

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2072	Date: April 27, 2018
	Change Request 10522

SUBJECT: Implementation of Business Requirements to Increase Claim Counter Maximum and Create Auto-Deletion Utility

I. SUMMARY OF CHANGES: This Change Request (CR) implements systems changes to increase claim counter maximums and create auto-deletion utility in the Viable Information Processing System (VIPS) Medicare System (VMS).

EFFECTIVE DATE: October 1, 2018

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

IMPLEMENTATION DATE: October 1, 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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EFFECTIVE DATE: October 1, 2018

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IMPLEMENTATION DATE: October 1, 2018

I. GENERAL INFORMATION

A. Background: This is an implementation Change Request (CR) to execute the business requirements needed to increase claim counter maximum and create auto-deletion utility. Increasing the number of claim counters allowed on SUPR/2/5 will allow the Medicare Administrative Contractors (MACs) to continue adding additional events for Medical Review (MR). Without this increase, the MACs will not be able to continue to implement new MR edits including Targeted Probe and Educate (TPE) edits.

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
10522.1	VMS shall expand the maximum value of the claim counter entries allowed in the SUPR/2/5 Claim Counter Screen to 3,000 for each Medicare Administrative Contractor jurisdiction.									X	
10522.2	VMS shall identify any claim counters in the SUPR/2/5 Claim Counter Screen which are tied to production inactive logic.									X	
10522.3	VMS shall automatically delete the identified claim counters in the SUPR/2/5 Claim Counter Screen which are tied to production inactive logic on a monthly basis.									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		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): Daniel Schwartz, 410-786-4197 or Daniel.Schwartz@cms.hhs.gov , Jennifer Phillips, 410-786-1023 or Jennifer.Phillips@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