

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2371</b>	<b>Date: October 9, 2019</b>
	<b>Change Request 11297</b>

**Transmittal 2309, dated May 17, 2019, is being rescinded and replaced by Transmittal 2371, dated, October 9, 2019, to add the WL3552 (Pending Adjustments by Operator ID) Report to the list of reports in Business Requirement #4. All other information remains the same.**

**SUBJECT: New Overpayment Field Established within the ViPS Medicare System (VMS) for Healthcare Integrated General Ledger Accounting System (HIGLAS) Reporting**

**I. SUMMARY OF CHANGES:** VMS will be modified to establish a 20 position alpha-numeric/special character Supplemental Information field to send to HIGLAS to track Overpayments for Office of the Inspector General (OIG) audits, Program Integrity audits, and Provider Self-Identified Overpayments. This Supplemental Information field will be related to a four position alpha-numeric/special character Overpayment Indicator (OI) and it will be used in VMS to track the adjustments. These fields will be accessible from VMAP/40 OI Parameters. The OI field will only be accepted on adjustment claims and will be placed in the adjustment claim by accessing the ICOR case based on the Document Control Number (DCN) entered on the claim or by the operator entering the field directly on the claim.

**EFFECTIVE DATE: October 1, 2019; January 1, 2020**

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

**IMPLEMENTATION DATE: October 7, 2019 - Business Requirements 1, 1.1, 1.2, 2, 3, 5, 5.1, 6, and 6.1; January 6, 2020 - Business Requirement 4**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 2371	Date: October 9, 2019	Change Request: 11297
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## I. GENERAL INFORMATION

**A. Background:** VMS will be modified to establish a 20 position alpha-numeric/special character Supplemental Information field to send to HIGLAS to track Overpayments for Office of the Inspector General (OIG) audits, Program Integrity audits, and Provider Self-Identified Overpayments. This Supplemental Information field will be related to a four position alpha-numeric/special character Overpayment Indicator (OI) and it will be used in VMS to track the adjustments. These fields will be accessible from VMAP/40 OI Parameters. The OI field will only be accepted on adjustment claims and will be placed in the adjustment claim by accessing the ICOR case based on the Document Control Number (DCN) entered on the claim or by the operator entering the field directly on the claim.

**B. Policy:** This change request instructs the VMS shared system maintainer to create a new field that will give Medicare contractors and CMS the capability to insert a 20 position alpha-numeric/special character comment. These comments will be used for reporting purposes in the HIGLAS system.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
11297.1	The VMS shared system maintainer shall create a new process to transmit a new 20 digit alpha-numeric/special character Supplemental Information descriptive field to the HIGLAS when the DME MAC indicates that the overpayment adjustment is associated with a Provider Self-Identified Overpayment, Office of Inspector General Audit (OIG), or Program Integrity Audit.							X			
11297.1.1	The VMS shared system maintainer shall ensure that the new descriptive field has the capacity to							X			

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 W F		
	accommodate a 20 position alpha-numeric/special character.										
11297.1.2	The VMS shared system maintainer shall ensure that the contents of the new descriptive field are transmitted on the HIGLAS 837 Interface file.								X		
11297.2	The VMS shared system maintainer shall add the 4 digit alpha-numeric/special character Overpayment Indicator from the claim to the Integrated Data Repository (IDR) files for all claim life cycle phases.								X		IDR
11297.3	The Medicare contractor shall ensure that these requirements do not change the current process of using established reason/discovery codes when adjusting these claims.				X						
11297.4	The VMS shared system maintainer shall update the following existing reports to include the 4 character Overpayment Indicator and the 1 character Owning Department fields. <ul style="list-style-type: none"> <li>• (WL3551) Suspended Adjustments Report</li> <li>• (WL3552) Pending Adjustments by Operator ID Report</li> <li>• (301) Correspondence Aging Report</li> <li>• (302) Correspondence Daily Closed Report</li> <li>• (321) Monthly Open/Receive Cases Report</li> <li>• (322) Monthly Closed Cases Report</li> </ul>								X		
11297.5	The Medicare contractor shall insert the 13-digit alpha-numeric/special character OIG report number and the 2-digit alpha-numeric recommendation number, including hyphens and underscore, into the new (VMS) or existing (FISS and MCS) descriptive field for OIG related adjustments.	X	X	X	X						
11297.5.1	The Medicare contractor shall ensure that the OIG report and recommendation number are in the form of "A-01-12-34567_R1."	X	X	X	X						
11297.6	The Medicare contractor shall insert the 3-digit Unified Program Integrity Contractor (UPIC) identifier followed by a hyphen then the 16-digit Unified Case Management (UCM) overpayment case number into the new descriptive field for UPIC related				X						

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	
	adjustments. See attachment A.								
11297.6.1	The Medicare contractor shall ensure that the UPIC identifier and UCM case number are in the form of "UXX-OPT-YYMMDD-12345," where the 3-digit UPIC identifier to be used is given in the first column of Attachment A.				X				

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
	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):** Jay Blake, 410-786-9371 or jay.blake@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: 1**

<b>Valid Values for 3-Digit UPIC/ZPIC/PSC Identifier</b>	<b>UPIC/ZPIC/PSC</b>
UMW	UPIC Mid-Western Jurisdiction
UWN	UPIC Western Jurisdiction
USW	UPIC South-Western Jurisdiction
USE	UPIC South-Eastern Jurisdiction
UNE	UPIC North-Eastern Jurisdiction
UOT	UPIC Other
Z01	ZPIC Zone 1
Z02	ZPIC Zone 2
Z03	ZPIC Zone 3
Z04	ZPIC Zone 4
Z05	ZPIC Zone 5
Z06	ZPIC Zone 6
Z07	ZPIC Zone 7
ZP6	PSC Penn BISC
ZE6	PSC Eastern BISC
ZN6	PSC New England BISC
ZDM	DME PSC
ZOT	ZPIC/PSC Other