CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2435	**Date: February 14, 2020**
	Change Request 11558

SUBJECT: User CR: ViPS Medicare System (VMS) Analysis and Redesign of SuperOp Claim Counter Functionality

I. SUMMARY OF CHANGES: This Change Request (CR) directs the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and the VIPS Medicare System (VMS) maintainer to perform analysis activities of the existing Superop Claim Counter functionality and investigate a redesign of how Superop tracks the claim counters.

EFFECTIVE DATE: July 1, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 6, 2020

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: 2435**	**Date: February 14, 2020**	**Change Request: 11558**

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I. GENERAL INFORMATION

A. Background: The SuperOp Claim Counter functionality allows users to set up logic to select a maximum number of claims, skip factor or a combination of a skip factor with a maximum value. The DME MACs have experienced scenarios in which the number of claims selected exceeds the maximum value of the claim counter. The following examples were provided:

- Logic was set up to capture 100% of claims billed with a maximum of 35. Once the maximum value of 35 claims was captured, the expectation was that no more claims be selected, however, 178 claims had been selected.
- In another instance, logic was set up for every fifth claim with a maximum of 35 claims. The maximum value of 35 was reached, but again the claim counter continued to increase.

The DME MACs have found that these issues are not consistent since some reviews will stop selecting claims once the maximum has been reached, while others will continue to select claims once the maximum value has been reached. After multiple attempts, they have not been able to recreate the scenario in their User Acceptance Testing regions.

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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11558.1	The contractor shall work with the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) to perform analysis of the existing SuperOp Claim Counter functionality, determine the root cause of the inconsistencies where the number of claims selected exceeds the maximum value of the claim counter, and design a solution to correct the overages.				X			X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11558.2	The DME MAC shall provide current examples when requested by the VMS SSM.				X					
11558.3	Contractors shall attend up to eight weekly one-hour calls (starting February 2020) to conduct analysis and discuss questions and issues that arise during analysis.				X			X		
11558.4	Contractors shall submit contact names for call participants who are subject matter experts to Kay.Curry@cms.hhs.gov within five (5) business days after issuance of the CR.				X			X		
11558.5	The contractor shall facilitate the analysis calls and maintain an Issues Log documenting all identified issues and/or resolutions and submit to the distribution two (2) business days prior to the next call.							X		
11558.6	The contractor shall provide a final analysis paper and estimated hours to implement the solution to CMS using the 'GDIT ECHIMP Estimate Form', within 30 business days following the final conference call.							X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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):
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ATTACHMENTS: 0