CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 10118	Date: May 8, 2020	
	Change Request 11565	

SUBJECT: User CR: ViPS Medicare System (VMS) - Contractor Options Screen Contractor Options Screen (VMAP/1/1) Automation

I. SUMMARY OF CHANGES: This change request (CR) will implement changes to automate the settings of various fields on the VMS Automated Parameter Record Maintenance Contractor Options Screen (VMAP/1/1).

EFFECTIVE DATE: October 1, 2020

*Unless otherwise specified, the effective date is the date of service. IMPLEMENTATION DATE: October 5, 2020

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: Currently the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) must manually update various fields on the VMS Automated Parameter Record Maintenance (VMAP)/ Contractor Options Screen with the same information daily. To reduce repetitive entry and provide efficiency for operators, this CR will implement changes that will systematically set values in these fields and continue to allow DME MAC operators update capabilities. Along with the elimination of time spent to enter this information daily, this will eliminate the risk of cycles not being ran due to an invalid run date.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility								
			A/B		D		Sha	red-	ĺ	Other
		Ν	MA0		Μ	1	Syst	tem		
					Е	M	aint	aine	ers	
		Α	В	Η		F	Μ	V	С	
				Η		-	С	Μ	W	
				Η	A	S	S	S	F	
					C	S				
11565.1	The contractor shall modify the Contractor Options							Х		
	Screen (VMAP/1/1) screen to set the CURRENT									
	RUN DATE field to the value of the system date in									
	User Acceptance Testing (UAT) and Production									
	regions and continue to allow updates.									
11565.2	The contractor shall modify the VMAP/1/1 screen to							Х		
	set the AGED CLAIM REPORT (160), the RECAP									
	REPORT (161), and the STAT CLM PEND REPORT									
	(162) fields to the value of the 'Y' in UAT and									
	Production regions and continue to allow updates.									
11565.3	The contractor shall make system changes to capture							Х		
	any operator updates to the VMAP/1/1 screen for audit									
	purposes.									

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

Number	Requirement	Res	Responsibility			
			A/B		D	С
		Ν	MAC		Μ	E
					E	D
		А	B	Η		Ι
					Μ	
					Α	
					C	
	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): Kay Curry, 410-786-1801 or Kay.Curry@cms.hhs.gov, Stacey Ndelle, 410-786-8208 or Stacey.Ndelle@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