

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1573	Date: November 13, 2015
	Change Request 9421

SUBJECT: Shared System Enhancement 2014 - Removal of Obsolete Reports and On-Request Jobs from the ViPS Medicare System (VMS) -- Implementation

I. SUMMARY OF CHANGES: CMS issued two analysis and design change requests (CRs) on May 1, 2015 to identify VMS reports and on-request jobs that could be archived as obsolete: Transmittal number 1491, CR 9102 - Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs - FISS and VMS and Transmittal number, 1490 CR 9103 - Identification of Obsolete Shared System Maintainer (SSM) Reports - FISS and VMS. The purpose of this CR is to archive the reports and on-request jobs determined to be obsolete.

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
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: 1573	Date: November 13, 2015	Change Request: 9421
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SUBJECT: Shared System Enhancement 2014 - Removal of Obsolete Reports and On-Request Jobs from the ViPS Medicare System (VMS) -- Implementation

EFFECTIVE DATE: April 1, 2016

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IMPLEMENTATION DATE: April 4, 2016

I. GENERAL INFORMATION

A. Background: CMS issued two analysis and design change requests - Transmittal 1490, CR 9103 Identification of Obsolete Shared System Maintainer (SSM) Reports - FISS and VMS and Transmittal 1491, CR 9102 Identification of Obsolete Shared System Maintainer (SSM) On-Request Jobs - FISS and VMS - on May 1, 2015. The purpose of this CR is to archive reports and on-request jobs determined to be obsolete.

B. Policy: The removal of the obsolete reports reduces system complexity and makes future maintenance easier and more efficient and reduces processing and storage costs at the Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) by discontinuing the need to warehouse these reports at their local data centers. Removal of obsolete jobs reduces processing and storage costs at the Virtual Data Centers (VDCs).

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	H H H		F I S S	M C S	V M S	C M W F		
9421.1	The contractor shall participate in up to two (2) one hour calls with CMS to review and clarify any outstanding questions.								X		
9421.1.1	The contractor shall record and present a summary of the meetings and create and maintain an issues log. The contractor shall post the minutes and issues log on this CR up to 48 hours after the meeting has concluded. The contractor shall invite the Single Testing Contractor (STC) to attend the calls.								X		
9421.2	The Contractor shall review and confirm if the reports and on-request jobs found in the attached documents can be archived without a negative impact on Contractor operations.				X						
9421.3	The Contractor shall archive the reports and on-request jobs that are determined to be obsolete.								X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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): Emma Battista, 410-786-0374 or emma.battista@cms.hhs.gov.

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: 2

**CR9102 - Identification of Obsolete Shared System Maintainer On-Request Jobs - FISS and VMS
VMS - (Medical Review) Last Updated: 07/06/2015**

Business Functional Area	Short Title	PROC Name	Purpose	Last Execution Date	Obsolete	Comment
Medical Review	Request job that updates the Master Procedure Record (MPR) option records on the Acemaster file	VIPSROMPR	On-request job that updates the MPR option records on the Acemaster file with Rebundling and Mutually Exclusive procedure codes.	Not Determined	Yes	

CRXXXX VMS Obsolete Reports (refer to CR 9103)										
Functional Area	Short Title	Report Number	Purpose	NSC Request	PSC/ZPIC Request	CMS CR/TDL	MAC UCR	Date Report Initiated	Date Report Last Changed	Frequency
Claims	Area Prevailing Activity List for Prevailing Charge Records	AP0401	This reports provides a listing and summary totals to verify the accuracy and completeness of all activity to the Area Prevailing portion of the Physician/Supplier master file.	N	N	N	Y VMS User Group	03/1987	03/2012	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Claims	Daily Totals 1500 Forms Usage	FF9001	This report provides counts for the number of claims received in the old 1500 08/05 format and the revised 1500 02/12 format, both for OCR scanned claims and for paper claims on a given day.	N	N	CR8276	N	01/2014	01/2014	Daily
Claims	Monthly Totals 1500 Forms Usage	FF9002	This report provides counts for the number of claims received in the old 1500 08/05 format and the revised 1500 02/12 format, both for OCR scanned claims and for paper claims on a given month	N	N	CR8276	N	01/2014	01/2014	On Request
Claims	DME/PEN Prevailing Charge Information Report as of MM/DD/CCYY	AP0301	This report contains 2 parts. The provider header information portion identifies the supplier and show participation data and conversion factor information. The second part of the report contains information on the pricing of procedure codes normally bill	N	N	N	Y VMS User Group	11/1987	03/2013	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Claims	DME/PEN Provider Profile Information (HCPCS)	AP0101	This report contains 2 parts. The provider header information portion identifies the supplier and show participation data and conversion factor information. The second part of the report contains information on the pricing of procedure codes normally billed by the supplier.	N	N	N	Y VMS User Group	03/1987	03/2013	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Claims	Monthly Totals 1500 Forms Usage	FF9002	This report provides counts for the number of claims received in the old 1500 08/05 format and the revised 1500 02/12 format, both for OCR scanned claims and for paper claims on a given month	N	N	CR8276	N	01/2014	01/2014	On Request

CRXXXX VMS Obsolete Reports (refer to CR 9103)										
Functional Area	Short Title	Report Number	Purpose	NSC Request	PSC/ZPIC Request	CMS CR/TDL	MAC UCR	Date Report Initiated	Date Report Last Changed	Frequency
Claims	Provider Activity List (All Periods)	AP0102	This report provides a listing to verify the accuracy and completeness of all activity to the individual provider portion of the supplier master file. At the end of the run, a summary of activity to the file prints.	N	N	N	Y VMS User Group	03/1987	03/2013	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Claims	Provider Activity List (One Period)	AP0103	This report provides a listing you can use to verify the accuracy of the activity to the individual provider portion of the supplier master file. At the end of the run, a summary of activity to the file prints.	N	N	N	Y VMS User Group	03/1987	03/2013	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Claims	Provider Customary Activity List	AP0403	This reports provides a listing and summary totals to verify the accuracy and completeness of all activity to the Individual Physician/Supplier customary records.	N	N	N	Y VMS User Group	03/1987	03/2012	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Claims	Provider Header Activity List	AP0404	The reports provides a listing you can use to verify the accuracy and completeness of all activity to the individual supplier portion of the supplier header record. At the end of the run, a summary of activity on the file prints.	N	N	N	Y VMS User Group	03/1987	03/2012	Daily (Job runs daily, user must request report online for the report to print in the daily job)
Medical Review	MR/CR Indicators Report - Procedure Codes	MR400	This report lists all procedure codes that contain an M1, M2, or CR processing option, or an Activity Type on the procedure code's MPR on APPL/4.	N	N	N	Y - GH1064	07/1995	10/2000	Request

CRXXXX VMS Obsolete Reports (refer to CR 9103)										
Functional Area	Short Title	Report Number	Purpose	NSC Request	PSC/ZPIC Request	CMS CR/TDL	MAC UCR	Date Report Initiated	Date Report Last Changed	Frequency
Financial Accounting	CHO/DEM Financial and Check Register Balancing Report	PF8008	This report lists batch balances that were collected while processing CHOICES (Demo) claims in VMSPF800. The report should be used to verify counts and dollar amounts for both payee and cycle totals.	N	N	N	Y VMS User Group	1996		Daily
Financial Accounting	Choices Error Report	PF8007	This report lists messages for claims that encountered an error while processing remits for CHOICES claims.	N	N	N	Y VMS User Group	1996		Daily
Financial Accounting	Demo/Choices Financial Balancing Report	PF1405	No information available	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	
Financial Accounting	Provider Claim Register Detail Medicare Demo-Choices Report	PF1607	No information available	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	

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