

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11196	Date: January 27, 2022
	Change Request 12547

SUBJECT: MAC Participation in Change Request (CR) Development

I. SUMMARY OF CHANGES: The purpose of this CR is to update direction to Medicare Administrative Contractor (MAC) responsibilities as part of the CR development process, especially when they are assigned as the CR's Sponsor MAC.

EFFECTIVE DATE: March 16, 2022

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

IMPLEMENTATION DATE: March 16, 2022

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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SUBJECT: MAC Participation in Change Request (CR) Development

EFFECTIVE DATE: March 16, 2022

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

IMPLEMENTATION DATE: March 16, 2022

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to provide updated direction to the Medicare Administrative Contractors (MACs) regarding the CR development process.

B. Policy: No new policy or regulations.

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		
12547.1	All MACs shall attend the final demonstration call for all system change CRs developed using Agile Methodology for their applicable line of business(es).	X	X	X	X						
12547.1.1	The Sponsor MAC shall attend all demonstration calls for CRs where it is the sponsor. All other MACs should (but are not required to) attend.	X	X	X	X						
12547.1.2	The Sponsor MAC shall give its approval of the changes presented at the final demonstration call. Other MACs shall provide comments and suggestions, but are not required to give approval.	X	X	X	X						
12547.2	The Sponsor MAC shall review test plans for its sponsor CRs, when provided by the beta testing contractor. (Note: Exact details of how test plans will be communicated to the MACs will be shared via a technical direction letter when the process is rolled out. MACs shall have at least 30 days to implement the process after it is communicated.	X	X	X	X						

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		
12547.2.1	The Sponsor MAC shall provide comments and/or suggestions for additional test scripts, if noted, within five business days of receipt of the test plan.	X	X	X	X						
12547.3	A MAC shall complete the UAT Testing Tab in ECHIMP for all CRs where it is the Sponsor MAC, unless the CR is N/A for the MAC's line of business. (For example, if the CR does not apply to DME MACs, the DME MAC Sponsor is not required to respond.)	X	X	X	X						
12547.3.1	The Sponsor MAC shall complete the UAT Testing Tab within 5 business days of the CR completing the first POC review.	X	X	X	X						
12547.3.2	The Sponsor MAC shall update the UAT Tab if new information or additional discussions with the testing contractor change the initial determination.	X	X	X	X						
12547.4	MACs shall review all responses provided by CMS to its CR Forum questions in ECHIMP within five business days of receipt of a response.	X	X	X	X						
12547.4.1	MACs shall respond in the forum with details of its concerns within five business days of receipt of the response from CMS, if the MAC's questions are not answered fully or the answer will cause a notable workload increase for the MAC.	X	X	X	X						
12547.4.2	MACs shall provide its responses regardless of the current status of the CR, including CRs that have started Clearance, so CMS can assist in resolving any concerns before the CR is issued.	X	X	X	X						
12547.5	MACs shall complete the Non-Base Code Impact Tab in ECHIMP for all CRs that are applicable to its MAC line of business as part of their Level of Effort (LOE) response. (For example, if the CR applies to DME MACs only, A/B MACs are not required to respond.)	X	X	X	X						
12547.5.1	MACs shall answer "yes" on the non-base impact tab in ECHIMP when the CR will result in changes to any of the MAC's internal systems (for example, changes to Web Portals, IVR, workflow management tools, automations, etc.).	X	X	X	X						

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	NOTE: CMS acknowledges all non-base impacts may not be known until the system solution is determined by the Shared System maintainer. MACs shall document what is known at the time of the LOE response.								
12547.6	Any MAC that reports a confirmed problem, in User Acceptance Testing (UAT) or production, shall test the coding fix when provided by the maintainer unless testing is not possible (for example: testing region availability, data requirements, or connections to other systems).	X	X	X	X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	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): 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):

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.

ATTACHMENTS: 0