	Shared-System Maintainers			Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12722.1	The MCS shall update the DEOL application, BN transaction to accept the values of spaces, alpha, hyphen, apostrophe and period in the first and last name fields.						X			

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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