

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12776	Date: August 8, 2024
	Change Request 13691

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Accommodate Electrical Workers Insurance Fund (EWIF) and Indirect Payment Procedure (IPP) Providers Processing with Healthcare Integrated General Ledger Accounting System (HIGLAS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement changes to accommodate IPP and EWIF claims processing with HIGLAS.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement changes to accommodate IPP and EWIF claims processing with HIGLAS.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to implement changes to accommodate IPP and EWIF claims processing with HIGLAS. During the user acceptance testing for the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) transition to HIGLAS implementation, it was found that VMS changes may be needed to accommodate IPP and EWIF claims processing with HIGLAS. At the time, no production providers were set up as EWIF or IPP providers in VMS. This user enhancement will allow for VMS and HIGLAS processing of EWIF and IPP provider claims, once received.

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

III. 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	H H H		F I S S	M C S	V M S	C W F		
13691.1	The contractor shall update VMS to pass the value entered into the Associate Provider field on the VMS claim to HIGLAS as the claim payee.								X		

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

V. 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

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0