

<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 11976</b>	<b>Date: April 20, 2023</b>
	<b>Change Request 12304</b>

**SUBJECT: User Enhancement Change Request (UECR): Correct the Multi-Carrier System (MCS) Bundled Payments for Care Improvement (BPCI) Reports**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to correct the BPCI reports last updated under CMS CR 11522. The shared system maintainer discovered issues with the reports for BPCI due to missed requirements and made the determination that a user CR would be better suited to fix the issues.

**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.

<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

Pub. 100-20	Transmittal:11976	Date: April 20, 2023	Change Request: 12304
-------------	-------------------	----------------------	-----------------------

**SUBJECT: User Enhancement Change Request (UECR): Correct the Multi-Carrier System (MCS) Bundled Payments for Care Improvement (BPCI) Reports**

**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 correct the BPCI reports last updated under CMS CR 11522. The shared system maintainer discovered issues with the reports for BPCI due to missed requirements and made the determination that a user CR would be better suited to fix the issues.

The following issues shall be addressed:

- When a single provider received 2 BPCI payments, the message field incorrectly displays the message "Part Offset" on the H99RDBPI and H99RDBPP reports.
- The total number of providers in the payment section line of the summary section of the H99RDBPI report is incorrect. Currently, the count reflects the number of HIGLAS Check Numbers (HCN) on the check activity and should reflect the number of providers on the bonus file.
- The total number of regular checks and the amount field is incorrect on the report H99RDBPI under the summary section.

**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	Shared- System Maintainers				Other	
		A	B		H H H	M A C	F I S S	M C S		V M S
12304.1	The MCS shall correct the H99RDBPI and H99RDBPP reports message field when a single provider receives multiple BPCI payments.						X			
12304.2	The MCS shall correct the H99RDBPI report summary section line titled, TOTAL NUMBER OF PROVIDERS IN PAYMENT SECTION to reflect the number of providers on the bonus file, not the number of HCNs.						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		
12304.3	The MCS shall correct the TOTAL NUMBER OF REGULAR CHECKS and TOTAL AMOUNT OF REGULAR CHECKS lines to reflect the correct count of checks issued, with no messages and the amount of checks issues with no messages.						X				

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	I
		A	B	H H H			
	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):** 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**