CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10634	**Date: March 16, 2021**
	Change Request 12043

SUBJECT: User CR: ViPS Medicare System (VMS) - Update Interactive Correspondence Online Reporting (ICOR) Mail Date Calculation

I. SUMMARY OF CHANGES: This Change Request (CR) requires VMS to ensure the calculation of the Interactive Correspondence Online Reporting (ICOR) Mail Date field on the ICOR Header screen is updated to use the Date of Determination (DOD) rather than the System Date. This change will bring the calculation in line with the description of the field as documented in the VMS manuals. Currently, this inconsistency is causing erroneous values to display on the 323 - Appeals Activity Report used by the DME MACS to provide timeliness reporting.

EFFECTIVE DATE: July 1, 2021
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 6, 2021

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: 10634	Date: March 16, 2021	Change Request: 12043

SUBJECT: User CR: ViPS Medicare System (VMS) - Update Interactive Correspondence Online Reporting (ICOR) Mail Date Calculation

EFFECTIVE DATE: July 1, 2021
*Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: July 6, 2021

I.   GENERAL INFORMATION

A.   Background: This Change Request (CR) requires VMS to ensure the calculation of the Interactive Correspondence Online Reporting (ICOR) Mail Date field on the ICOR Header screen is updated to use the Date of Determination (DOD) rather than the System Date. This change will bring the calculation in line with the description of the field as documented in the VMS manuals. Currently, this inconsistency is causing erroneous values to display on the 323 - Appeals Activity Report used by the DME MACs to provide timeliness reporting. QCN 7503 was entered for GDIT to conduct research on this issue, which revealed that the VMS coding logic is not operating as documented.

B.   Policy: This CR does not update policy.

II.   BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12043.1	Contractor shall derive the ICOR Case Header Screen Mail Date by adding the number of days in the DAY column on the VMAP/4B/TYPE table to the Date of Determination (DOD) field from the ICOR Case Header.							X		
12043.2	Contractors shall verify that the VMS 323 report uses the new calculation provided in business requirement 12043.1 and displays the correct values on Lines 15, 15a and 16.				X			X		

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:

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