

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-01 Medicare General Information, Eligibility, and Entitlement	Centers for Medicare & Medicaid Services (CMS)
Transmittal 75	Date: DECEMBER 30, 2011
	Change Request 7468

SUBJECT: Contractor Implementation of Change Requests and Compliance with Technical Direction Letters

I. SUMMARY OF CHANGES: The purpose of this instruction is to revise the instructions in Change Requests 2884, Transmittal 17 and 6102, Transmittal 52 and to provide instructions for reporting compliance with technical direction letters (TDLs).

EFFECTIVE DATE: May 28, 2012
IMPLEMENTATION DATE: May 28, 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
R	7/Table of Contents
R	7/50/Contractor Implementation of Change Requests and Compliance with Technical Direction Letters
R	7/50.1/CR Implementation Report (CRIR) Template
R	7/50.2/TDL Compliance Report (TCR) Template
R	7/50.3/Sample Cover Letter/Attestation Statement

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. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-01	Transmittal: 75	Date: December 30, 2011	Change Request: 7468
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SUBJECT: Contractor Implementation of Change Requests and Compliance with Technical Direction Letters

Effective Date: May 28, 2012

Implementation Date: May 28, 2012

I. GENERAL INFORMATION

A. Background: The purpose of this instruction is to revise the instructions in Change Requests 2884, Transmittal 17 and 6102, Transmittal 52 and to provide instructions for reporting compliance with technical direction letters (TDLs).

B. Policy: The contractors must implement CRs and comply with TDLs. The Centers for Medicare & Medicaid Services (CMS) expects contractors to implement all issued CRs and comply with all issued TDLs. A CMS Central Office (CO) representative will send to contractors on a quarterly basis a TDL that includes a sample Cover Letter/Attestation Statement, and instructions for completing and downloading these reports.

The CR Implementation Report will contain all CRs to be implemented within that fiscal quarter. Analysis and Design CRs for Shared System Maintainers will not be included in the report; therefore, contractors will not be required to report on "For Analysis Only" CRs. In addition, contractors will not be required to add "For Analysis Only CRs" to the "CRs Added by Contractor" section of the report.

The TDL Compliance Report will contain all TDLs issued that fiscal quarter, with the exception of contractor-specific TDLs. TDLs issued to a specific contractor or contractors shall be added by that contractor in a separate section of the report.

The CMS CO Representative will issue the TDL to the contractors within one week of the end of the fiscal quarter. The contractors shall download the report from the Electronic Change Information Management Portal (eChimp) and enter all applicable information into the reports and send the completed reports to the CMS CO mailbox at CR_IMPL_REPORTS@cms.hhs.gov no later than the 28th of the month in which the reports are due. If the report due date of the 28th falls on a weekend or a holiday, contractors shall submit the report on the next business day following the due date. Each MAC shall also send a copy of the report to its respective deliverables mailbox or to the CMS ART system, pending direction from the MAC Contracting Officer's Representative (COR).

Each MAC shall complete and submit one CR Implementation Report by jurisdiction, one TDL Compliance Report by jurisdiction, a Cover Letter/Attestation Statement, and if necessary, a separate explanation document that is no longer than one page for each CR or TDL. This explanation document would explain, for example, why the CR or the TDL was not implemented or complied with at all or timely. An electronic mailbox has been established at CMS to receive the quarterly reports at CR_IMPL_REPORTS@cms.hhs.gov.

Each legacy contractor shall complete and submit one CR Implementation Report by contract number, one TDL Compliance Report by contract number, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR or TDL. This explanation document would

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R I E R	R H H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
	Section 50.										
7468.2	Each legacy contractor shall complete and submit to the CMS CO mailbox at CR_IMPL_REPORTS@cms.hhs.gov one CR Implementation Report by contract number, one TDL Compliance Report by contract number, a Cover Letter/Attestation Statement, and if necessary, a separate explanation document that is no longer than one page for each CR or TDL that was not implemented/complied with at all or not implemented/complied with timely following the instructions in Publication 100-01 Medicare General Information, Eligibility, and Entitlement, Chapter 7 Section 50.			X	X	X					

III. PROVIDER EDUCATION TABLE

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

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Nicole Atkins at Nicole.Atkins@cms.hhs.gov

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

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

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)*, include the following statement:

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.

2 Attachments

CR Implementation Report

CR Implementation Report (CRIR) - Quarter X (MMM-MMM) YYYY

1. Contractor Name:		2. Date Report Submitted: MM/DD/YYYY		3. Report Due:
4. Jurisdiction: (For MACs)		5. CRIR Contractor Contact: (First and Last Name)		
6. Contract Number: (For Legacy Contractors)		7. Contact Phone Number: XXX-XXX-XXXX		

Detail Rows

				13. Applicable Workload {Y or N}						
8. No.	9. CMS CR #	10. CMS Transmittal #	11. Subject	12. CMS Published Impl. Date MM/DD/YYYY	Part A	Part B	DME	14. Contractor Actual Impl. Date: MM/DD/YYYY; Leave blank if not applicable	15. Comments/Reason for Delay in Implementation Leave blank if implemented by due date	16. Additional Explanation: Required if '04 - CR Approved or Pending Waiver or 05 - OTHER' is chosen in item 15

CRs Added by Contractor

				13a. Applicable Workload {Y or N}						
8a. No.	9a. CMS CR #	10a. CMS Transmittal #	11a. Subject	12a. CMS Published Impl. Date MM/DD/YYYY	Part A	Part B	DME	14a. Contractor Actual Impl. Date: MM/DD/YYYY; Leave blank if not applicable	15a. Comments/Reason for Delay in Implementation Leave blank if implemented by due date	16a. Additional Explanation: Required if '04 - CR Approved or Pending Waiver or 05 - OTHER' is chosen in item 15a

CRIR Totals

17. Number of CRs CMS Included In This Report:								23. Reasons for Delay	Occurrences
18. Number of CRs Contractor Included In This Report:								01 - Due date changed due to TDL	0
19. Total Number of CRs In This Report:	0							02 - MLN Delay	0
20. Number of CRs Applicable To Contractor:								03 - CMS Delay	0
21. Number of Applicable CRs Completed by Implementation Date:	0							04 - CR Approved or Pending a Waiver	0
22. % of Applicable CRs Completed by Implementation Date:	#DIV/0!							05 - Other	0
								24. # of CRs Not Implemented by Published Implementation Date:	0

TDL Compliance Report

TDL Compliance Report (TCR) - Quarter X (MMM-MMM) YYYY									
1. Contractor Name:						2. Date Report Submitted: MM/DD/YYYY		3. Report Due:	
4. Jurisdiction: (For MACs)						5. TCR Contractor Contact: (First and Last Name)			
6. Contract Number: (For Legacy Contractors)						7. Contact Phone Number: XXX-XXX-XXXX			
Detail Rows									
8. No.	9. TDL #	10. CMS Component	11. Subject	12. CMS Issued Date MM/DD/YYYY	13. Contractor Compliance? (Yes or No)	14. Applicable to Contractor? (Yes or No)	15. Comments/Reason for Delay in Compliance <i>Leave blank if in compliance</i>	Item 16. Additional Explanation: <i>Required if '04 - TDL Approved or Pending a Waiver or 05 - OTHER' is chosen in item 16</i>	
TDLs Added by Contractor									
8a. No.	9a. TDL #	10a. CMS Component	11a. Subject	12a. CMS Issued Date MM/DD/YYYY	13a. Contractor Compliance? (Yes or No)	14a. Applicable to Contractor? (Yes or No)	15a. Comments/Reason for Delay in Compliance <i>Leave blank if in compliance</i>	16a. Additional Explanation: <i>Required if '04 - TDL Approved or Pending a Waiver or 05 - OTHER' is chosen in item 16a</i>	
TCR Totals									
17. Number of TDLs CMS Included In This Report:							23. Reasons for Delay		Occurences
18. Number of TDLs Contractor Included In This Report:							01 - Due date changed due to TDL		0
19. Total Number of TDLs In This Report:					0		02 - System Changes Required to Comply		0
20. Number of TDLs Applicable To Contractor:					0		03 - CMS Delay		0
21. Number of Applicable TDLs Complied With:					0		04 - TDL Approved or Pending a Waiver		0
22. % of Applicable TDLs Complied With:					#DIV/0!		05 - Other		0
							24. # of TDLs not in compliance:		0

General Information, Eligibility, and Entitlement Manual

Chapter 7 - Contract Administrative Requirements

Table of Contents *(Rev. 75, Issued: 12-30-11)*

50 – Contractor Implementation of Change Requests and Compliance with Technical Direction Letters

50.1 – CR Implementation Report (CRIR) Template

50.2 – TDL Compliance Report (TCR) Template

50.3 – Sample Cover Letter/Attestation Statement

50 – Contractor Implementation of Change Requests *and Compliance with Technical Direction Letters*

(Rev. 75, Issued: 12-30-11, Effective: 05-28-12, Implementation: 05-28-12)

POLICY

The contractors must implement change requests (CRs) *and comply with technical direction letters (TDLs)*. The CMS expects contractors to implement all issued CRs *and comply with all issued TDLs*. A CMS Central Office (CO) representative will send to contractors on a quarterly basis, a TDL that includes a sample Cover Letter/Attestation Statement, and instructions for completing and downloading these reports.

The CR Implementation Report will contain all CRs to be implemented within that fiscal quarter. Analysis and Design CRs for Shared System Maintainers will not be included in the report, therefore, contractors will not be required to report on “For Analysis Only” CRs. In addition, contractors will not be required to add “For Analysis Only CRs” to the “CRs Added by Contractor” section of the report.

The TDL Compliance Report will contain all TDLs issued that fiscal quarter, with the exception of contractor-specific TDLs. TDLs issued to a specific contractor or contractors shall be added by that contractor in the “TDLs Added by Contractor” section of the report.

CMS will notify the contractors, via a TDL within one week of the end of the fiscal quarter that the reports are available to download via the Electronic Change Information Management Portal (eChimp). The contractors shall enter all applicable information into the reports and send the completed reports to the CMS CO mailbox at CR_IMPL_REPORTS@cms.hhs.gov. NOTE: There are no spaces in this Web address. Underscore “_” separates the words CR_IMPL_REPORTS. The reports are due no later than the 28th of the month in which the reports are due. If the report due date of the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date. Each MAC shall also send a copy of the report to its respective deliverables mailbox or to the CMS ART system, pending direction from the MAC Contracting Officer’s Technical Representative (COTR).

Each MAC shall complete and submit one CR Implementation Report by jurisdiction, one TDL Compliance Report by jurisdiction, a cover Letter/Attestation Statement, and if necessary, a separate explanation document that is no longer than one page for each CR or TDL. This explanation document would explain, for example, why the CR or TDL was not implemented/complied with at all or not implemented/complied with timely.

Each *legacy* contractor shall complete *and submit* one CR Implementation Report *by contract number*, one TDL Compliance Report *by contract number*, a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each CR *or TDL*. This explanation document would explain, for example, why the CR *or TDL* was not implemented/*complied with* at all or not implemented/*complied with* timely.

- Quarter 1 includes October, November and December. The report for Quarter 1 is due no later than February 28th.

- Quarter 2 includes January, February and March. The report for Quarter 2 is due no later than May 28th.
- Quarter 3 includes April, May and June. The report for Quarter 3 is due no later than August 28th.
- Quarter 4 includes July, August and September. The report for Quarter 4 is due no later than November 28th.

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 *and TDL* distribution process (including, but not limited to, the dissemination of provider education information), written procedures for CR implementation *and TDL compliance* (including written documentation to verify implementation/*compliance*).

Contractors shall retain the written documentation to verify CR *and TDL* implementation/*compliance* 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 *and TDL* implementation/*compliance* to CMS.

Implementation Date

I. Definition

Refer to section 50.4.2 of this chapter for the definition of the implementation date.

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/QuarterlyProviderUpdates/01_Overview.asp

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. *Non-recurring system changes are usually issued five months in advance of the*

implementation date. 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) *and corrections to finals.*

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. *For a non-system change that has provider impact, the initiator of the CR may specify the implementation date as 90 days from 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

A/B MACs and DME MACs shall complete the CR Implementation Report, as follows for each jurisdiction. MACs with multiple jurisdictions shall complete a separate sheet within the Excel workbook for each jurisdiction. Intermediaries, Carriers and RHHIs shall complete the CR Implementation Report, as follows, for each contractor number. Legacy contractors with multiple contractor numbers shall complete a separate sheet within the Excel workbook for each contractor number.

Header Rows

The report contains four header rows.

- 1. Header Row 1, Contains the title, “CR Implementation Report (CRIR) – Quarter X (MMM-MMM) YYYY,” where X is the number of the quarter, MMM-MMM are the months included in that quarter, and YYYY is the Calendar Year. This data will be completed by CMS CO.*
- 2. Item 1: Header Row 2, Contractors shall enter the “Contractor Name” in Item 1 of the report.*
- 3. Item 2: Header Row 2, Contractors shall enter the “Date Report Submitted” to CMS in Item 2 of the report in MM/DD/YYYY. [This is the date the report is e-mailed to CMS CO.]*
- 4. Item 3: Header Row 2, Report Due. This is the date the report is due to CMS CO. This date will be completed by CMS CO.*
- 5. Item 4: Header Row 3, Jurisdiction. MACs shall enter the Jurisdiction pertaining to this report. Legacy contractors shall not complete this field.*

6. **Item 5: Header Row 3, CRIR Contractor Contact.** Contractors shall *enter the first and last name of the individual CMS CO should contact to ask questions regarding information in this report.*
7. **Item 6: Header Row 4, Contractor Number.** Legacy Contractors shall *enter the contractor number associated with this report. MACs shall not complete this field.*
8. **Item 7: Header Row 4, Contact Phone Number.** Contractors shall *enter the phone number in xxx-xxx-xxxx format for the contact named in Item 5.*

Details Rows

Below the header Rows, Detail Rows shall be completed as follows:

1. **Item 8: No.** *This field contains a consecutive number to track the number of CRs on the report. CMS CO will complete this field for all CRs included on the report by CO. If the contractor adds additional CRs in the section “CRs Added by Contractor”, they should continue numbering from the previous CMS entered row in item 8a. For example, if CMS included 15 CRs on the report, the contractor shall begin numbering in this field with 16.*
2. **Item 9: CMS CR #.** *CMS CO will complete this field with the CMS CR numbers issued during the quarter. [If contractors believe CMS inadvertently omitted a CR that should have been included in the report, the contractor shall complete item 9a below the “CRs Added by Contractor” heading for each CR number added.]*
3. **Item 10: CMS Transmittal #.** *CMS CO will complete this field with the CMS CR transmittal numbers issued during the quarter. If a CR was issued with multiple transmittals, the word “multiple” will be entered in this field. [If contractors believe CMS inadvertently omitted a CR that should have been included in the report, the contractor shall complete item 10a below the “CRs Added by Contractor” heading for each CR number added.]*
4. **Item 11: Subject.** *CMS CO will complete this field with the subject for all CMS CRs issued during the quarter. [If contractors believe CMS inadvertently omitted a CR that should have been included in the report, the contractor shall complete item 11a below the “CRs Added by Contractor” heading for each CR number added.]*
5. **Item 12: CMS Published Impl. Date MM/DD/YYYY.** *CMS CO will complete this field with the CMS Published Implementation date in MM/DD/YYYY format for all CRs issued during the quarter. [If contractors believe CMS inadvertently omitted a CR that should have been included in the report, the contractor shall complete item 12a below the “CRs Added by Contractor” heading for each CR number added.]*
6. **Item 13: Applicable Workload? (Y/N).** *Contractors shall complete this field for all CRs on the report with a ‘Y’ if the CR is applicable to their Part A and/or Part B or the DME Workload, or a ‘N’ if the CR is not applicable to their Part A and/or Part B or the DME workload. The CR is considered applicable to the contractor if any of the business requirements in the CR were required to be implemented by the contractor in the*

reporting period. [If contractors believe CMS inadvertently omitted a CR that should have been included in the report, the contractor shall complete item 13a below the “CRs Added by Contractor” heading for each CR number added.]

7. **Item 14: Contractor Actual Impl. Date: MM/DD/YYYY.** Contractors shall enter the date in (MM/DD/YYYY format) on which all requirements for the CR that apply to the contractor and were due to be implemented in the reporting period were actually complete. If the CR is not applicable to the contractor (the contractor answered ‘N’ for Item 13) then this field shall remain blank. [If contractors believe CMS inadvertently omitted a CR that should have been included in the report, the contractor shall complete item 14a below the “CRs Added by Contractor” heading for each CR number added.]
8. **Item 15: Comments/Reasons for Delay in Implementation.** If the contractor did not meet the implementation date for the CR (the date entered in Item 14 is after the date entered in Item 12), the contractor shall select one of the following reasons from the drop-down list in this field:
 - a. 01-Due date changed due to TDL
 - b. 02-MLN Delay
 - c. 03-CMS Delay
 - d. 04-CR Approved or Pending a Waiver
 - e. 05-Other

If the delayed implementation of a CR is due to an MLN Delay, contractors shall leave the implementation date field blank, select 02 – MLN Delay and report the CR in the next quarter with an implementation date that corresponds with the date of the published newsletter.

9. **Item 16: Additional Explanation.** Contractors shall enter additional comments regarding the implementation of this CR in this field.
 - a. This field is required if contractor responded ‘05-Other’ in Item 15.
 - b. This field is required if contractor responded ‘04-CR Approved or Pending Waiver in Item 15’
 - i. If approved, the waiver number (in the following format: “DB-xxx”) shall be entered. [The waiver number is the tracking number CMS assigns to the waiver. It is located in the upper left section of the waiver letter.]
 - ii. If a contractor 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/YY format).
 - iii. There are no waivers for MACs regarding the implementation of CRs.

- c. While not required, contractors are also encouraged to include any additional information they feel CMS may find useful in reviewing this report in Item 16.*
 - d. 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.*
10. *CRIR Totals. This section summarizes the totals for the detail rows for the page(s).*
- a. Item 17. Number of CRs CMS Included In This Report. This field is completed by the CMS CO.*
 - b. Item 18. Number of CRs Contractor Included In This Report. This field is completed by the contractor.*
 - c. Item 19. Total Number of CRs In This Report. This field is calculated. The contractor shall not update this field.*
 - d. Item 20. Number of CRs applicable To Contractor. This field is completed by the contractor.*
 - e. Item 21. Number of Applicable CRs Completed by Implementation Date. This field is calculated. The contractor shall not update this field.*
 - f. Item 22. % of Applicable CRs Completed by Implementation Date. This field is calculated. The contractor shall not update this field.*
 - g. Item 23. Reasons for Delay. These fields are calculated. The contractor shall not update this field.*
 - h. Item 24. # of CRs Not Implemented by Published Implementation Date. This field is calculated. The contractor shall not update this field.*
11. *Each Legacy Contractor shall, by contractor number, submit, via e-mail and by the report due date, one completed CR Implementation Report (which includes an Excel Report(s), 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. NOTE: There are no spaces in this web address. Underscore “_” separates the words CR_IMPL_REPORTS.] If the report due date of the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date.*
12. *Each MAC shall by jurisdiction submit, via e-mail and by the report due date, one completed CR Implementation Report (which includes an Excel Report(s), 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. NOTE: There are no spaces in this Web address. Underscore “_” separates the words CR_IMPL_REPORTS.] If the report due date of*

the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date.

- 13. Each MAC shall also send a copy of the report to its respective deliverables mailbox or to the CMS ART system, pending direction from their MAC Contracting Officer's Technical Representative.*

COMPLETING AND SUBMITTING THE QUARTERLY TDL COMPLIANCE REPORT

A/B MACs and DME MACs shall complete the TDL Compliance Report, as follows for each jurisdiction. MACs with multiple jurisdictions shall complete a separate sheet within the Excel workbook for each jurisdiction. Intermediaries, Carriers, RHHIs, A/B MACs and DME MACs shall complete the TDL Compliance Report as follows for each contractor number. Legacy contractors with multiple contractor numbers shall complete a separate sheet within the Excel workbook for each contractor number.

Header Rows

The report contains four header rows.

- 1. Header Row 1, Contains the title, "TDL Compliance Report (TCR) – Quarter X (MMM- MMM) YYYY," where X is the number of the quarter, MMM-MMM are the months included in that quarter, and YYYY is the Calendar Year. This data will be completed by CMS CO.*
- 2. Item 1: Header Row 2, Contractors shall enter the "Contractor Name" in Item 1 of the report.*
- 3. Item 2: Header Row 2, Contractors shall enter the "Date Report Submitted" to CMS in Item 2 of the report in MM/DD/YYYY format. [This is the date the report is e-mailed to CMS CO.]*
- 4. Item 3: Header Row 2, Report Due. This is the date the report is due to CMS CO. This date will be completed by CMS CO.*
- 5. Item 4: Header Row 3, Jurisdiction. MACs shall enter the Jurisdiction pertaining to this report. Legacy contractors shall not complete this field.*
- 6. Item 5: Header Row 3, TCR Contractor Contact. Contractors shall enter the first and last name of the individual CMS CO should contact to ask questions regarding information in this report.*
- 7. Item 6: Header Row 4, Contractor Number. Legacy Contractors shall enter the contractor number associated with this contract. MACs shall not complete this field.*
- 8. Item 7: Header Row 4, Contact Phone Number. Contractors shall enter the phone number for the contact named in Item 5.*

Detail Rows

Below the Header Rows, Detail Rows shall be completed as follows:

- 1. Item 8: No. This field contains a consecutive number to track the number of TDLs on the report. CMS CO will complete this field for all TDLs included on the report by CO. If the contractor adds additional TDLs in the section "TDLs Added by Contractor", they should continue numbering from the previous CMS entered row in item 8a. For example, if CMS included 15 TDLs on the report, the contractor shall begin numbering in this field with 16.*
- 2. Item 9: TDL #. CMS CO will complete this field with the TDL number for each public TDL issued during the quarter. There are some TDLs that are not issued to all contractors. Contractors who received a TDL during the reporting period that was not included in the top portion of the report by CMS CO should include that TDL number in item 9a below the TDLs Added by Contractor heading for each TDL number added.*
- 3. Item 10: CMS Component. CMS CO will complete this field with the CMS Component responsible for issuing the TDL. [If contractors added TDLs to the section "TDLs Added by Contractor" they do not need to complete item 10a for those TDLs.]*
- 4. Item 11: Subject. CMS CO will complete this field with the subject for all TDLs issued during the quarter. [If contractors added TDLs to the section "TDLs Added by Contractor" item 11a shall be completed by the contractor with the subject for those TDLs.]*
- 5. Item 12: CMS Issued Date MM/DD/YYYY. CMS CO will complete this field with the Issued date in MM/DD/YYYY format for all TDLs issued during the quarter. [If contractors added TDLs to the section "TDLs Added by Contractor" item 12a shall be completed by the contractor with the issued date for those TDLs.]*
- 6. Item 13: Contractor Compliance? (Yes or No). Contractors shall complete this field for all TDLs on the report with a Yes, if the contractor has received, reviewed and complied with the instructions in the TDL, if applicable to the contractor. Contractors shall complete this field for all TDLs on the report with a No if the contractor has received and reviewed, but has not complied with the instructions in the TDL, if applicable to the contractor. [If contractors added TDLs to the section "TDLs Added by Contractor" item 13a shall be completed by the contractor with the compliance for those TDLs.]*
- 7. Item 14: Applicable to Contractor? (Yes or No). Contractors shall complete this field for all TDLs on the report with a Yes if the TDL is applicable to the contractor or a No if the TDL is not applicable to the contractor. [If the contractor added TDLs to the section "TDLs Added by Contractor" item 14a shall be completed by the contractor.]*
- 8. Item 15: Comments/Reason for Delay. If the contractor did not comply with the instructions in the TDL, the contractor shall select one of the following reasons from the drop-down list in this field:*

- a. 01- Due date changed due to TDL
 - b. 02- System Changes Required to Comply
 - c. 03- CMS Delay
 - d. 04 –TDL Approved or Pending a Waiver
 - e. 05- Other
9. *Item 16: Additional Explanation. Contractors shall enter additional comments regarding the compliance of the TDL in this field.*
 - a. *This field is required if contractor responded '05-Other' in Item 16.*
 - b. *This field is required if contractor enters '04-TDL Approved or Pending a Waiver' in Item 16.*
 - i. *If approved, the waiver number (in the following format: "DB-xxx") shall be entered. [The waiver number is the tracking number CMS assigns to the waiver. It is located in the upper left section of the waiver letter.]*
 - ii. *If a contractor 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/YY format).*
 - iii. *There are no waivers for MACs regarding the implementation of TDLs.*
 - c. *While not required, contractors are also encouraged to include any additional information they feel CMS may find useful in reviewing this report in Item 17.*
 - d. *If comments exceed 100 characters, the contractors shall submit with the completed TDL Compliance Report a separate explanation document, no longer than one page, for each TDL that is not implemented by the CMS Compliance Date.*
10. *TCR Totals. This section summarizes the totals for the detail rows for the page(s). All fields except one are calculated. If the contractor added any TDLs to the 'TDLs Added by Contractor' section of the report, the contractor must enter the total number of TDLs they added to item 18 'Number of TDLs Contractor Included in This Report' field of this section. No other fields in this section shall be updated by the contractor.*
11. *Each Legacy Contractor shall, by contractor number, submit, via e-mail and by the report due date, one completed TDL Compliance Report (which includes an Excel Report(s), a Cover Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each TDL) to the CMS CO mailbox. [The CMS CO mailbox is: CR_IMPL_REPORTS@cms.hhs.gov. NOTE: There are no spaces in this web address. Underscore "_" separates the words CR_IMPL_REPORTS.] If the report due date of the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date.*
12. *Each MAC shall, by jurisdiction, submit via e-mail and by the report due date, one completed TDL Compliance Report (which includes an Excel Report(s), a Cover*

Letter/Attestation Statement, and, if necessary, a separate explanation document that is no longer than one page for each TDL) to the CMS CO mailbox. [The CMS CO mailbox is: CR_IMPL_REPORTS@cms.hhs.gov. NOTE: There are no spaces in this web address. Underscore “_” separates the words CR_IMPL_REPORTS.] If the report due date of the 28th falls on a weekend or a holiday, each contractor, including MACs, shall submit the report on the next business day following the due date.

13. Each MAC shall also send a copy of the report to its respective deliverables mailbox or to the CMS ART system, pending direction from their MAC Contracting Officer’s Technical Representative.

50.1 – CR Implementation Report (CRIR) Template

(Rev. 75, Issued: 12-30-11, Effective: 05-28-12, Implementation: 05-28-12) Upon direction from CMS via a Technical Direction Letter, contractors shall download the CR Implementation Report Template from the Electronic Change Information Management Portal (eChimp), User Tools Page, Number 4. Supporting Documents & Templates link. From there, contractors shall click the link that reads CRIR Template.

50.2 – TDL Compliance Report (TCR) Template

(Rev. 75, Issued: 12-30-11, Effective: 05-28-12, Implementation: 05-28-12.) Upon direction from CMS via a Technical Direction Letter, contractors shall download the TCR Template from eChimp, User Tools Page, Number 4. Supporting Documents & Templates link. From there, contractors shall click the link that reads TCR Template.

50.3 – Sample Cover Letter/Attestation Statement

(Rev. 75, Issued: 12-30-11, Effective: 05-28-12, Implementation: 05-28-12)

CR Implementation Report Contractor Name: Contractor/*Jurisdiction* 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 Requests 2884, 6102 *and 7468*, 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 Item 15 of the CR Implementation Report or attached if the explanation exceeds 100 characters.

Sincerely,

[Name of Contractor Certifying Official.]

[Title of Contractor Certifying Official.]

Technical Direction Letter Compliance Report

Contractor Name:

Contractor/Jurisdiction Number:

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

*Subject: Attestation Statement: Compliance with Technical Direction Letters, 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 7468, I attest that all instructions required to be complied with within Quarter __ [1, 2, 3 or 4 – select appropriate quarter] of FY __ [Enter appropriate fiscal year.] have been complied with. Exceptions are explained in Item 16 of the TDL Compliance Report or attached if the explanation exceeds 100 characters.

Sincerely,

[Name of Contractor Certifying Official.]

[Title of Contractor Certifying Official.]