

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12938	Date: November 1, 2024
	Change Request 13747

SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) - Update Interactive Correspondence Online Reporting (ICOR) Subsystem to Add Wildcard Search Capability within Claim Control Number (CCN)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update existing ICOR search functionality to allow for wildcard characters within the CCN field.

EFFECTIVE DATE: April 1, 2025

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

IMPLEMENTATION DATE: April 7, 2025

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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EFFECTIVE DATE: April 1, 2025

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update existing ICOR search functionality to allow for wildcard characters within the CCN field.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update existing ICOR search functionality to allow for wildcard characters within the CCN field. In the processes of reopenings, appeals, and the Provider Contact Center, examiners frequently need to research previous Document Control Numbers (DCNs) on a claim. This is essential when handling claim questions, conducting appeals, or initiating reopenings. Often, examiners must review all correspondence related to a claim, adjustment, split, or replicate. The ICOR/L DCN List screen displays a list of all DCNs for a provider, beneficiary, or other relevant entities. Currently, users must perform multiple searches or conduct a broad search without the CCN (Claim Control Number) filter to identify and view all DCNs associated with a claim, especially those with multiple pieces of correspondence linked to adjustments, splits, or replicates.

Examiners have expressed the need to use a wildcard character in any or all of the last three digits of the CCN in the ICOR DCN List search function. This feature would enable examiners to narrow or expand their search to include only the CCNs related to adjustments, splits, and replicates without conducting multiple searches or cluttering the ICOR/L DCN List screen with unrelated claim correspondence.

Updating the ICOR/L functionality to incorporate a wild card in the CCN search will return all DCNs associated with the selected CCN wildcard. This enhancement will streamline the process for examiners by providing comprehensive information on claim correspondence and reducing the need for additional data entry or searches. Ultimately, this improvement will enhance efficiency and accuracy in claim research, appeals, and reopenings, allowing examiners to seamlessly review all correspondence related to a claim.

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.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13747.1	The contractor shall update the ICOR MAIN MENU to allow							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Option L with a wildcard character in any or all of the last three characters of the CCN.									
13747.2	The contractor shall update the ICOR DCN LIST search capability to include a wildcard character in any or all of the last three characters of the CCN.							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:

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