CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 897	Date: May 13, 2011
	Change Request 7408

SUBJECT: Implementation of Client Letter to ViPS Medicare System (VMS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to notify contractors of the implementation of a new correspondence system in the ViPS Medicare System (VMS).

EFFECTIVE DATE: October 1, 2011- Analysis and Design January 1, 2012 – Development April 1, 2012 - Coding and Implementation

IMPLEMENTATION DATE: October 3, 2011- Analysis and Design January 3, 2012 – Development April 2, 2012 - Coding and Implementation

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		

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – One Time Notification

Pub. 100-20 | Transmittal: 897 | Date: May 13, 2011 | Change Request: 7408

SUBJECT: Implementation of Client Letter to ViPS Medicare System (VMS)

Effective Date: October 1, 2011- Analysis and Design; January 1, 2012 – Development;

April 1, 2012 - Coding and Implementation

Implementation Date: October 3, 2011-Analysis and Design; January 3, 2012 – Development;

April 2, 2012 - Coding and Implementation

I. GENERAL INFORMATION

A. Background:

The purpose of this Change Request (CR) is to notify contractors of the implementation of a new correspondence system in the VMS. The Durable Medical Equipment Medicare Administrative Contractors (DME MAC) currently uses Automated Letter Generation System (ALGS) within VMS to produce correspondence. ALGS is outdated and has met its limitations. As a result VMS will be updated to interface with Client Letter to produce the correspondence that ALGS currently produces. Selected as an upgrade to ALGS, Client Letter is currently slated to be implemented with the April 2012 quarterly release.

This CR also provides direction to ViPS, the Hewlett Packard (HP) Enterprise Service (ES) Enterprise Data Center (EDC) and the DME MACs on implementing the Client Letter application to the Shared System. The CMS expects to implement Client Letter over multiple releases.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Sha			ОТН
		/ B	M E	Ι	A R	H H		Syst aint			ER
					R	Ι	F	M	V	С	
		M A	M A		I E		I S	C S	M S	W F	
		C	С		R		S	5	ט	1	
7408.1	Contractors shall provide project management and support for the Client Letter project; including but not limited to: • Attending conference calls with CMS, ViPS, the DME MACs, and the HP ES EDC. • Maintaining and submitting a weekly issues log to CMS prior to status calls, including status updates.		X						X		HP ES EDC
7408.1.1	ViPS shall provide CMS a deliverable in the form of								X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	FI	C A R R	R H H I		Shar Syst ainta M C	tem	ers C	OTH ER
		A C	A C		E R		S S	S	S	F	
	a project plan no later than one month after 150 days prior to the release implementation or when the CR is received in final form.										
7408.1.2	Contractors shall be responsible for identifying a single Point of Contact for the Client Letter project and notifying their COTR. It is the contractor's responsibility to ensure there is proper representation on all conference calls (i.e., print vendor or corporate IT department, etc).		X						X		HP ES EDC
7408.2	Contractors shall develop the required interfaces to implement and integrate the Client Letter application to the Shared System.		X						X		HP ES EDC
7408.3	Contractors shall implement a user authentication and sign-on protocol that is approved by CMS.		X						X		HP ES EDC
7408.4	Contractors shall support ViPS to facilitate and execute application testing.		X								HP ES EDC
7408.5	ViPS shall be responsible for scheduling, preparing and providing Client Letter training to the VMS Staff and the DME MACs prior to the implementation of Client Letter.								X		
7408.5.1	The DME MACs shall be responsible for attending the training sessions scheduled by ViPS.		X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	E		R	Н	M	aint	aine	rs	
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	None.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements: N/A

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

B. For all other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s):

Primary: Adria Lucca at <u>adria.lucca3@cms.hhs.gov</u> or 410-786-6905 **Alternate:** Emma Battista at <u>emma.battista@cms.hhs.gov</u> or 410-786-0374

Post-Implementation Contact(s):

Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

A. For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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B. 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.