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# CMS Manual System

## Pub. 100-01 Medicare General Information, Eligibility, and Entitlement

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Department of Health & Human Services (DHHS)  
Centers for Medicare & Medicaid Services (CMS)

Transmittal 17

Date: FEBRUARY 25, 2005

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CHANGE REQUEST 2884

*NOTE: Transmittal 15, dated January 21, 2005 is rescinded and replaced with Transmittal 17, dated February 25, 2005.*

**SUBJECT:** Review of Contractor Implementation of Change Requests (Replacement for expired CR 944).

**I. SUMMARY OF CHANGES:** Section 50 erroneously stated that CMS instructions are downloaded from the CMS website. Section 50 is being corrected to state that CMS instructions are downloaded from the CMS DRIMAILBOX.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*:** March 1, 2005  
**IMPLEMENTATION DATE:** March 1, 2005

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)  
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	7/50/Review of Contractor Implementation of Change Requests
N	7/50.1/CR Implementation Report – Summary Page
N	7/50.2/CR Implementation Report – Details Page
N	7/50.3/CR Implementation Report – Sample Cover Letter/Attestation Statement

**III. FUNDING:** Medicare contractors shall implement these instructions within their current operating budgets.

**IV. ATTACHMENTS:**

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

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



# Attachment – Business Requirements

Pub. 100-01	Transmittal: 17	Date: February 25, 2005	Change Request 2884
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*NOTE: Transmittal 15, dated January 21, 2005 is rescinded and replaced with Transmittal 17, dated February 25, 2005.*

**SUBJECT: Review of Contractor Implementation of Change Requests (Replacement for expired CR 944).**

## **I. GENERAL INFORMATION**

### **A. Background:**

This Change Request (CR), CR2884, replaces expired CR 944. Information regarding the implementation of program instructions is currently collected through similar, but not standardized processes, by each regional office (RO). The most recent instruction, Transmittal AB-01-117, Change Request 944, Instruction Implementation Reporting, expired on August 31, 2002. A new instruction is necessary to ensure compliance with reporting guidelines.

The purpose of this instruction is to introduce a uniform national process to enable the Centers for Medicare & Medicaid Services (CMS) to collect information regarding the implementation of CMS program instructions by Medicare contractors. The introduction of a standard national process does not constitute an additional reporting burden nor require funding, as it replaces local reporting currently administered by each region.

### **B. Policy:**

The contractors must implement CRs. The CMS expects contractors to implement 100% of all issued CRs. A CMS Central Office (CO) representative will send, on a quarterly basis, a CR Implementation Report (which includes a Details page, a Summary page and a sample Cover Letter/Attestation Statement), as well as instructions for completing and submitting the CR Implementation Report, to all contractors (intermediaries, carriers, RHHIs and DMERCs). This report will contain all CRs to be implemented within that fiscal quarter. When a CR includes “For Analysis Only” in its title, the CR is for analysis only by shared system maintainers to conduct further review. Intermediaries, carriers, RHHIs, and DMERCs are not required to implement the CR until further notification. Therefore, “For Analysis Only” CRs will not be included in the CR Implementation Report. The CO representative will send the reports to the contractors within 1 week of the end of the fiscal quarter. The contractors shall enter all applicable information into the reports and send the completed reports to the CMS CO mailbox, with copies going to their respective contractor managers and to their respective Consortium Contractor Management Officers (CCMO) by the due dates listed on the reports. Each contractor, by contractor number, shall complete one CR Implementation Report (which includes a Summary page, a Details page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR; this explanation document would explain, for example, why the CR was not implemented at all or not implemented timely). An electronic mailbox has been established at the CO to receive the quarterly reports.

- Quarter 1 includes October, November and December. The report for Quarter 1 is due no later than February 5th.
- Quarter 2 includes January, February and March. The report for Quarter 2 is due no later than May 5th.
- Quarter 3 includes April, May and June. The report for Quarter 3 is due no later than August 5th.
- Quarter 4 includes July, August and September. The report for Quarter 4 is due no later than November 5th.

In addition, each contractor shall write and maintain written procedures on their change management process (i.e., Standard Operating Procedures – SOP). Elements should include, but are not limited to, written procedures for the timely downloading of CMS instructions (issued CRs) from the CMS DRIMAILBOX, written procedures of the contractor’s CR distribution process (including, but not limited to, the dissemination of provider education information), written procedures for CR implementation (including written documentation to verify CR implementation). Contractors must be able to supply these written procedures and written documentation upon request to CMS.

## Implementation Date

### I. Definition

An implementation date identified in a Change Request (CR) is the date by which Medicare FFS contractors must apply all changes detailed in business requirement forms that accompany a CR package. It is the date when all necessary infrastructure changes must be completed and operational in order to execute new / modified policy and procedure. Unless otherwise stated, the implementation date is the same for all business requirements listed within a specific CR. In some rare instances, a separate implementation date(s) may be given for a particular business requirement(s) within a CR. In addition, the initiator of a CR may specify an event that signifies implementation of a business requirement(s).

### II. Supporting Information

For any instruction affecting providers, regardless if there are systems or non-systems changes, CMS gives at least 90 days’ advance notice to the providers. That is, CMS must issue the instruction at least 90 days prior to the implementation date to give providers enough time to implement the instruction. The vehicle used to alert providers 90 days prior to an instruction’s implementation date is the CMS Quarterly Provider Update, which can be accessed at: <http://www.cms.hhs.gov/providerupdate>. There are four exceptions to the 90 days’ advance notice policy: (1) the instruction is *contractor specific* and therefore does not affect providers; (2) the instruction is a *correction/clarification* where the previously issued instruction contained typos or errors of fact or omissions; (3) the instruction is a *routine or recurring item* (which qualifies it to be included on the Mid-Quarter List in the Provider Update); and (4) the instruction is *approved by the CMS Administrator* to be published immediately or by a certain date.

For a system change, the initiator of the CR will specify an implementation date that corresponds to one of the quarterly release dates. Usually, the quarterly release date will be the first Monday of the quarter. [Note: The July 2005 quarterly release date will be Tuesday July 5<sup>th</sup> due to the Monday July 4<sup>th</sup> holiday.] On occasion, an off-cycle release date can be approved by OSORA and/or the Administrator. This



Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
2884.1.3	<b>Item 3:</b> Contractors shall enter the "Date Report Submitted to CMS" in Item 3 of the report in MM/DD/CCYY format. [This is the date the report is e-mailed to CMS CO.] [Item 3 is on the Summary page of the spreadsheet.]	X		X	X					
2884.1.4	<b>Item 4:</b> Contractors shall enter the name and telephone number of the "Contractor Certifying Official" in Item 4 of the report. [The Contractor Certifying Official shall be a contractor employee with management authority. The Contractor Certifying Official shall not be a staff person who simply completes the report.] [Item 4 is on the Summary page of the spreadsheet.]	X		X	X					
2884.1.5	<b>Item 5:</b> Contractors shall not enter any information in Item 5 of the report, as it has been pre-filled by CMS.	X		X	X					
2884.1.6	<b>Item 6:</b> Contractors shall enter the # of CRs added by the contractor, if any, in Item 6 of the report. [This action may be necessary should CMS inadvertently omit a CR that should have been included in the report.] [Item 6 is on the Summary page of the spreadsheet.]	X		X	X					
2884.1.6.1	Contractors shall enter the number zero in Item 6 of the report if no CRs are being added to the report.	X		X	X					
2884.1.7	<b>Item 7:</b> Contractors shall not enter any information in Item 7 of the report, since Item 7 is automatically calculated by the spreadsheet.	X		X	X					
2884.1.8	<b>Item 8:</b> Contractors shall enter the # CRs implemented by CMS Published Impl. Date in Item 8 of the report. [See "Implementation Date" definition in the Policy section of this CR.] [Item 8 is on the Summary page of the spreadsheet.]	X		X	X					



Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CBF	
2884.1.11.1	Contractors shall ensure that Item 7 equals Item 11 by entering correct numbers in Items 6, 8, 9, 9.1 and 10.	X								
			X	X	X					
2884.1.12	<b>Item 12:</b> Contractors shall enter the "Contractor Actual Implementation Date" in MM/DD/CCYY format in Item 12 of the report. [This is the date the contractor actually implemented the CR. See "Implementation Date" definition in the Policy section of this CR.] [Item 12 is on the Details page of the spreadsheet.]	X								
			X	X	X					
2884.1.13	<b>Item 13:</b> Contractors shall enter "N/A" in Item 13 of the report if the CR is not applicable to their contractor operations. Otherwise, leave Item 13 blank. [Item 13 is on the Details page of the spreadsheet.]	X								
			X	X	X					
2884.1.14	<b>Item 14:</b> Contractors shall enter "Comments/Brief Reason for Delay in Implementation" in Item 14 of the report. [Please limit comments to approximately 100 characters.] [Item 14 is on the Details page of the spreadsheet.]	X								
			X	X	X					
2884.1.14.1	If comments exceed 100 characters, the contractors shall submit with the completed CR Implementation report a separate explanation document, no longer than one page, for each CR that is not implemented by the CMS Published Implementation Date.	X								
			X	X	X					
2884.1.15	<b>Item 15:</b> Contractors shall not enter any information in Item 15 of the report, as this is for CMS Internal Use Only.	X								
			X	X	X					
2884.1.16	<b>Item 16:</b> Contractors shall not enter any information in Item 16 of the report, as this is for CMS Internal Use Only.	X								
			X	X	X					





Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CFW	
2884.3.4	Each contractor shall submit their first completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) by May 5, 2005 for Quarter 2 (Jan Feb Mar).	X								
2884.4	Each contractor shall write and maintain written procedures on its change management process (i.e., Standard Operating Procedures – SOP). [Elements should include, but are not limited to, written procedures for the timely downloading of CMS instructions (issued CRs) from the CMS DRIMAILBOX, written procedures of the contractor’s CR distribution process (including, but not limited to, the dissemination of provider education information), written procedures for CR implementation (including written documentation to verify CR implementation).]	X								
2884.4.1	Each contractor shall retain the written documentation to verify CR implementation using CMS’s records retention guidelines. [CMS records retention staff state that the guidelines are in the process of being converted into the Internet-Only Manual (IOM). For now, Intermediaries will find guidelines in Intermediary Manual Part 2, Section 2980. Carriers will find guidelines in Carrier Manual Part 2, Section 5400.]	X								
2884.4.2	Upon request from CMS, contractors shall supply the written procedures of their change management process, as well as written documentation to verify CR implementation to CMS.	X								

### III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

**A. Other Instructions: N/A**

<b>X-Ref Requirement #</b>	<b>Instructions</b>

**B. Design Considerations: N/A**

<b>X-Ref Requirement #</b>	<b>Recommendation for Medicare System Requirements</b>

**C. Interfaces:** Intermediaries, carriers, RHHIs, DMERCs, contractor managers, Regional Office staff, Central Office staff and Consortium Contractor Management Officers (CCMO).

**D. Contractor Financial Reporting /Workload Impact:** This CR does not impact financial reporting. Staff is needed to generate reports and forward to applicable areas.

**E. Dependencies:** Only tasks that have been communicated as final instructions will be tracked.

**F. Testing Considerations: N/A**

**IV. SCHEDULE, CONTACTS, AND FUNDING**

<b>Effective Date*:</b> March 1, 2005 <b>Implementation Date:</b> March 1, 2005 <b>Pre-Implementation Contact(s):</b> Tom Bouchat (410)786-4621 <b>Post-Implementation Contact(s):</b> Tom Bouchat (410)786-4621	<b>Medicare Contractors shall implement these instructions within their current operating budgets.</b>
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**\*Unless otherwise specified, the effective date is the date of service.**

**Attachments**

# General Information, Eligibility, and Entitlement Manual

## Chapter 7 - Contract Administrative Requirements

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*(Rev.17, 02-25-05)*

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40.1 – Claims Processing

40.1.1 – Standard Terminology Chart

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*50.1 – CR Implementation Report – Summary Page*

*50.2 – CR Implementation Report – Details Page*

*50.3 – CR Implementation Report – Sample Cover Letter/Attestation Statement*

## ***50 – Review of Contractor Implementation of Change Requests***

***(Rev. 17, Issued: 02-25-05, Effective: 03-01-05, Implementation: 03-01-05)***

### ***POLICY***

*The contractors must implement Change Requests (CRs). The CMS expects contractors to implement 100% of all issued CRs. A CMS Central Office (CO) representative will send, on a quarterly basis, a CR Implementation Report (which includes a Details page, a Summary page and a sample Cover Letter/Attestation Statement – see sections 50.1, 50.2 and 50.3), as well as instructions for completing and submitting the CR Implementation Report, to all contractors (intermediaries, carriers, RHHIs and DMERCs). This report will contain all CRs to be implemented within that fiscal quarter. When a CR includes “For Analysis Only” in its title, the CR is for analysis only by shared system maintainers to conduct further review. Intermediaries, carriers, RHHIs, and DMERCs are not required to implement the CR until further notification. Therefore, “For Analysis Only” CRs will not be included in the CR Implementation Report. The CO representative will send the reports to the contractors within 1 week of the end of the fiscal quarter. The contractors shall enter all applicable information into the reports and send the completed reports to the CMS CO mailbox, with copies going to their respective contractor managers and to their respective Consortium Contractor Management Officers (CCMO) by the due dates listed on the reports. Each contractor, by contractor number, shall complete one CR Implementation Report (which includes a Summary page, a Details page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR; this explanation document would explain, for example, why the CR was not implemented at all or not implemented timely). An electronic mailbox has been established at the CO to receive the quarterly reports.*

- Quarter 1 includes October, November and December. The report for Quarter 1 is due no later than February 5th.*
- Quarter 2 includes January, February and March. The report for Quarter 2 is due no later than May 5th.*
- Quarter 3 includes April, May and June. The report for Quarter 3 is due no later than August 5th.*
- Quarter 4 includes July, August and September. The report for Quarter 4 is due no later than November 5th.*

*In addition, each contractor shall write and maintain written procedures on its change management process (i.e., Standard Operating Procedures – SOP). Elements should include, but are not limited to, written procedures for the timely downloading of CMS instructions (issued CRs) from the CMS DRIMAILBOX, written procedures of the contractor’s CR distribution process (including, but not limited to, the dissemination of provider education information), written procedures for CR implementation (including written documentation to verify CR implementation).*

*Contractors shall retain the written documentation to verify CR implementation using CMS’s records retention guidelines.*

*Upon request from CMS, contractors shall supply the written procedures of their change management process, as well as written documentation to verify CR implementation to CMS.*

### *Implementation Date*

#### *I. Definition*

*An implementation date identified in a Change Request (CR) is the date by which Medicare FFS contractors must apply all changes detailed in business requirement forms that accompany a CR package. It is the date when all necessary infrastructure changes must be completed and operational in order to execute new / modified policy and procedure. Unless otherwise stated, the implementation date is the same for all business requirements listed within a specific CR. In some rare instances, a separate implementation date(s) may be given for a particular business requirement(s) within a CR. In addition, the initiator of a CR may specify an event that signifies implementation of a business requirement(s).*

#### *II. Supporting Information*

*For any instruction affecting providers, regardless if there are systems or non-systems changes, CMS gives at least 90 days' advance notice to the providers. That is, CMS must issue the instruction at least 90 days prior to the implementation date to give providers enough time to implement the instruction. The vehicle used to alert providers 90 days prior to an instruction's implementation date is the CMS Quarterly Provider Update, which can be accessed at: <http://www.cms.hhs.gov/providerupdate>. There are four exceptions to the 90 days' advance notice policy: (1) the instruction is contractor specific and therefore does not affect providers; (2) the instruction is a correction/clarification where the previously issued instruction contained typos or errors of fact or omissions; (3) the instruction is a routine or recurring item (which qualifies it to be included on the Mid-Quarter List in the Provider Update); and (4) the instruction is approved by the CMS Administrator to be published immediately or by a certain date.*

*For a system change, the initiator of the CR will specify an implementation date that corresponds to one of the quarterly release dates. Usually, the quarterly release date will be the first Monday of the quarter. [Note: The July 2005 quarterly release date will be Tuesday July 5<sup>th</sup> due to the Monday July 4<sup>th</sup> holiday.] On occasion, an off-cycle release date can be approved by OSORA and/or the Administrator. This exception tends to occur most frequently with the implementation of National Coverage Determinations (NCDs).*

*For a non-system change that has no impact on providers, the initiator of the CR may specify the implementation date as: 30 days from issuance, 45 days from issuance, 60 days from issuance, and on occasion 14 days from issuance. In some rare situations, the implementation date may be specified as "upon issuance."*

*After the comment period ends and the initiator of the CR has addressed all comments, he/she prepares a final CR package for CMS clearance. The last part of the CMS clearance process involves obtaining approval from the Medicare Change Control Board (MCCB). The MCCB, in consultation with the initiator of the CR, will determine the time period needed for implementing each change request. After the clearance process is completed, the Office of Strategic Operations and Regulatory Affairs/Issuances & Records Management Group (OSORA/IRMG) will insert the actual implementation date before issuing the CR as a final instruction.*

## **COMPLETING AND SUBMITTING THE QUARTERLY CR IMPLEMENTATION REPORT**

- 1. Intermediaries, Carriers, RHHIs and DMERCs (here on referred to as contractors) shall complete Items 1 through 17 of the CR Implementation Report, as necessary, for each contractor number. [The exceptions are Item 5, which is pre-filled by CMS, and Items 7 and 11, which are automatically calculated by the spreadsheet. Items 1 through 11 are located on the Summary page (see section 50.1), and items 12 through 17 are located on the Details page (see section 50.2).]*
- 2. Item 1: Contractors shall enter the “Contractor Name” in Item 1 of the report. [Item 1 is on the Summary page of the spreadsheet.]*
- 3. Item 2: Contractors shall enter “Contractor #” in Item 2 of the report. [Item 2 is on the Summary page of the spreadsheet.]*
- 4. Item 3: Contractors shall enter the “Date Report Submitted to CMS” in Item 3 of the report in MM/DD/CCYY format. [This is the date the report is e-mailed to CMS CO.] [Item 3 is on the Summary page of the spreadsheet.]*
- 5. Item 4: Contractors shall enter the name and telephone number of the “Contractor Certifying Official” in Item 4 of the report. [The Contractor Certifying Official shall be a contractor employee with management authority. The Contractor Certifying Official shall not be a staff person who simply completes the report.] [Item 4 is on the Summary page of the spreadsheet.]*
- 6. Item 5: Contractors shall not enter any information in Item 5 of the report, as it has been pre-filled by CMS.*
- 7. Item 6: Contractors shall enter the # of CRs added by the contractor, if any, in Item 6 of the report. [This action may be necessary should CMS inadvertently omit a CR that should have been included in the report.] [Item 6 is on the Summary page of the spreadsheet.]*
- 8. Contractors shall enter the number zero in Item 6 of the report if no CRs are being added to the report.*

9. *Item 7: Contractors shall not enter any information in Item 7 of the report, since Item 7 is automatically calculated by the spreadsheet.*
10. *Item 8: Contractors shall enter the # CRs implemented by CMS Published Impl. Date in Item 8 of the report. [See “Implementation Date” definition in the Policy section.] [Item 8 is on the Summary page of the spreadsheet.]*
11. *Item 9: Contractors shall enter the # CRs implemented after CMS Published Impl. Date in Item 9 of the report. [See “Implementation Date” definition in the Policy section.] [Item 9 is on the Summary page of the spreadsheet.]*
12. *When a contractor receives from CMS a waiver for a CR, the contractor shall enter the comment “approved waiver” and the waiver number (in the following format: “DB-xxx” in Item 14 of the report. [The waiver number is the tracking number CMS assigns to the waiver. It is located in the upper left section of the waiver letter.]*
13. *When a contractor requests from CMS a waiver for a CR, and to date has not received an approval or denial from CMS for the waiver, the contractor shall enter the comment “pending waiver” and the date of the waiver request (in MM/DD/CCYY format) in Item 14 of the report.*
14. *Item 9.1: Contractors shall enter the total # CRs that have an approved waiver or are pending a waiver in Item 9.1 of the report. [This is the total # of “approved waiver” and “pending waiver” entries from Item 14 of the report.] [Item 9.1 is on the Summary page of the spreadsheet.]*
15. *Item 10: Contractors shall enter the # of CRs that are not applicable (N/A) to their contractor operations in Item 10 of the report. [This is the total # of “N/A” entries from Item 13 of the report.] [Item 10 is on the Summary page of the spreadsheet.]*
16. *Item 11: Contractors shall not enter any information in Item 11 of the report, since Item 11 is automatically calculated by the spreadsheet.*
17. *Contractors shall ensure that Item 7 equals Item 11 by entering correct numbers in Items 6, 8, 9, 9.1 and 10.*
18. *Item 12: Contractors shall enter the “Contractor Actual Implementation Date” in MM/DD/CCYY format in Item 12 of the report. [This is the date the contractor actually implemented the CR. See “Implementation Date” definition in the Policy section.] [Item 12 is on the Details page of the spreadsheet.]*
19. *Item 13: Contractors shall enter “N/A” in Item 13 of the report if the CR is not applicable to their contractor operations. Otherwise, leave Item 13 blank. [Item 13 is on the Details page of the spreadsheet.]*

20. *Item 14: Contractors shall enter “Comments/Brief Reason for Delay in Implementation” in Item 14 of the report. [Please limit comments to approximately 100 characters.] [Item 14 is on the Details page of the spreadsheet.] If comments exceed 100 characters, the contractors shall submit with the completed CR Implementation report a separate explanation document, no longer than one page, for each CR that is not implemented by the CMS Published Implementation Date.*
21. *Item 15: Contractors shall not enter any information in Item 15 of the report, as this is for CMS Internal Use Only.*
22. *Item 16: Contractors shall not enter any information in Item 16 of the report, as this is for CMS Internal Use Only.*
23. *Item 17: Contractors should add CRs they think should have been listed on the CR Implementation Report in Item 17 – Additions. [Item 17 is on the Details page of the spreadsheet.]*
24. *Each contractor who adds a CR to the CR Implementation Report shall enter all necessary information for the additional CR, which includes the following: CMS Transmittal #, CMS CR #, Subject, the fiscal quarter (QTR) and fiscal year (FY) the CR is to be implemented, the CMS Published Implementation Date (in MM/DD/CCYY format) and complete Items 1 through 17, as necessary.*
25. *Each contractor, by contractor number, shall prepare a Cover Letter/Attestation Statement attesting that all instructions required to be implemented within the quarter have been implemented. Each contractor should use the Sample Cover Letter/Attestation Statement that is outlined in section 50.3. At a minimum, each contractor shall include in the Cover Letter/Attestation Statement the following information: Contractor Name, Contractor Number, Date Report Submitted to CMS, Subject, Attention, a statement that the Contractor Certifying Official attests that all instructions required to be implemented during the quarter have been implemented, with exceptions noted in Item 14 of the report or attached separately if the comment exceeds 100 characters, the name and title of the Contractor Certifying Official, and the names and titles of the Consortium Contractor Management Officer (CCMO) and Contractor Manager who were copied.*
26. *Each contractor, by contractor number, shall submit, via e-mail and by the report due date, one completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) to the CMS CO mailbox. [The CMS CO mailbox is: [CR\\_IMPL\\_REPORTS@cms.hhs.gov](mailto:CR_IMPL_REPORTS@cms.hhs.gov). NOTE: There are no spaces in this web address. Underscore “\_” separates the words CR\_IMPL\_REPORTS.]*

27. Each contractor shall discontinue sending reports to the [HIRPT@cms.hhs.gov](mailto:HIRPT@cms.hhs.gov) mailbox.
28. Each contractor, by contractor number, shall submit, via e-mail and by the report due date, a copy of the completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) to the appropriate contractor manager.
29. Each contractor, by contractor number, shall submit, via e-mail and by the report due date, a copy of the completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) to the appropriate Consortium Contractor Management Officer (CCMO).

**50.1 – CR Implementation Report – Summary Page**

*(Rev. 17, Issued 02-25-05, Effective: 03-01-05, Implementation: 03-01-05)*

	Required Information:	Enter Your Responses Below:
Item [1]	Contractor Name:	
Item [2]	Contractor #:	
Item [3]	Date Report Submitted to CMS: MM/DD/CCYY	
Item [4]	Contractor Certifying Official & Telephone #:	
Item [5]	# of CRs CMS included in this report:	
Item [6]	# CRs added by the contractor (from Item 17 of Details page):	
Item [7]	Auto Sum - Total of Items 5 and 6 ( # of CRs CMS included in this report + # of CRs added by the contractor):	0
Item [8]	# CRs implemented by CMS Published Impl. Date:	
Item [9]	# CRs implemented after CMS Published Impl. Date:	
Item [9.1]	# CRs approved or pending a waiver (from Item 14 of Details page):	
Item [10]	# CRs that are not applicable (N/A) to your contractor operations (from Item 13 of Details page):	
Item [11]	Auto Sum - Total of Items 8, 9, 9.1 and 10. This total must equal the total calculated in Item 7.	0
	Quarter 1 - Oct Nov Dec (report due no later than	

	February 5th) Quarter 2 - Jan Feb Mar (report due no later than May 5th) Quarter 3 - Apr May Jun (report due no later than August 5th) Quarter 4 - Jul Aug Sep (report due no later than November 5th)	
	Fiscal Year	

**50.2 – CR Implementation Report – Details Page**

*(Rev. 17, Issued 02-25-05, Effective: 03-01-05, Implementation: 03-01-05)*

<i>No.</i>	<i>CMS Transmittal #</i>	<i>CMS CR #</i>	<i>Subject</i>	<i>QTR</i>	<i>FY</i>	<i>CMS Published Impl. Date: MM/DD/CCYY</i>
<i>1</i>						
<i>2</i>						
<i>3</i>						
<i>“”</i>						

				<i>For CMS Internal Use Only</i>	<i>For CMS Internal Use Only</i>
	<i>Item [12]</i>	<i>Item [13]</i>	<i>Item [14]</i>	<i>Item [15]</i>	<i>Item [16]</i>
<i>No.</i>	<i>Contractor Actual Impl. Date: MM/DD/CCYY</i>	<i>Enter "N/A" if CR is not applicable to your contractor operations</i>	<i>Comments/Brief Reason for Delay in Implementation</i>	<i>Waiver Requested</i>	<i>Walkthrough/ Early Involvement. Call</i>
<i>1</i>					
<i>2</i>					
<i>3</i>					
<i>“”</i>					

<i>Item [17]</i>	<i>Additions</i>
<i>A1</i>	
<i>A2</i>	
<i>A3</i>	
<i>“”</i>	

***50.3 – CR Implementation Report – Sample Cover Letter/Attestation Statement***

***(Rev. 17, Issued 02-25-05, Effective: 03-01-05, Implementation: 03-01-05)***

*Contractor Name:*

*Contractor Number:*

*Date Report Submitted to CMS: [MM/DD/CCYY]*

*Subject: Attestation Statement: Implementation of Change Requests, Qtr.\_\_, FY\_\_ [Include the appropriate quarter and fiscal year in the Subject line.]*

*Attention: CMS Central Office (CO) Medicare Contractor Management Group (MCMG)*

*In accordance with the Centers for Medicare & Medicaid Services (CMS) Change Request 2884, I attest that all instructions required to be implemented within Quarter \_\_ [1, 2, 3 or 4 – select appropriate quarter] of FY \_\_ [Enter appropriate fiscal year.] have been implemented. Exceptions are explained in Item14 of the Details page of the CR Implementation Report or attached if the explanation exceeds 100 characters.*

*Sincerely,*

*[Name of Contractor Certifying Official.]*

*[Title of Contractor Certifying Official.]*

*Cc: [Copy your Consortium Contractor Management Officer (CCMO) and your Contractor Manager.]*

## **Instructions for Completing and Submitting the CR Implementation Report**

The Quarterly CR Implementation Report will be sent to the contractors as a spreadsheet with four tabs. The first tab is the Summary Page, labeled "Summary." The second tab is the Details Page, labeled "Details." The third tab is the Sample Cover Letter/Attestation Statement, labeled "Sample Cover Ltr-Attest. Stmtn." The fourth tab is the Instructions tab, labeled "Instructions."

### **Completing the Summary Page**

Item [1]: Enter your contractor name.

Item [2]: Enter your contractor number. (Note: Contractors shall submit one completed CR Implementation Report per contractor #).

Item [3]: Enter the date you submitted the report to CMS in MM/DD/CCYY format.

Item [4]: Enter the name and telephone # of the Contractor Certifying Official.

Item [5]: Do not enter any information in item 5 of the report, as this item has been pre-filled by CMS.

Item [6]: Enter the total # CRs you added, if any, to the report (this is the total # CRs from Item 17-Additions). If no CRs are added to the report, enter the number zero in Item 6 of the report.

Item [7]: Do not enter any information in Item 7 of the report, since Item 7 is automatically calculated by the spreadsheet.

Item [8]: Enter the # CRs implemented by the CMS Published Implementation Date.

Item [9]: Enter the # CRs implemented after the CMS Published Implementation Date.

Item [9.1]: Enter the total # CRs that are approved or pending a waiver.

This is the total # of "approved waiver" and "pending waiver" entries from Item 14 of the report.

Item [10]: Enter the # of CRs that are not applicable (N/A) to your contractor operations.

This is the total # of "N/A" entries from Item 13 of the report.

Item [11]: Do not enter any information in Item 11 of the report, since Item 11 is automatically calculated by the spreadsheet.

## Completing the Details Page

Item [12]: Enter the “Contractor Actual Implementation Date” in MM/DD/CCYY format in Item 12 of the report.

Item [13]: Enter “N/A” in Item 13 of the report if the CR is not applicable to your contractor operations. Otherwise, leave Item 13 blank.

Item [14]: Enter “Comments/Brief Reason for Delay in Implementation” in Item 14 of the report. Please limit comments to approximately 100 characters. When entering the comment "approved waiver" in Item 14, also include the waiver number in the following format: "DB-xxx." [The waiver number is located in the upper left section of the waiver letter.] When entering the comment "pending waiver" in item 14, also include the date of the waiver request in MM/DD/CCYY format.

Item [15]: Do not enter anything in Item 15, as this is for CMS Internal Use Only.

Item [16]: Do not enter anything in Item 16, as this is for CMS Internal Use Only

Item [17]: Add CRs you think should have been listed on the CR Implementation Report in Item 17- Additions. Each contractor who adds a CR to the CR Implementation Report shall enter all necessary information for each additional CR, which includes the following: CMS Transmittal #, CMS CR #, Subject, the fiscal quarter (QTR) and fiscal year (FY) the CR is to be implemented, the CMS Published Implementation Date (in MM/DD/CCYY format). Contractors must then complete Items 1 through 17, as necessary, for each additional CR.

### Preparing the Cover Letter/Attestation Statement

Each contractor, by contractor number, shall prepare a Cover Letter/Attestation Statement attesting that all instructions required to be implemented within the quarter have been implemented. CMS has included a sample Cover Letter/Attestation Statement with the Quarterly CR Implementation Report. At a minimum, each contractor shall include in the Cover Letter/Attestation Statement the following information:

Contractor Name, Contractor Number, Date Report Submitted to CMS, Subject, Attention, a statement that the Contractor Certifying Official attests that all instructions required to be implemented during the quarter have been implemented, with exceptions noted in Item 14 of the report or attached separately if the comment exceeds 100 characters, the name and title of the Contractor Certifying Official, and the names and titles of the Consortium Contractor Management Officer (CCMO) and Contractor Manager who were copied.

### Submitting the Completed CR Implementation Report

Each contractor, by contractor number, shall submit, via e-mail and by the report due date, one completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) to the CMS CO mailbox. The CMS CO mailbox is: CR\_IMPL\_REPORTS@cms.hhs.gov.

Each contractor, by contractor number, shall submit, via e-mail and by the report due date, a copy of the completed CR Implementation Report (which includes a Summary Page, a Details Page, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR) to the appropriate contractor manager and Consortium Contractor Management Officer (CCMO).