

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 989	Date: October 28, 2011
	Change Request 7590

SUBJECT: Change Management Process -- Enterprise Electronic Change Information Management Portal (ECHIMP)

I. SUMMARY OF CHANGES: This Change Request instructs Claims Administration Contractors and Shared System Maintainers to allow for the expansion to CR numbers greater than 4 digits.

EFFECTIVE DATE: On or after April 2, 2012

IMPLEMENTATION DATE: April 2, 2012

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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. ATTACHMENT:

One-Time Notification

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

Attachment – One-Time Notification

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SUBJECT: Change Management Process – Enterprise Electronic Change Information Management Portal (ECHIMP)

Effective Date: On or after April 2, 2012

Implementation Date: April 2, 2012

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services’ (CMS’s) Division of Change and Operations Management (DCOM) is responsible for the coordination and distribution of the draft Medicare Fee-for-Service (FFS) Change Requests (CRs) for Point-of-Contact (POC) Review. To that end, in 2006, the DCOM developed the Electronic Change Information Management Portal (eChimp), a user-friendly, web-based application to streamline and automate the change management process. Now, approximately 6 years later, the DCOM is enhancing the application to include many user requests such as Rich Text Formatting (i.e., bold, italics and spell check), online requirement documents and the automation of the Technical Direction Letters (TDLs) to name a few. These enhancements are scheduled to be released on or after April 2, 2012. Further communication and notification about the enhanced system will be forthcoming via another CR and/or Technical Direction Letter.

In addition to the above mentioned enhancements, Enterprise ECHIMP will also include the ability to continue to expand to 5, 6, 7, etc. digit CR numbers as needed. Currently, eChimp only accommodates 4 digit CR numbers.

B. Policy: Claims Administration Contractors and Shared System Maintainers will accommodate for the expansion to CR numbers greater than 4 digits.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I	C A R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C M W F		
7590.1	Contractors shall accommodate for the expansion to CR numbers greater than 4 digits.	X	X	X	X	X	X				BDC Quality Center, EDC, STC, HIGLAS, COBC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C		I E R		F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Nicole Atkins, 410.786.8278, Nicole.atkins@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: 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.