CMS Manual System	Department of Health & Human Services (DHHS)		
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)		
Transmittal 2172	Date: October 26, 2018		
	Change Request 10949		

SUBJECT: Shared System Enhancement 2018: Remove Obsolete VIPS Medicare System (VMS) logic Related to the ViPS Medicare Automated Parameter (VMAP) Carrier Parameter Table

I. SUMMARY OF CHANGES: This change will remove obsolete logic related to the VMAP/4C - CARRIER table from VMS.

*Note: The changes will be applicable to all processing that occurs following the implementation date. There will be no effective date logic included (e.g., date of service, date of receipt, etc.) in these changes.

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

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: 2172 Date: October 26, 2018 Change Request: 10949

SUBJECT: Shared System Enhancement 2018: Remove Obsolete VIPS Medicare System (VMS) logic Related to the ViPS Medicare Automated Parameter (VMAP) Carrier Parameter Table

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services is directing the Durable Medical Equipment Claims Processing System to eliminate obsolete code in the ViPS Medicare Automated Parameter (VMAP) Carrier Parameter Table. This change will simplify maintenance efforts in the future.

*Note: The changes will be applicable to all processing that occurs following the implementation date. There will be no effective date logic included (e.g., date of service, date of receipt, etc.) in these changes.

B. Policy: None

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
	•	A/B MAC			A/B D			red- tem		Other
		A	В	H H H	M A C	_	M C S		_	
10949.1	The contractor shall remove references to the VMAP/4C - CARRIER parameter table from the VCHHI800 program as of the implementation date of this CR.							X		
10949.2	All logic implemented for this change request shall be effective as of the date of implementation. None of the logic implemented for this change request shall involve claim date of service.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
			A/B		D	C
		MAC		\mathbf{C}	M	Ε
					Е	D
		Α	В	Н		I
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

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

[&]quot;Should" denotes a recommendation.

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

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

V. CONTACTS

Pre-Implementation Contact(s): Katie Bentz, 410-786-5084 or katie.bentz@cms.hhs.gov , Emma Battista, 443-319-5003 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: 0