

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1903	Date: August 11, 2017
	Change Request 10225

SUBJECT: Implement Changes to Effect the Functionality of Combination Force Codes in the ViPS Medicare System (VMS)

I. SUMMARY OF CHANGES: Claim Force Codes in the VMS system allow claims operators to bypass the functionality of a claim edit that has triggered, or to override an edit with another edit. Currently there is only one field on the claims processing screen, which allows for the entry of a Claim Force Code and in some situations, the operator is required to re-enter values within the one field to effect the functionality of multiple Force Codes. To reduce repetitive entry and provide efficiency for operators, the VMS claim processing system requires new Combination Force Codes or comparable functionality to accomplish the actions of multiple force codes.

EFFECTIVE DATE: January 1, 2018 - The changes for the business requirements will be based on the Process Date.

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

IMPLEMENTATION DATE: January 2, 2018

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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IMPLEMENTATION DATE: January 2, 2018

I. GENERAL INFORMATION

A. Background: Claim Force Codes in the VMS system allow claims operators to bypass the functionality of a claim edit that has triggered, or to override an edit with another edit. Currently there is only one field on the claims processing screen, which allows for the entry of a Claim Force Code and in some situations, the operator is required to re-enter values within the one field to effect the functionality of multiple Force Codes. To reduce repetitive entry and provide efficiency for operators, the VMS claim processing system requires new Combination Force Codes or comparable functionality to accomplish the actions of multiple force codes.

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	F I S S	M C S		V M S
10225.1	GDIT shall create a new Claim Review Code to replace Claim Force Code 'Q' logic and perform the combined functionality of existing Claim Force Codes as follows: 1. Q and C 2. Q and I 3. W and C				X			X	
10225.2	DME MACs shall identify existing setup and any internal/external logic using the Claim Force Codes identified in business requirement 10225.01, and test to ensure existing and new processing performs as required in business requirement 10225.01				X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	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

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