

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12144	Date: July 20, 2023
	Change Request 13170

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Accept Additional Payee Identification Code Qualifiers for Third Party Payee (TPP) Provider Level Balancing (PLB) Code L3

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS to allow a TPP Accounts Payable (AP) invoice transaction for all payee types when using the Healthcare Integrated General Ledger Accounting System (HIGLAS) application.

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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EFFECTIVE DATE: January 1, 2024

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IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the MCS to allow a TPP, AP invoice transaction for all payee types when using the HIGLAS application.

Currently, the MCS edit message 3521 is set with the HIGLAS error code message 18200 when a TPP is made to a payee with a PI or HN payee identification code qualifier. In some situations, the HIGLAS TPP process requires L1 or L2 withholding to be refunded to the provider or paid to another entity. Not all TPP payments, which are systematically coded as L3, are sent to the IRS or Other Payee types. With the current validation, the system is unable to complete the requested payment due to the MCS PI or HN payee type limitation. The TPP L3 payments should not be limited by payee type.

Definitions:

L1 Code Meaning = Third Party Payment - IRS Backup

L2 Code Meaning = Third Party Payment - Garnishments

L3 Code Meaning = Third Party Payment - including Attorneys and IRSBW payee

Payee Identification Code Qualifiers:

Valid Values:

- PI – Provider Number
- HN – Beneficiary HIC
- TJ – Federal Taxpayer ID
- 34 – SSN
- GA – Attorney Number
- PB – Other Identification Number (used for NTD and IRSBW payments)

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 MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13170.1	The contractor shall update the HIGLAS MCS edit 3521/18200 to accept all valid payee identification code qualifiers when the PLB is equal to L3. The edit shall no longer set when the PLB is equal to L3 and N103 is PI or HN.						X			
13170.1.1	The contractor shall process an L3 PLB code to create a payout for providers and/or beneficiaries. This is the intent of the change.						X			
13170.2	The MAC shall be responsible for testing this change.		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:
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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