CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12510	**Date: February 13, 2024**
	Change Request 13152

Transmittal 12196 issued August 10, 2023, is being rescinded and replaced by Transmittal 12510, dated February 13, 2024, to include a business requirement (13152.6) for the DME MACs to conduct testing. All other information remains the same.

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Cancellation Process Phase 2

I. SUMMARY OF CHANGES: The purpose of this UECR is to implement the changes determined during the analysis and design calls for previously issued instruction. VMS will be updated to automatically send cancel transactions to the Common Working File (CWF) and the Integrated Data Repository (IDR) when the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) cancel a claim on the Healthcare Integrated General Ledger Accounting System (HIGLAS) 837 Rejects List Screen.

EFFECTIVE DATE: January 1, 2024; April 1, 2024
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 2, 2024 - Coding and Testing; April 1, 2024 - Coding, Testing, and Implementation

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: 12510	Date: February 13, 2024	Change Request: 13152

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SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Cancellation Process Phase 2

EFFECTIVE DATE: January 1, 2024; April 1, 2024
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IMPLEMENTATION DATE: January 2, 2024 - Coding and Testing; April 1, 2024 - Coding, Testing, and Implementation

I.   GENERAL INFORMATION

A.   Background: The purpose of this UECR is to implement the changes determined during the analysis and design calls for previously issued instruction. The Centers for Medicare & Medicaid Services (CMS) completed the transition of financial data from VMS to the Healthcare Integrated General Ledger Accounting System (HIGLAS). As a result of the financial data moving to HIGLAS, the need to cancel a claim after it has been adjudicated now exists. VMS will be updated to automatically send cancel transactions to the Common Working File (CWF) and the Integrated Data Repository (IDR) when the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) cancel a claim on the HIGLAS 837 Rejects List Screen.

B.   Policy: There are no policy changes associated with this instruction.

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	C W F	
13152.1	GDIT shall use the claims canceled by the DME MACs in MONI/8 to initiate a cancel transaction to CWF (entry Code 3).							X		
13152.1.1	GDIT shall update the existing daily report HG8802 HIGLAS CANCELLED 837 REJECTS to include the date the cancel request transactions are sent to CWF.							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13152.2	DME MAC shall ensure canceled adjustment claims are not sent to CWF as cancels, as part of this process.				X					
13152.3	GDIT shall generate a daily report of CWF cancel responses to include the following fields, at the minimum: HICN, CCN, date sent to CWF, CWF disposition code.							X		
13152.3.1	DME MAC shall monitor the report to verify that all cancels have been accepted.				X					
13152.3.1.1	The DME MAC shall work with the GDIT Help Desk to resolve, if the cancel request errors out at CWF.				X					
13152.4	GDIT shall requery the cancel transaction to CWF if no response has been received.							X		
13152.5	GDIT shall send the canceled claims to the IDR contractor in the daily Phase 2 file when the canceled claim is removed from the VMS files.							X		IDR
13152.6	DME MAC shall test the changes for the CR.				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

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