CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 11973	Date: April 20, 2023					
	Change Request 10713					

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Checks Issued to Payee Screen

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS screen titled Checks Issued to Payee, accessed through the mnemonic of Internet Protocol (IP). Currently, when a user is researching payments on the screen and navigates away to review other related information, the user is required to re-enter the access information in order to view the data previously displayed. This change shall update the MCS to retain the last information searched.

EFFECTIVE DATE: October 1, 2023

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 2, 2023

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

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) Checks Issued to Payee Screen

EFFECTIVE DATE: October 1, 2023

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 2, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to update the MCS screen titled Checks Issued to Payee, accessed through the mnemonic of IP. Currently, when a user is researching payments on the screen and navigates away to review other related information, the user is required to re-enter the access information in order to view the data previously displayed. This change shall update the MCS to retain the last information searched.

Examples provided by the Medicare Administrative Contractor (MAC):

Starting at the Checks Issued to Payee screen and navigating to the Bank Check Status screen, retain previously displayed data when returning to the Checks Issued to Payee screen.

Starting at the Checks Issued to Payee screen, navigating to the Bank Check Status screen and then to the Detail History screen, retain previously displayed data when returning to the Checks Issued to Payee screen.

Starting at the Checks Issued to Payee screen and navigating to the Provider Eligibility screen, retain previously displayed data when returning to the Checks Issued to Payee screen.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B		D	S	har	ed-		Other	
		MAC		М	2					
					Е	Maintainers				
		Α	В	Η		F	Μ	V	С	
				Η	Μ	Ι	C	Μ	W	
				Η	А	S	S	S	F	
					С	S				
10713.1	The MCS shall enhance the Checks Issued to Payee screen to retain the information displayed when navigating to other screens and returning.						X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	ility			
			A/B MAC B		D M E	C E D I
	None			H H	M A C	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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):

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.

ATTACHMENTS: 0