

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12011</b>	<b>Date: April 27, 2023</b>
	<b>Change Request 12211</b>

**SUBJECT: User Enhancement Change Request (UECR): ViPS Medicare System (VMS) – Update to Prevent Erroneous Claim Payment Outside of the Common Working File (CWF)**

**I. SUMMARY OF CHANGES:** The purpose of this change requests is to add or update VMS to prevent operators from erroneously paying claims outside of CWF.

**EFFECTIVE DATE: October 1, 2023**

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

**IMPLEMENTATION DATE: October 2, 2023**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:** The purpose of this change requests is to add or update VMS to prevent operators from erroneously paying claims outside of CWF. Currently, when a claim is marked return/reject, a VMS Force Code to bypass CWF editing is applied to the claim by the VMS system. If the analyst changes the processing decision from return/reject to pay or deny, the Force Code applied by marking the claim a return/reject remains allowing the claim to bypass CWF.

Contractor editing is used to instruct the analysts to remove the force codes; however, that edit can be bypassed by using the VMS Line Review Code ‘X’. The analyst does not have authority to bypass CWF for a paid claim.

System changes are needed to ensure that the analyst removes Force Codes R, T, L, Y, or 5 before the claim processes and/or restrict the ability to apply Line Review Code ‘X’ for a claim previously marked return/reject.

Once a claim is paid outside of CWF, the Durable Medical Equipment (DME) MAC has to research to determine why CWF was bypassed and if needed, make an adjustment to pay the claim within CWF, and then report the information to CMS. The benefit of a new VMS hard coded edit is to stop the processing of claims paying outside of CWF in error. An override will be needed for claims/adjustments or other entities that have the DME MACs complete adjustments outside of CWF (i.e. ADQIC, ALJ, etc.) and can be use based on CMS approval.

**B. Policy:** There are no policy changes associated with this instruction.

## 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	HHH		FISS	MCS	VMS	CWF	
12211.1	The Contractor shall update VMS claims processing to prevent operators from erroneously paying claims outside of CWF.							X		
12211.2	The Contractor shall update VMS Security (VSEC) to ensure that any editing or							X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	updated processing allows for overrides, needed for claims/adjustments or CMS approved entities that have the DME MACs complete adjustments outside of CWF.									
12211.3	The Contractor shall update the VMS claims sub-system to allow the DME MACs to utilize the existing character defined for clearing the line review flags in order to clear the claim review flags.							X		
12211.4	The Contractor shall update the following reports, to display the highest Claim Review Code instead of the last Claim Review Code entered. <ul style="list-style-type: none"> <li>AJR131 - Deleted Claims Report</li> <li>AJR025 - Biller Purged Claim Report</li> <li>OQ3001 - OQC Case Summary Report</li> </ul>							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.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**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**