

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 269	Date: APRIL 6, 2007
	Change Request 5553

Subject: Instructions for Fiscal Intermediary Standard System (FISS) and Multi-Carrier System (MCS) 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*: July 1, 2007

Implementation Date: July 2, 2007

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:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

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

Effective Date: July 1, 2007

Implementation Date: July 2, 2007

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. The COTS 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 M A C	F I M A C	C A R I E R	D M R C	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F		
5553.1	Contractors and the system maintainers shall implement changes into the shared systems according to the HIGLAS functional and technical specifications.			X *	X *			X	X			
5553.2	Contractors and the system maintainers shall continue development and testing of the HIGLAS interfaces.			X *	X *			X	X			
5553.3	Contractors and the system maintainers shall continue development and testing of conversion			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 M A C	C A R R I E R	D M R R C	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F		
	programs and reconciliation reports.											

*These requirements impact only those Medicare contractors on 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 M A C	C A R R I E R	D M R R C	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F		
	None.											

IV. SUPPORTING INFORMATION

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:

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

V. CONTACTS

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Post-Implementation Contact(s): Maureen Hoppa at Maureen.Hoppa@cms.hhs.gov or (410) 786-6958

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.