

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10989</b>	<b>Date: September 8, 2021</b>
	<b>Change Request 11400</b>

**SUBJECT: User CR: MCS - Enhancement to Automate the XHIC Error Process**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is automate the process of clearing out the *From* and *To* Fields in Multi-Carrier System (MCS) when the cross-reference (XHIC) error sets and is overridden, and automatically recycle the claim back to Common Working File (CWF) when the fields are deleted. This change will reduce manual effort for the Medicare Administrative Contractors (MACs).

**EFFECTIVE DATE: January 1, 2022**

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

**IMPLEMENTATION DATE: January 3, 2022**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:** Currently if a claim in MCS receives Common Working File (CWF) error code 5052 with a 54 disposition, the cross reference Health Insurance Control Number (HICN) returned by CWF will create a looping situation in MCS. The HICN change will not be started and MCS internal error XHIC will be set. To resolve the MCS error, code processors must create a transaction to delete the incorrect cross reference HICN information (*From* and *To*) found in MCS. This manual process can cause further delays in processing time as claims are often held waiting for associates with security access to perform the transactions and added CWF processing. This CR will automate the process of clearing out the *From* and *To* fields in MCS when the XHIC error sets and is overridden, and automatically recycle the claim back to CWF when the fields are deleted.

**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		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
11400.1	When MCS internal error code XHIC is received, MCS shall suspend the claim as it does today to allow the MAC to review the claim to determine if a BX transaction should be completed.						X		
11400.2	MACs shall override the XHIC error using the existing override code if the MAC determines a BX transaction is required to clear out the From and To fields in MCS to allow the CWF HIC update.		X						
11400.3	When the XHIC error is overridden, MCS shall perform the BX transaction (H status) to clear out the From and To fields for the active HIC returned by CWF and inactive HIC on the claim.						X		

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
11400.3.1	MCS shall create the system-generated BX-H actions in the same cycle as the claim release.						X				
11400.3.2	MCS shall apply the BX-H actions to the beneficiary eligibility file at the beginning of the cycle, prior to any claims processing, and the impacted claims shall process against the updated eligibility information and recycle back to CWF.						X				

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility							
		A/B MAC			H H H	D M E M A C	F I S S	M C S	V M S
		A	B	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):** Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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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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.

**ATTACHMENTS: 0**