

<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 12314</b>	<b>Date: October 19, 2023</b>
	<b>Change Request 13324</b>

**SUBJECT: User Enhancement Request (UECR) - Update the Multi-Carrier System (MCS) to Create a Summary Report for Healthcare Integrated General Ledger Accounting System (HIGLAS) Interface File Errors**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to create a consolidated HIGLAS error report.

**EFFECTIVE DATE: April 1, 2024**

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

**IMPLEMENTATION DATE: April 1, 2024**

*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: 12314	Date: October 19, 2023	Change Request: 13324
-------------	--------------------	------------------------	-----------------------

**SUBJECT: User Enhancement Request (UECR) - Update the Multi-Carrier System (MCS) to Create a Summary Report for Healthcare Integrated General Ledger Accounting System (HIGLAS) Interface File Errors**

**EFFECTIVE DATE: April 1, 2024**

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

**IMPLEMENTATION DATE: April 1, 2024**

## I. GENERAL INFORMATION

**A. Background:** The purpose of this CR is to create a one-page summary report to display HIGLAS interface file errors. This shall eliminate the need to review eight individual interface file error reports if there is no error identified on the summary report.

Currently, the MCS produces the 824 Status Notification Error report for each of the following files and this process shall not change:

RP1OUT - for the 271 Beneficiary-interface file

RP2OUT- for the 274 Provider-interface file

RP3OUT- for the 810 HPSA-interface file

RP4OUT- for the 811CR-interface file

RP5OUT- for the 811CS-interface file

RP6OUT- for the 837-interface file

RP7OUT- for the 835-interface file

RP8OUT- for the 811VMP-interface file

The user shall use the summary report being created under this enhancement to limit the number of reports being reviewed unnecessarily. If there are no errors identified for the specific interface file, there shall not be a need to review that specific report.

The following is an example summary report:

<b>RUN DATE: MM/DD/YYYY</b>	<b>WORKLOAD ID</b>
<b>SUMMARY REPORT - HIGLAS INTERFACE FILE ERROR</b>	
<b>INTERFACE FILE NAME</b>	<b>ERROR COUNT</b>
271	1
274	0

810	0
811CR	0
811CS	0
811VMP	0
837	1
835	5

**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		F I C S	M C S	V M S	C W F			
13324.1	The MCS shall design a new HIGLAS interface file summary report to display the error count received, corresponding to the existing interface files defined in the background section of this CR (271, 274, 810, 811CR, 811CS, 837, 835, 811VMP). This report shall be produced with the existing daily DJ61 and the existing on request job RJ61.						X				
13324.1.1	The MCS shall ensure an interface file receiving zero errors shall display the value of zero for the corresponding interface file.						X				
13324.1.2	The MCS shall design the new HIGLAS interface file summary report to be limited to the interface file name and the error count received from the applicable file. The error message and the details of the error shall not be displayed.						X				
13324.1.3	The MCS shall design the new HIGLAS interface file summary report to display the run date and or cycle date as appropriate, corresponding to appropriate date fields of the existing reports, produced out of the DJ61 (daily) and RJ61 (on-request) jobs.						X				
13324.1.4	The MCS shall design the new HIGLAS interface file summary report to display a field containing the applicable region equivalent to the workload ID.						X				

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	
13324.2	The Medicare Administrative Contractors (MACs) shall test this change.		X						

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D 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**

**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**