CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10951	**Date: August 11, 2021**
	Change Request 12276

SUBJECT: Phase One Changes Needed to Implement the Revised Process for Handling Undeliverable Beneficiary Addresses in VMS

I. SUMMARY OF CHANGES: The purpose of this Change Request is to implement system changes to address the following in ViPS Medicare System (VMS):

1. Modify the batch process for updating Interactive Correspondence Online Reporting (ICOR) cases to account for claims that are identified as being held for Do Not Forward (DNF).
2. Modify the batch process that updates claim history, so that no-pay claims that are identified as being held for DNF have their DNF indicator updated correctly.
3. Modify the batch process for releasing no-pay claims from DNF, so that no-pay claims are released in the first cycle after the provider is identified as no longer being on DNF, instead of waiting for the next HIGLAS 835 transaction that identifies a release from DNF for the provider.

These system changes are the first phase in implementing an automated Beneficiary Undeliverable Address process in VMS.

EFFECTIVE DATE: January 1, 2022
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 3, 2022

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: This Change Request updates Interactive Correspondence Online Reporting (ICOR) logic and claims history Do Not Forward (NDF) batch processes in VMS to prepare for full implementation of an automated Beneficiary Undeliverable Address process in VMS. A Beneficiary Undeliverable process will ensure beneficiaries with undeliverable addresses receive their MSNs once their addresses are corrected.

B.   Policy: Does not update policy or regulation.

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	
12276.1	VMS shall modify the VMS batch process for updating Interactive Correspondence Online Reporting (ICOR) cases to account for claims that are identified as being held for Do Not Forward (DNF).							X		
12276.1.1	VMS shall create a transaction to apply the current cycle date as the check date for the claim on the ICOR case when a claim is identified as being held for DNF.							X		
12276.2	VMS shall modify the VMS batch process that updates claim history, so that no-pay claims that are identified as being held for DNF have their DNF indicator updated.							X		
12276.3	VMS shall modify the VMS batch process for releasing no-pay claims from DNF, so that no-pay claims are released in the first cycle after the provider is identified as no longer being on DNF, instead of waiting for the next HIGLAS 835 transaction that identifies a release from DNF for the provider.							X		
12276.4	Contractors shall note changes are effective for all claims identified as DNF on and after the implementation of this CR.				X			X		

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

Pre-Implementation Contact(s): 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):
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ATTACHMENTS: 0