

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11238	Date: January 27, 2022
	Change Request 12580

SUBJECT: ViPS Medicare System (VMS) - Track Claim Counter Activity in SuperOp - Implementation of User CR 11558

I. SUMMARY OF CHANGES: This Change Request (CR) is a follow up to analysis CR 11558. It will create a process to track Claim Counter Activity in SuperOp.

EFFECTIVE DATE: July 1, 2022

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

IMPLEMENTATION DATE: July 5, 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: Under Change Request (CR) 11558, CMS held calls with the VMS Shared System Maintainer (SSM) and the Durable Medical Equipment Medicare Administrative Contractors (DME MACs), to discuss issues the Noridian DME MAC was having with the Claim Counter in their SuperOp events.

The issues Noridian presented during the calls were as follows:

1. The number of claims selected for Targeted Probe and Educate (TPE) reviews exceeded the maximum value of the claim counter.
2. The number of claims selected for TPE reviews exceeded the maximum value of the claim counter when using a skip factor.

Noridian expressed that these issues were not consistent since some reviews will stop selecting claims once the maximum has been reached, while others were continuing to select claims even when the maximum value was reached. Noridian and General Dynamics Information Technology (GDIT) tried to recreate the issue in their Test Regions using sequential terminals but the claim counters worked correctly. CGS has not encountered any issues with using the Claim Counters.

The analysis calls ended with a GDIT proposal to CMS and the DME MACs to create a Claim Counter Audit file to capture all the activity for the Claim Counter in SuperOp. This CR will create the Claim Counter Audit file and capture Claim Counter data every time the Claim Counter is referenced or updated.

Due to the COVID Public Health Emergency (PHE), MACs were instructed to stop TPE reviews. With the reimplementation of TPE reviews per CMS direction, Noridian continues to experience inconsistencies with the VMS SuperOp claim counters. Their Medical Review process relies on SuperOp claim counters to capture a percentage and/or maximum number of claims in order to manage our workload and keep our processes automated. Without this automation, Noridian is not able to use existing system automation and will need to suspend, manually develop and count reviews.

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	D M E	Shared- System Maintainers	Other

		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
12580.1	<p>The contractor shall create a new optional process to track SuperOp Claim Counter's activity and provide the captured information in a comma-delimited file.</p> <p>The Claim Counter Audit file shall include the following fields:</p> <ul style="list-style-type: none"> -HICN (Health Insurance Claim Number) -CCN (CMS Certification Number) -CLAIM-LINE-NUMBER -EVENT TYPE -EVENT ID (Identification) -EVENT SEQUENCE -EVENT VERSION -ENTRY OPERATOR -USER ID -CLAIM COUNTER NAME -CLAIM COUNTER VALUE -TABLE NUMBER -TABLE POINTER -TABLE ADDRESS -TABLE STATUS -DATE -TIME -PROGRAM NAME -PARAGRAPH NAME 							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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

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