

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1025</b>	<b>Date: January 26, 2012</b>
	<b>Change Request 7643</b>

**SUBJECT: Enterprise Electronic Change Information Management Portal (ECHIMP)**

**I. SUMMARY OF CHANGES:** This Change Request instructs VMS to allow for the expansion to CR numbers greater than 4 digits.

**EFFECTIVE DATE: July 1, 2012**

**IMPLEMENTATION DATE: July 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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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. ATTACHMENTS:**

**One-Time Notification**

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

# Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1025	Date: January 26, 2012	Change Request: 7643
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**SUBJECT: Enterprise Electronic Change Information Management Portal (ECHIMP)**

**Effective Date: July 1, 2012**

**Implementation Date: July 2, 2012**

## I. GENERAL INFORMATION

**A. Background:** In 2006, the Centers for Medicare & Medicaid Services’ (CMS) developed the Electronic Change Information Management Portal (eChimp), a user-friendly, Web-based application to streamline and automate the change management process. CMS 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 by June 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 shall accommodate for the expansion of 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 E  M A C	F I  M E R	C A R  I E R	R H  H  I	Shared-System Maintainers				OTHER
						F I S S	M I C S	V M S	C M W F		
7643.1	VMS shall accommodate for the expansion to CR numbers greater than 4 digits.							X			

### III. PROVIDER EDUCATION TABLE

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

### IV. SUPPORTING INFORMATION

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

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):** Nicole Atkins, 410.786.8278, [Nicole.atkins@cms.hhs.gov](mailto: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):**

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.