| CMS Manual System | Department of Health & Human Services (DHHS) | | | |
|----------------------------------|---|--|--|--|
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) | | | |
| Transmittal 10287 | Date: August 7, 2020 | | | |
| | Change Request 11649 | | | |

SUBJECT: User CR: ViPS Medicare System (VMS) - Enhancements to the Claim Edit Audit Trail Screen (BUDS05)

I. SUMMARY OF CHANGES: This Change Request (CR) will update the ViPS Medicare System (VMS) Beneficiary Update and Display System (BUDS) subsystem to allow users to display claims by entering a single Claim Control Number.

EFFECTIVE DATE: January 1, 2021

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: January 4, 2021

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: 10287 | Date: August 7, 2020 | Change Request: 11649

SUBJECT: User CR: ViPS Medicare System (VMS) - Enhancements to the Claim Edit Audit Trail Screen (BUDS05)

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IMPLEMENTATION DATE: January 4, 2021

I. GENERAL INFORMATION

A. Background: The Claim Edit Audit Trail Screen (BUDS05) screen displays the online claim edits and pre-pricing and post-pricing Entity Action Records (EARs) generated for a specific claim. This screen allows users to access claim information by using only the Claim Control Number (CCN). Current functionality of the BUDS05 screen only displays the CCN if there is an edit/audit history for the CCN. If there are no records found, the screen displays error message *I002 – NO RECORDS SELECTED*. This change will provide the DME MACs the ability to locate all claims in VMS by CCN, in order to obtain the HICN, and be able to transport to the other BUDS screens. This will help the DME MACs research claims when a Health Insurance Claim Number (HICN) and/or Medicare Beneficiary Identifier (MBI) is not provided, is invalid or unknown.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|------------|---|--------|---|------------|---|---|-------|
| | | | А/В ИА(| | D M | | Sha Sys | | | Other |
| | | ľ | VIA | | E | | aint | | | |
| | | A | В | Н | | F | M | V | C | |
| | | | | Н | M | - | C | M | | |
| | | | | Н | A | S | S | S | F | |
| | | | | | C | S | | | | |
| 11649.1 | The contractor shall update the existing functionality for BUDS05, that only displays claim information if there is an edit/audit history for the CCN, to display claim information even if there is no edit/audit history for the CCN. | | | | | | | X | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | |
|--------|-------------|----------------|---|---|
| | | A/B | D | С |
| | | MAC | M | Е |
| | | | Е | D |

| | A | В | Н | | I |
|------|---|---|---|---|---|
| | | | Н | M | |
| | | | Н | Α | |
| | | | | C | |
| None | | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: 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): 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