CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12489	Date: January 25, 2024
	Change Request 13354

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Update Paging on Claim/Pricing Inquiry Split Screen

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Claim/Pricing Inquiry Split Screen to add paging functionality that will allow users to page through multiple line claims without having to tab to the Pricing Inquiry portion of the split screen.

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

Pub. 100-20	Transmittal: 12489	Date: January 25, 2024	Change Request: 13354

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I.   GENERAL INFORMATION

A.   Background: The purpose of this Change Request (CR) is to update the Claim/Pricing Inquiry Split Screen to add paging functionality that will allow users to page forward/backward through multiple line claims without having to tab to the Pricing Inquiry portion of the split screen. Currently, when performing a pricing inquiry from a Claim Entry Screen, the screen splits in half. The upper section is a functional Claim Entry Screen with the first five claim lines. The bottom section displays the Pricing Inquiry screen for the first line of the claim. To review additional lines on a multiple line claim, the user must go to the bottom of the split screen and use the Function Key (F8) to go forward. Having the ability to use the F8 key without having to tab to the bottom of the split screen will save time when performing a multiple line pricing inquiry.

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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH	DME MAC	FISS	MCS	VMS	CWF	
13354.1	The contractor shall update the split screen functionality in VMS claims processing to allow forward/backward paging of the inquiry from the claim entry part of the split screen for the following screens: • Provider Alpha Search • DME Cert Reference • Notepad List • Pricing Inquiry • Bene Medical Notes List • BDS Trailer List • EMC Claims Notepad List • OLDS • Claim Lines for Base Item • Alternate CMN List							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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

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