

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10286	Date: August 7, 2020
	Change Request 11779

SUBJECT: User CR: ViPS Medicare System (VMS) - Create a Beneficiary Record Submitted with Medicare Beneficiary Identifier (MBI)

I. SUMMARY OF CHANGES: This Change Request (CR) will implement changes to the ViPS Medicare System (VMS) Beneficiary Update and Display System (BUDS) subsystem to allow for the creation of a new beneficiary record on the Beneficiary Information Screen (BUDS01) when the Medicare Beneficiary Identifier (MBI) is billed by the supplier.

EFFECTIVE DATE: January 1, 2021

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

IMPLEMENTATION DATE: January 4, 2021

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

Pub. 100-20	Transmittal: 10286	Date: August 7, 2020	Change Request: 11779
-------------	--------------------	----------------------	-----------------------

SUBJECT: User CR: ViPS Medicare System (VMS) - Create a Beneficiary Record Submitted with Medicare Beneficiary Identifier (MBI)

EFFECTIVE DATE: January 1, 2021

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

IMPLEMENTATION DATE: January 4, 2021

I. GENERAL INFORMATION

A. Background: Prior to the implementation of the MEDICARE BENEFICIARY IDENTIFIER (MBI), a user could create a Beneficiary Update and Display System (BUDS) subsystem Skeleton Record in VMS by keying over the HICN field on the claim entry screen. After, users were not able to create the beneficiary record in the same manner when the MBI started with an Alpha character. This change will update VMS to ensure that an operator can trigger the creation of a beneficiary record when claims are received with an MBI that crosswalks to a HICN, for beneficiaries that do not have an entry in BUDS.

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	C W F	
11779.1	The contractor shall update the VMS Beneficiary Update and Display System (BUDS) subsystem to allow for the creation of a new skeleton beneficiary record when a claim is submitted and the MBI translates to a HICN that begins with an alpha character. Note: The creation of skeleton beneficiary records occurs from VMON when the beneficiary does not exist in the BUDS subsystem.						X			
11779.2	These changes shall be effective with the Implementation Date of this CR.						X			

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): Kay Curry, 410-786-1801 or Kay.Curry@cms.hhs.gov , 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):

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