CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2000	Date: January 12, 2018
	Change Request 10449

SUBJECT: MCS Proof of Concept to Convert Existing MCSDT Window to Utilize API Technology

I. SUMMARY OF CHANGES: The purpose of this CR is for the MCS maintainer to deliver a proof of concept of application transformation technology. The development of this proof of concept will demonstrate the ability to convert the existing MCSDT Window to utilize application programming interfaces API Technology. As a proof of concept project, no MCS application elements or functionality will be altered nor will any proof of concepts element be promoted into production use with this change request.

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20 Transmittal: 2000 Date: January 12, 2018 Change Request: 10449

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I. GENERAL INFORMATION

A. Background: Medicare is the largest health care insurance program, and the second largest social insurance program, in the United States. The Medicare program covers most of our nation's aged population, as well as many people who receive Social Security disability benefits. The Centers for Medicare & Medicaid Services (CMS) has made periodic improvements to the systems over the past four plus decades, but a long term strategy for modernization, to deal with Medicare's growth, and the technological advances is needed to cost effectively support not only Medicare's current evolution, but future changes as well. CMS is embarking on some initial steps to develop a modernization strategy using incremental steps and developing selected proof of concepts to identify a successful strategy for moving forward.

The CMS has embarked on a modernization effort with the MCS maintainer and will demonstrate the ability to transform a portion of the MCS Customer Information Control System (CICS) application and the MCS DeskTop (MCSDT) applications to utilize application programming interfaces (APIs) to facilitate communications and data exchange for MCSDT client application processing. The proof of concept will demonstrate that the MCSDT application will be able to transition to using APIs to communicate with the MCS CICS application.

The new APIs will be designed primarily to facilitate the functional needs of the MCSDT application but some of the APIs may also provide functionality (housekeeping, security, file access) for future service development. In terms of technical architecture, the MCS CICS APIs will be provided using CICS web services implemented as a multi-zone (transport, presentation, application and data) solution. The APIs will be designed to meet CMS technical reference architecture (TRA) standards for web service APIs and to adhere to the key principles of well-designed APIs (small, discrete, modular, reusable).

As a proof of concept project, no MCS application elements or functionality will be altered nor will any proof of concepts elements be promoted into production with this change request.

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility					
		A/B	B D Shared-		Other		
		MAC	M System				
			Ε	Maintainers			

		A	В	H H H	M A C	F I S S	M C S	C W F	
10449.1	MCS shall demonstrate the proof of concept by moving Provider Finalized Claims Screen (FA)/Provider Pending Claims Screen (PA) and Provider History Screen (PH) MCSDT inquiry windows to utilize API instead of 3270 emulator.						X		
10449.2	MCS shall show proof of concept by creating a web service based on summary of provider claim information.						X		
10449.3	MCS shall show proof of concept by creating a presentation zone security application to facilitate user authentication using a CMS approved Enterprise Identity Management (EIDM) solution that exists within the proof of concept development and testing environment.						X		
10449.4	MCS shall not change the existing MCS MCSDT application components nor release proof of concept components into production use.						X		
10449.5	MCS shall provide CMS with proof of concept deliverables of the new mid-tier Java application, new MCSDT window components and the new data format from the API application.						X		
10449.6	MCS shall provide CMS with a white paper that documents the results of the proof of concept project.						X		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility			y
			A/B MAC B		D M E M	C E D I
	None				С	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: \$N/A\$

[&]quot;Should" denotes a recommendation.

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

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

V. CONTACTS

Pre-Implementation Contact(s): Bonnie Hockaday, 410-786-1422 or bonnie.hockaday@cms.hhs.gov, Rae Sprecher-Frey, 410-786-3110 or rae.sprecher-frey@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0