

<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 11698</b>	<b>Date: November 9, 2022</b>
	<b>Change Request 12966</b>

**SUBJECT: Modern Solution to SuperOp Claim Counter Maximum Implementation**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to modernize the SuperOp Claim Counter in the Viable Information Processing Systems (ViPS) Medicare System (VMS) to prevent or avoid future claim counter maximum issues by transitioning to a batch claim counter.

**EFFECTIVE DATE:** April 1, 2023 - Full Implementation of 12966.1, 12966.1.1, 12966.1.2, 12966.1.3, 12966.1.4, 12966.1.5, 12966.1.6, 12966.1.7 and 12966.2; July 1, 2023 - Development and Coding for 12966.3, 12966.4, 12966.5, 12966.5.1, and 12966.5.2; October 1, 2023 - Full Implementation of 12966.3, 12966.4, 12966.5, 12966.5.1, and 12966.5.2

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

**IMPLEMENTATION DATE:** April 3, 2023 - Full Implementation of 12966.1, 12966.1.1, 12966.1.2, 12966.1.3, 12966.1.4, 12966.1.5, 12966.1.6, 12966.1.7 and 12966.2; July 3, 2023 - Development and Coding for 12966.3, 12966.4, 12966.5, 12966.5.1, and 12966.5.2; October 2, 2023 - Full Implementation of 12966.3, 12966.4, 12966.5, 12966.5.1, and 12966.5.2

*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





Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
12966.1.7	VMS shall allow contractors to search claim counters from the command line.							X		
12966.2	VMS shall update the existing process for archiving claim counters so that it is executed weekly rather than monthly.							X		
12966.3	VMS shall make the batch claim counters available for use in SuperOp events.							X		
12966.4	VMS shall remove inactive batch claim counters from the table on a weekly basis.							X		
12966.5	VMS shall produce a report of the claims that hit the counters on the new batch claim counter table.							X		
12966.5.1	VMS shall report the Health Insurance Claim Number (HICN) and VMS Claim Control Number (CCN) of claims that hit the counters on the new batch claim counter table.							X		
12966.5.2	The Virtual Data Center (VDC) shall make the report available in CA View.									VDC

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	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.*

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

**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Cristine Egan, 410-786-8088 or [Cristine.Egan@cms.hhs.gov](mailto:Cristine.Egan@cms.hhs.gov) , Jennifer Martin, 410-786-4286 or [jennifer.martin@cms.hhs.gov](mailto:jennifer.martin@cms.hhs.gov) , Monique Baha, 301-452-4763 or [Monique.Baha@cms.hhs.gov](mailto:Monique.Baha@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**