

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12921	Date: October 24, 2024
	Change Request 13759

SUBJECT: User Enhancement Change Request (UECR): Update Multi-Carrier System (MCS) Portal Re-Openings Negative/Zero Adjustments Report (H99RBPRZ)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add two new fields to the H99RBPRZ report to display the original claim and the portal adjustment claim deductible amounts.

EFFECTIVE DATE: April 1, 2025

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

IMPLEMENTATION DATE: April 7, 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/revise 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: April 1, 2025

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IMPLEMENTATION DATE: April 7, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to add two new fields to the H99RBPRZ report to display the original claim and the portal adjustment claim deductible amounts.

II. GENERAL INFORMATION

A. Background: The purpose of this CR is to add two new fields to the H99RBPRZ report that provides data when provider portal adjustment claims result in a zero or negative payment. The report is produced daily out of the DB79 job. The request is to add two new fields that display the base claim deductible and the portal adjustment claim deductible amounts.

B. Policy: N/A

III. 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	
13759.1	The contractor shall add two new fields to the MCS H99RBPRZ daily report that display the deductible amounts applied to the base claim and the portal adjustment claim.						X			
13759.1.1	The contractor shall define the two new fields as Bene Base Deduct (beneficiary base claim deductible amount) and Bene Adjust Deduct (beneficiary portal adjustment deductible amount).						X			
13759.1.2	The contractor shall populate the fields for the beneficiary base claim and the portal adjustment deductible amount						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	with the value of zero when no deductible is applied, opposed to a blank field.									
13759.2	The Medicare Administrative Contractors (MACs) A/B MAC Part B shall fully test this change.		X							

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0