

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1667	Date: January 9, 2009
	Change Request 6147

NOTE: This CR is being reissued to correct Section II. of the Business Requirement. The Number column previously showed 6148 instead of 6147. The Transmittal Number, Date Issued and all other material remains the same.

SUBJECT: Instructions for Fiscal Intermediary Standard System (FISS), Multi-Carrier System (MCS) and Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes

I. SUMMARY OF CHANGES: The HIGLAS project is currently in the development and transition phase. The maintainers of the MCS and FISS shared systems will implement changes into the shared systems and continue development of programs and processes during this phase. HIGLAS transactions must comply with the implementation guides and functional specifications. If problems are detected, problem resolution must occur in a timely manner. The shared system maintainers have been funded outside maintenance for this activity. These changes will impact only those Medicare contractors on HIGLAS.

New / Revised Material

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

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	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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:
Recurring Update Notification

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

Attachment – Recurring Update Notification

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SUBJECT (Change Request Title): Instructions for Fiscal Intermediary Standard System (FISS), Multi-Carrier System (MCS) and Healthcare Integrated General Ledger Accounting System (HIGLAS) Changes

Effective Date: October 1, 2008

Implementation Date: October 6, 2008

I. GENERAL INFORMATION

A. Background:

The Federal Financial Management Improvement Act (FFMIA) of 1996 requires that Federal agencies implement and maintain financial management systems that comply with Federal management systems requirements. In order to comply, the Centers for Medicare and Medicaid Services (CMS) will install Commercial Off-The-Shelf (COTS) software that contains modules for general ledger, accounts payable, accounts receivable, budget, procurement, grants, etc. This COTS software will be the financial software application that supports HIGLAS. The HIGLAS will replace the benefit accounting processes used by Medicare contractors.

The HIGLAS project is currently in the development and transition phase. The maintainers of the MCS and FISS systems will implement changes into the shared systems and continue development of conversion programs and processes during this phase. This transmittal provides updated information regarding the hours reserved in the release.

B. Policy:

The FFMIA of 1996 requires that Federal agencies implement and maintain financial management systems that comply with Federal management systems requirements.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6147.1	Contractors and the system maintainers shall implement	X		X	X		X	X			

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	changes into the shared systems according to the HIGLAS functional and technical specifications.	*		*	*						
6147.2	Contractors and the system maintainers shall continue development and testing of the HIGLAS interfaces	X *		X *	X *			X	X		
6147.3	Contractors, who are transitioning on to HIGLAS, and the system maintainers shall continue development and testing of conversion programs and reconciliation reports	X *		X *	X *			X	X		

*Only those A/B MACs, FIs and Carriers who are currently on HIGLAS or are currently transitioning to HIGLAS.

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

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Maureen.hoppa@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.