

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12741	Date: July 24, 2024
	Change Request 13630

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Criteria File (CRIT) Maintenance/Criteria Location Movement Maintenance (CT/CM)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create an error message that displays if a user attempts to add a location movement to the CM screen and there is no existing CT screen data for the region/location/claim type. The movement transfer is successful, only if existing CT screen data is available for the region/location/claim type and the location is listed as a valid movement location on the CM screen.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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, 2025

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IMPLEMENTATION DATE: January 6, 2025

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to create an error message that is displayed if a user attempts to add a location movement to the CM screen and there is no existing CT screen data for the region/location/claim type. The movement transfer is successful, only if existing CT screen data is available for the region/location/claim type and the location is listed as a valid movement location on the CM screen.

The system shall alert the user that the movement is invalid for the region/location/claim type due to the lack of the required CT data and prevent a user from adding location movements to a region/location/claim type if there is no existing CT screen for that region/location/claim type.

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	
13630.1	The contractor shall develop an error message to display when a user attempts to add a location movement to the CM screen and there is no existing CT screen for the region/location/claim type.						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