CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 11974	Date: April 20, 2023					
	Change Request 10743					

SUBJECT: User Enhancement Change Request (UECR) - Update the Multi-Carrier System HBBRC06 Report

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the MCS HBBRC06 report to include a new field for the Medical Review (MR) workload indicator located on the MCS EOMB Messages screen that is accessed through the use of the mnemonic EM.

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 HBBRC06 Report

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 Change Request (CR) is to update the MCS HBBRC06 report to include a new field for the MR workload indicator located on the MCS EOMB Messages screen that is accessed through the use of the mnemonic EM. Please note that the MCS screen name is an out of date acronym for the once used EOMB which was replaced by the MSN.

The HBBRC06 report currently displays information pertaining to MCS MSN message numbers.

B. Policy: This CR does not involve any changes to policy.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility											
			MAC				D M E				Other		
		A	В	H H H	M A C	F I S S	M C S	V M S					
10743.1	The MCS shall update the HBBRC06 report to add a new MR workload indicator field.						X						
10743.1.1	The MCS shall display the new MR workload indicator field on the EOMB report. Note: EOMB is no longer the method used to provide an explanation of benefits to a beneficiary.						X						
10743.1.2	The MCS shall display the same information found in field 16 – MR WORKLOAD INDICATOR of the EOMB Message Maintenance screen in the new MR workload indicator field. Note: EOMB is no longer the method used to provide						X						

Number	Requirement	Responsibility								
			A/B	;	D	S	hare	ed-		Other
		N	MA(M	S	yste	m		
					Е	Maintainers				
		Α	В	Н		F	M ·	V	C	
				Н	M	I	\mathbb{C}	M	W	
				Н	A	S	$S \mid S$	S	F	
					С	S				
	an explanation of benefits to a beneficiary.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B		D	C
		1	MAC	\mathcal{C}	M	Ε
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;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