CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2336	**Date: August 9, 2019**
	Change Request 11145

SUBJECT: User CR: ViPS Medicare System (VMS) changes for Auto-Removal of Certificates of Medical Necessity (CMNs) associated with Super-Deleted Initial CMNs

I. SUMMARY OF CHANGES: This change request instructions the VMS maintainer to make system changes to auto-remove all QCNs associated with an initial CMN when a contractor requests to super-delete a transaction.

EFFECTIVE DATE: January 1, 2020
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 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: During back-end oxygen processing when new CMNs are being allowed per Medicare guidelines, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have to super-delete the initial CMN so that Common Working File (CWF) is updated. However, when there are revisions and recerts on file, the analysts have to space off those CMNs to keep the VMS CMN file clean and current. Once the initial CMN is super-deleted all revision/recert CMNs associated with the Quality Control Number (QCN) should be auto-removed as well, since they will no longer be at CWF since the initial was super-deleted.

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 M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11145.1	The contractor shall make changes within the VMS DME Certificate of Medical Necessity (CMN) subsystem (VDME) so that users that are authorized to super-delete individual CMNs can also request that all CMNs associated with an initial CMN are removed when a super-delete transaction is entered for the initial CMN and there are no pending claims associated with any of the CMNs.							X		
11145.2	The contractor shall make changes within the VMS DME Certificate of Medical Necessity (CMN) subsystem so that users authorized by a new VMS Security (VSEC) switch can request that all CMNs associated with an initial CMN are removed when a super-delete transaction is entered for the initial CMN, regardless of whether or not there are pending claims							X		

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	associated with any of the CMNs.									

III. PROVIDER EDUCATION TABLE

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

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