

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10032	Date: April 3, 2020
	Change Request 11315

Transmittal 2437, dated February 14, 2020, is being rescinded and replaced by Transmittal 10032, dated, April 3, 2020 to revise business requirement 11315.1. All other information remains the same.

SUBJECT: User CR: ViPS Medicare System (VMS) Report Daily Edit Receipts

I. SUMMARY OF CHANGES: The purpose of this change request is to provide the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) a new report that will capture daily receipts of claim edits.

EFFECTIVE DATE: July 1, 2020

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

IMPLEMENTATION DATE: July 6, 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

Pub. 100-20	Transmittal: 10032	Date: April 3, 2020	Change Request: 11315
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SUBJECT: User CR: ViPS Medicare System (VMS) Report Daily Edit Receipts

EFFECTIVE DATE: July 1, 2020

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IMPLEMENTATION DATE: July 6, 2020

I. GENERAL INFORMATION

A. Background: ViPS Medicare System (VMS) currently has a standard report, SC0011 - Claim Error Analysis, that captures an accumulation of all claims based on edits. The purpose of this change request is to provide the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) a new report, having a similar format, that will capture daily receipts of edits instead of an accumulation of edits. The new report will help the DME MACs monitor incoming edits and track an increase in suspense for an edit after quarterly release activities.

Note: Based on feedback from the DME MACs, the SC0011 report is not currently used. Therefore, the existing SC0011 report will be made obsolete with the implementation of this change.

B. Policy: N/A

II. 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	H		F	M	V	C	
11315.1	The contractor shall create a new daily report modeled off the existing SC0011 - Claim Error Analysis report, to capture daily receipt count of claims and claim lines by claim edit. <ul style="list-style-type: none"> • Sort by Claim Edit Number • Include the following field information <ul style="list-style-type: none"> • Edit Code/Number • Edit Description/Message • Claim Count - total count of CCNs that hit the edit • Line Count - total count of lines that hit the edit • Claim Control Number (CCN) and 						X			

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	Health Insurance Claim Number (HICN). The report shall contain information for up to five claims.									
11315.2	The contractor shall obsolete existing SC0011 - Claim Error Analysis report.							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