CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11698	Date: November 9, 2022
	Change Request 12966

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*.

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

Pub. 100-20	Transmittal: 11698	Date: November 9, 2022	Change Request: 12966
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I. GENERAL INFORMATION

A. Background: The Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) requested a User CR for the SuperOp claim counter maximum to be increased to 20,000 within the VMS shared system. The CMS discussed and opted to increase the SuperOp claim counter maximum to 50,000 to avoid this issue in the future and submitted CR12684. Historically, the original maximum was 800, then in 2018, it was increased to 3,000. The Center for Program Integrity (CPI) initiated CR12684 as an emergent CR due to the DME MAC's inability to initiate a new Medical Review (MR) which made them unable to meet the workload requirements for MR.

This CR will implement changes in VMS to convert the SuperOp claim counter into a batch claim counter table. This will modernize the claim counter functionality and allow the DME MACs to avoid future concerns about exceeding the maximum allowable number of claim counters in SuperOp.

B. Policy: There are no legislative, statutory, or regulatory impacts associated with this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
			A/B		D	Shared-				Other
		N	MA(M	System				
				ı	Е	Maintainers		ers		
		A	A B H			F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					С	S				
12966.1	VMS shall create a new batch claim counter table.							X		
12966.1.1	VMS shall make the new batch claim counter table accessible from SUPR/2.							X		

Number	Requirement	Re	espo	nsi	bilit	y				
		li .	A/B		D		Sha	red-		Other
		N	MAC	\mathbb{C}	M		Sys	tem		
					Е	M	aint	aine	ers	
		A	В	Н		F	M	V	C	
				Н	M	_	C	M		
				Н	A C	S	S	S	F	
12066 1 2	VD4C 1 11: 1 1 C 11 41 1 1 1 1:				C	S		37		
12966.1.2	VMS shall include fields on the new batch claim counter table for the following data points:							X		
	• Counter ID;									
	• Location Status;									
	 Maximum number of claims selected by the 									
	counter;									
	• The count of claims selected by the counter;									
	The number of claims that should be skipped									
	between selected claims;									
	 The number of claims that have been skipped since the last claim was selected; 									
	 Percentage of claims selected; 									
	 Reset Frequency; 									
	• Last Reset Date;									
	The Program Integrity Management Reporting									
	(PIMR) activity type;									
	 The PIMR edit associated with the claim 									
	counter;									
	The header level Automated Development									
	system (ADS) (non-Paperwork (PWK)) code;									
	PWK by mail;PWK by fax, electronic (X12), or file transfer									
	(XDR);									
	DUMMYCMN;									
	• CART Codes;									
	• Last update date; and									
	• User ID of the last updater.									
	<u>-</u>									
100 55 5 5										
12966.1.3	VMS shall set the maximum number of claims							X		
	selected by a single claim counter at 999.									
12966.1.4	VMS shall allow claim selection on a percentage basis							X		
12700.1.4	or by skip factor in a given claim counter.							Λ		
	of of only factor in a given claim counter.									
12966.1.5	VMS shall use the existing 539 VMS Security (VSEC)							X		
	switch to limit which users have add/update access to									
	the new batch claim counter table.									
1006645	VD (0.1.11.11.12.12.12.12.12.12.12.12.12.12.1									
12966.1.6	VMS shall allow 12 positions in the counter ID field							X		
	on the new batch claim counter table.									

Number	Requirement	Responsibility								
		A/B MAC		D M E		Sha Sys aint	tem		Other	
		A	В	H H H	M A C	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	Re	spoi	nsib	ility	
			A/B		D	C
		N	MAC	\mathcal{C}	M	Е
					Ε	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: $\ensuremath{\mathrm{N/A}}$

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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 , Jennifer Martin, 410-786-4286 or jennifer.martin@cms.hhs.gov , Monique Baha, 301-452-4763 or 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):

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ATTACHMENTS: 0