

<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 13397</b>	<b>Date: September 4, 2025</b>
	<b>Change Request 14144</b>

**SUBJECT: ViPS Medicare System (VMS) - Display Testing/Production Region Identifier in VMS Automated Parameters (VMAP) Phase 2**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to add a field on VMS screens that will display the region. By displaying the region, users will be able to differentiate between test and production regions while they are reviewing and processing information.

**EFFECTIVE DATE: January 1, 2026**

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

**IMPLEMENTATION DATE: January 5, 2026**

*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	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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## II. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to add a field on VMS screens that will display the region. By displaying the region, users will be able to differentiate between test and production regions while they are reviewing and processing information.

Before the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) transitioned to using Healthcare Integrated General Ledger Accounting System (HIGLAS), the VMS test region was future dated. Because the date displays at the bottom right footer on most VMS screens, users/operators were able to confirm the region by reviewing the date. The test region displayed a future date, and the production region displayed the current date.

Now that both the production and test regions have the dates synchronized, it is difficult to differentiate between the two regions when viewing and updating information. Errors have occurred updating production data instead of test data due to the synchronized date. This change will reduce the risk of unintended changes and follow-up revisions by displaying the current working region.

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

### III. BUSINESS REQUIREMENTS TABLE

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

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14144.2	GDIT shall modify the VMAP/4C CARRIER screen to remove the OVERPAYMENT and FINANCE department name, address, and phone number fields.							X		
14144.3	The contractor shall make all the changes effective as of the implementation date. There are no plans to implement any logic based on date of receipt or date of service.							X		
14144.4	GDIT shall modify the VMAP/4C MODTABLE screen to remove the PRM and GROUP EAR fields.							X		

#### IV. PROVIDER EDUCATION

None

**Impacted Contractors:** None

#### V. 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

#### VI. CONTACTS

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

#### VII. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**