CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1556	Date: November 5, 2015
	Change Request 9373

SUBJECT: Shared System Enhancement 2015: Eliminate Remaining Uses of AREAFILE and CUSTCHRG Virtual Storage Access Method Files

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) requests that the ViPs Medicare System (VMS) maintainer streamline processing to improve efficiency.

EFFECTIVE DATE: April 1, 2016

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: April 4, 2016

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
Ν	NA

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: 1556	Date: November 5, 2015	Change Request: 9373
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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) requests that the Durable Medical Equipment Maintainer remove the remaining APPL/2 Prevailing and APPL/1 Abbreviated Customary logic from VMS.

B. Policy: VMS processing will be streamlined by removal of the APPL/1 customary and APPL/2 prevailing pricing files, along with removing or modifying associated screens, reports and coding.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B MA(D M E		Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	-	
9373.1	The contractor shall participate in up to two (2) one hour calls with CMS to review and clarify any outstanding questions.The contractor shall take meeting minutes and post these minutes on this Change Request up to 48 hours after the meeting has concluded.							X		
9373.2	The Contractor shall eliminate the APPL/2 Prevailing and APPL/1 Abbreviated Customary logic from VMS.							Х		
9373.3	The Contractor shall include the items removed in a functional specifications document and add it to this change request.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B		D	C
	1	MAG		Μ	Ε
				Е	D
	Α	В	Η		Ι
			Н	Μ	
			Н	Α	
				С	
None					
•					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jonathan Horton, 443-845-1161 or jonathan.horton@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