CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1629	Date: February 23, 2016
	Change Request 9103

Transmittal 1490, dated May 1, 2015, is being rescinded and replaced by Transmittal 1629 to remove FISS from the CR business requirements. Also, the effective and implementation dates for the FISS requirements were removed. All other information remains the same.

SUBJECT: Identification of Obsolete Shared System Maintainer (SSM) Reports - VMS

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to identify reports that are obsolete and may be removed from the Fee-For-Service (FFS) applications. The Medicare Part A, B, Durable Medical Equipment (DME), and Common Working File (CWF) systems produce a large number of reports which are used by the Medicare Administrative Contractors (MACs) to support business needs. The Fiscal Intermediary Shared System (FISS) and ViPS Medicare System (VMS) will identify the reports that still serve a business need and those that are obsolete and may be removed from the shared systems.

EFFECTIVE DATE: October 1, 2015

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 5, 2015

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: 1629	Date: February 23, ,2016	Change Request: 9103

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SUBJECT: Identification of Obsolete Shared System Maintainer (SSM) Reports - VMS

EFFECTIVE DATE: October 1, 2015 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: October 5, 2015**

I. GENERAL INFORMATION

A. Background: The Fiscal Intermediary Shared System (FISS), Multi-Carrier System (MCS), ViPS Medicare System (VMS), and Common Working File (CWF) are considered the SSMs.

Since the inception of the Medicare program, the shared systems have produced reports which are used by MACs and others to support Medicare business needs and functions; however, with MAC consolidation and changes in business priorities and practices, it is unknown how many SSM reports continue to serve an ongoing business need.

The Centers for Medicare & Medicaid Services' (CMS) goal is to identify and remove any SSM produced obsolete report (i.e., reports that no longer meet the needs of the business owner). Once obsolete reports are identified and confirmed obsolete by the MACs and CMS, CMS will issue separate CRs to remove these reports from the shared systems. In the future, obsolete reports will be identified and removed from the shared systems on an on-going basis.

The removal of the obsolete reports: 1) reduces system complexity and makes future maintenance easier and more efficient, 2) reduces processing and storage costs at the Virtual Data Centers (VDCs), and 3) reduces processing and storage costs at the MACs by discontinuing the need to warehouse these reports at their local data centers.

The CMS will approach this task in a collaborative and systematic manner, so that business owners and contractors are given an opportunity to review and assess whether a specific report should be removed by the maintainers.

B. Policy: There is no policy change associated with this change request.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		MAC		Μ	-					
				Е	Maintainers			s		
		Α	В	Η		F 1	N N	/	С	
				Η	Μ	Ι	C 1	Л	W	
				Η	Α	S S	5 5	5	F	
					C	S				
9103.1	Contractors shall compile a 'master list' in an Excel						2	ζ		

Number	Requirement	Re	espo	onsi	bili	ty				
			A/B		D		Sha	red-		Other
		N	MAG	2	Μ	I System				
			E		Е	Maintainers				
		Α	В	Η		F	Μ	V	C	
				Н	Μ	Ι	С		W	
				Η	А	S	S	S	F	
					С	S				
	spreadsheet format of all reports that are produced for each business functional area.									
	NOTE: CMS will create separate change requests to remove and archive obsolete reports.									
9103.1.1	The 'master list' of reports shall contain the following information.							X		
	1. Business Functional Area									
	2. SSM Short Title									
	3. SSM Report Number									
	4. Report Purpose									
	5. NSC requested report (Y/N)									
	 PSC/ZPIC requested report (Y/N) If yes, provide the name of the PSC/ZPIC and date of request, if known. 									
	 CMS requested report (Y/N) If yes, provide the Change Request or TDL number, if known. 									
	 MAC requested report (Y/N) If yes, provide the name of the MAC and date of request, if known. 									
	9. Date report initiated									
	10. Date report last changed									
	11. Frequency of Report (daily, weekly, monthly, quarterly, annually)									
9103.1.2	Contractors shall use the following when identifying the CMS Business Functional Area.							X		
	1. PSC/ZPIC									
	2. Provider Enrollment, including reports for the NSC									
	3. Payment Suspense									

Number	Requirement Responsibility																																							
			A/B		D			red-		Other																														
		N	MA(2	M E		-	tem																																
		A B H					ARH				ABH		ABI		AR		AR		AB	AR	AR	AB			AB		A D	A D	AR	AB	AB		AB			F	M	aine V		
		11	D	H			C		W																															
				Н		S	S	S	F																															
					С	S																																		
	4. Medical Review																																							
	5. Appeals																																							
	6. Electronic Data Interchange																																							
	 Financial/Accounting (i.e., Healthcare Integrated General Ledger Accounting System) 																																							
	8. Banking																																							
	9. Overpayments																																							
	10. Audit																																							
	11. Medicare Secondary Payer																																							
	12. Other Financial Management Issues																																							
	13. Claims Processing																																							
	14. Other Report																																							
9103.2	Contractors shall evaluate, consolidate, and identify							Х																																
	obsolete reports within each business functional area.																																							
9103.2.1	Contractor shall identify and annotate the obsolete reports on the Excel spreadsheet.							X																																
9103.3	Contractor shall send a consolidated Excel spreadsheet of maintainer reports for each business functional area to CMS in 30-day increments beginning 30 days after the final is received for this change request. The first consolidated excel spreadsheet shall contain a list of reports produced solely for the benefit of the PSC or ZPIC.							X																																
	ECHIMP in the POC Review forum.																																							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility

		A/B	-	D	C
]	A/B MA(2	Μ	Ε
				Е	D
	Α	В	Η		Ι
			Н	Μ	
			Н	Α	
				С	
None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Adria Lucca, 410-786-6905 or Adria.Lucca@cms.hhs.gov, Team Lead, Marlene Biggs, 410-786-7880 or Marlene.Biggs@cms.hhs.gov, Clay Montano, 410-786-1774 or Clay.Montano@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