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| <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 11368</b>                | <b>Date: April 29, 2022</b>                               |
|   | <b>Change Request 11777</b>                               |

**SUBJECT: User CR: ViPS Medicare System (VMS) - Allow Updates to the Submitted Medicare Beneficiary Identifier (MBI)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to eliminate the manual effort required when VMS claim operators need to correct the submitted Medicare Beneficiary Identifier (MBI) on paper and Optical Character Recognition (OCR) claims. When the submitted MBI is captured incorrectly, it has to be delete and reentered to ensure that the MBI is captured correctly. This change will eliminate this manual effort by allowing updates to the submitted Medicare Beneficiary Identifier (MBI) field.

**EFFECTIVE DATE: October 1, 2022**

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

**IMPLEMENTATION DATE: October 3, 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/revise 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

|             |                    |                      |                       |
|-------------|--------------------|----------------------|-----------------------|
| Pub. 100-20 | Transmittal: 11368 | Date: April 29, 2022 | Change Request: 11777 |
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## I. GENERAL INFORMATION

**A. Background:** Under CR9757, changes to VMS were made to capture the submitted Medicare Beneficiary Identifier (MBI) just prior to the claim’s initial query to Beneficiary Data Streamlining (BDS). VMS will only populate the submitted MBI and related fields once for Optical Character Recognition (OCR) and paper claims. After these fields are initially populated, updates are not allowed. When the submitted MBI is captured incorrectly, claims will come back from the Common Working File (CWF) with a reject. When this occurs, the claim has to be deleted and reentered to ensure that the submitted MBI is captured correctly. The requirements implemented with this change will eliminate the manual effort needed to correct the MBI by allowing operators to update the MBI field.

**B. Policy:** This CR does not update policy.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number  | Requirement  | Responsibility |   |             |                            |                                  |             |             |             |       |
|---------|--|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
|         |  | A/B<br>MAC     |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-<br>System<br>Maintainers |             |             |             | Other |
|         |  | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S                 | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |
| 11777.1 | Contractor shall allow updates to the submitted Medicare Beneficiary Identifier (MBI) on OCR and paper claims after the initial claim is captured on the Claims in Process (CIP) file. This change shall be effective with the Implementation Date of this CR. |                |   |             |                            |                                  |             | X           |             |       |
| 11777.2 | Contractor shall send any changes to the submitted MBI value made after Phase I records are generated for IDR with the next phase of IDR records (e.g. Phase 1.x or Phase II). This change shall be effective with the Implementation Date of this CR.         |                |   |             |                            |                                  |             | X           | IDR         |       |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility |   |             |             |                  |
|--------|-------------|----------------|---|-------------|-------------|------------------|
|        |             | A/B<br>MAC     |   |             | D<br>M<br>E | C<br>E<br>D<br>I |
|        |             | A              | B | H<br>H<br>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**