

<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 2347</b>	<b>Date: August 9, 2019</b>
	<b>Change Request 11305</b>

**SUBJECT: User CR: ViPS Medicare System (VMS) to Report Claims Paid Outside of CWF**

**I. SUMMARY OF CHANGES:** This Change Request (CR) will implement VMS changes to create a new print report that will display claims paid outside of Common Working File (CWF).

**EFFECTIVE DATE: January 1, 2020 - Changes are effective with Implementation Date**

*\*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.*

<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**

# Attachment - One-Time Notification

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## I. GENERAL INFORMATION

**A. Background:** The Common Working File (CWF) approves each claim before it is paid. However, there may be special circumstances when it is necessary to pay claims outside the CWF system. In all instances involving payment outside the CWF system, Durable Medical Equipment Medicare Administrative Contractors (DME MACs) are required to submit a monthly report of all claims paid without CWF approval to their Contract Officer’s Representative (COR). This Change Request (CR) will help the DME MACs identify and reconcile any adjustments cleared to pay outside of CWF.

**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 H H	M A C	F I S S	M C S		V M S	C W F
11305.1	The contractor shall create a new daily report that provides the Health Insurance Claim Number (HICN) and Claim Control Number (CCN) for claims paid outside of CWF using the following selection criteria: <ul style="list-style-type: none"> <li>The claim is an original or adjustment claim,</li> <li>The claim is in a 10/75 or 10/76 location status,</li> <li>The claim does not have a CWF Disposition code of ‘01’ or ‘02’.</li> </ul>							X			

## III. PROVIDER EDUCATION TABLE

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