CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11686	Date: November 9, 2022
	Change Request 11900

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Reset Beneficiary and Provider Healthcare Integrated General Ledger Accounting System (HIGLAS) Flags

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to develop a job that will reset Beneficiary and Provider Healthcare Integrated General Ledger Accounting System (HIGLAS) Flags to spaces in the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) User Acceptance Testing (UAT) regions.

EFFECTIVE DATE: April 1, 2023
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 3, 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

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I.   GENERAL INFORMATION

A.   Background: The purpose of this Change Request (CR) is to develop a job that will reset Beneficiary and Provider Healthcare Integrated General Ledger Accounting System (HIGLAS) Flags to spaces in the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) User Acceptance Testing (UAT) regions.

The Centers for Medicare & Medicaid Services (CMS) completed the transition of financial data from VMS to HIGLAS. During User Acceptance Testing (UAT) of this implementation, the Noridian Durable Medical Equipment Medicare Administrative Contractor (DME MAC) received 837 interface errors for error code 14175. After researching the errors, it was determined that new claims sent to HIGLAS on the 837 Interface File errored because the beneficiary or supplier was not in HIGLAS. However, these were claims where the beneficiary or provider HIGLAS flag was previously set to "Y" during VMS Response Generator and found in HIGLAS during testing.

Noridian can execute the HG271 or HG274 transactions to send these beneficiaries and suppliers to HIGLAS and resend claims from the MONI/8 screen, but these errors and the work to send records and resend claims to HIGLAS, causes a delay in user acceptance testing. This situation does not occur in production, but will occur in the UAT testing regions causing quarterly release testing delays for both DME MACs.

The MCS maintainer developed a solution for this situation considering how HIGLAS recopies production data with the refresh of the VLD3 test instance each quarter. Because the MAC UAT testing regions are not refreshed quarterly, there are always inconsistencies between the MCS and HIGLAS beneficiary and provider records (where MCS shows HIGLAS flag equal to Y, but these records are not in HIGLAS VLD3 instance). The solution that MCS created was two on-request jobs (RJ97 for beneficiary and RJ98 for provider) that the MACs can run at the onset of quarter release user testing that resets all the beneficiary and provider HIGLAS flags to spaces; this process allows all claims generated during UAT testing to trigger the 271 and 274 updates to HIGLAS VLD3 test instance, which prevents any unnecessary errors and delays in testing.

Under this CR, a VMS UAT Utility will be developed to reset all the beneficiary and provider HIGLAS flags to spaces. This will help to prevent errors and delays in user acceptance testing.

B.   Policy: This CR does not update policy.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11900.1	The VMS contractor shall develop a job that performs the following functions: 1. Clears out the HIGLAS flag and HIGLAS date fields on the VMS Beneficiary record 2. Clears out the HIGLAS flag and HIGLAS date fields on the VMS Provider record 3. Does not create SAFE audit records for these Beneficiary and Provider record updates. The new job will be a request job to be executed only in the DME MACs' User Acceptance regions.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0