

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12488	Date: January 25, 2024
	Change Request 13022

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Update Electronic Funds Transfer (EFT) Process when a Change of Information (COI) Is Received

I. SUMMARY OF CHANGES: The purpose of this Change Request(CR) is to update VMS to allow for payments to continue to a current account while prenote is completed on a new account when an EFT Change of Information (COI) is received.

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

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

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I. GENERAL INFORMATION

A. Background: Suppliers who receive payments via EFT may choose to change banks and/or accounts. When the new bank information is received and entered in the Provider Enrollment, Chain and Ownership System (PECOS), the VMS All Pricing, Provider, and Procedure Lookup (APPL/1) EFT Banking Inquiry/Update Screen is systematically updated to reflect the new account information with a future effective date to allow completion of a required prenote period. During this period, with no active EFT information, the Healthcare Integrated General Ledger Accounting System (HIGLAS) will issue paper checks. However, CMS issued instructions to the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and the National Provider Enrollment (NPE) Contractorsto prevent paper checks from being issued to suppliers during the transition period, by placing a Do Not Forward (DNF) on the supplier's record. This action stops the release of paper checks and withholds all payments until the prenote process is completed.

This change request will modify the EFT prenote process to allow EFT payments to continue to be made to the original EFT bank account during the prenote period for a new EFT bank account. The APPL/1 EFT screen has two groupings of fields for banking information, PRIOR and CURRENT. Reutilization of the two existing bank account fields to allow payments to the former account to continue while prenote runs on the new account provides the following benefits:

Elimination of a Manual Process: The DME MACs and the NPE contractors currently have a manual process to track suppliers who have an EFT COI processed and place a DNF on the account. The prenote is tracked and, when completed, the DNF must be manually removed. This enhancement would eliminate the need for this process.

Reduced Customer Service Inquiries: Placing a DNF on suppliers often results in inquiries to the DME MAC and/or the NPE contractors. Suppliers see an interruption in payment and need to know the cause and how to resolve.

Reduced Impact to Supplier: If a supplier changes banks, they will be without payments for 2-3 weeks. This can cause cash flow issues for suppliers, especially those with multiple affiliated locations. This enhancement would make the bank transition virtually seamless to the supplier with no interruption in payments.

System Consistency: This enhancement would allow the DME process in VMS to match the Part B process in Multi-Carrier System (MCS). The EFT prenote process was put in place for MCS with a User CR during the April 2011 release. It created the process that would allow a provider to receive production EFT and a “test EFT” noted as a prenote.

B. Policy: There are no policy changes associated with this instruction.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
13022.1	The Contractor shall modify the VMS EFT process to continue using the Prior EFT information if present until the Current EFT is live.							X			
13022.2	The contractor shall terminate the prior EFT information when the current EFT information is no longer in Pre-note testing and is EFT Live.							X			
13022.3	Contractors shall test the changes implemented with Business Requirements 1 and 2.				X					NPEAST, NPWEST	
13022.4	Contractors shall no longer apply the DNF for changes to EFT information				X					NPEAST, NPWEST	

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

V. CONTACTS

Pre-Implementation Contact(s): Kay Curry, 410-786-1801 or Kay.Curry@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0