

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2436	Date: February 14, 2020
	Change Request 11397

SUBJECT: User CR: ViPS Medicare System (VMS) Analysis and Design to Create Auto-Inactivation Utility for SuperOp

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 to create an Auto-Inactivation Utility for SuperOp.

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

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I. GENERAL INFORMATION

A. Background: This is an analysis and design Change Request (CR) to create an auto-inactivation utility for SuperOp when a SuperEAR is moved from an active to an inactive status. SuperOp is a user-controlled mainframe Business Rules Engine (BRE) application that makes decisions and resolves errors automatically during claims processing based on user-defined parameters. Entity Action Records (EARs) are part of the VMS Automated Claims Examination System (ACES) subsystem. EARs allow users to set up jurisdiction-specific criteria for an entity such as, a Provider, a Beneficiary or Procedure code, and perform claim editing that will specify actions when those criteria are met. An EAR used in correlation with SuperOp is a SuperEAR.

Currently, DME MACs have to manually review and inactivate all SuperOp sequences that contain an inactive SuperEAR. The purpose of this CR is to complete the analysis necessary to create a utility that systematically inactivates SuperOp sequences when a SuperEAR is deactivated.

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		F	M	V	C			
		H H	M A C	F I S S	M C S	V M S	C W F					
11397.1	Contractors shall attend up to ten weekly one-hour calls (starting February 2020) to perform analysis and design a solution to create an auto-inactivation utility for SuperOp when a SuperEAR is made inactive.				X			X				
11397.2	Contractors shall submit contact names for call participants who are subject matter experts to Kay.Curry@cms.hhs.gov within five (5) business days				X			X				

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	C W F	
	after issuance of the CR.									
11397.3	The contractor shall facilitate the analysis calls, create the agenda, 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		
11397.4	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			D M E	C 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 , 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