CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1970	**Date: November 9, 2017**
	Change Request 10363

SUBJECT: Establish an Automated Process For Creating Mass Adjustments Utilizing Expert Claims Processing System (ECPS) - Analysis Only

I. SUMMARY OF CHANGES: ECPS process must be improved so that the users do not have to manually enter the word 'adjust' for every 100 Mass Adjustment records.

EFFECTIVE DATE: April 1, 2018
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 2, 2018

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: ECPS uses a FISS online transaction to assign a claim batch of up to 100 Document Control Numbers (DCNs). These DCNs would be used for Mass Adjustment claims creation. This process is automatic but requires an intervention by the Medicare Administrative Contractor (MAC) at every 100 DCNs. MACs must enter the word "adjust" for every 100 DCNs created. Because of this, the user starting this process would need to constantly monitor and enter the word "adjust" for every batch of 100 claims until they have completed their Mass Adjustments.

B.   Policy: There are no policy changes associated with this Change Request (CR).

II.   BUSINESS REQUIREMENTS TABLE
"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10363.1	The Shared System Maintainer (SSM) shall perform analysis for implementing either an automated process or a less manual process.					X				
10363.1.1	The SSM shall hold two 1-hour analysis conference calls with contractors and Virtual Data Centers (VDCs) and Centers for Medicare & Medicaid Services (CMS) staff. Information from these calls shall assist the SSM in writing the analysis paper for this CR. **NOTE**: The SSM shall be called upon to provide analysis or design of a couple of different scenarios and should estimate the hours for the analysis CR accordingly.	X		X		X				VDCs
10363.1.1.1	The SSM shall provide an analysis document with description of two to three options for implementation, and also include a Rough Order of Magnitude (ROM) for each option. The document shall be attached to this CR in eChimp by February 2, 2018 (60 days before the CR implementation date).					X				

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F		
	NOTE: Based on the analysis document, a separate CR will be written for design, development and implementation.										

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
Pre-Implementation Contact(s): Rose Salloum, 443-204-4701 or rose.salloum@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