CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12274	**Date: September 27, 2023**
	Change Request 12934

Transmittal 12095 issued June 22, 2023, is being rescinded and replaced by Transmittal 12274, dated September 27, 2023, to update the effective and implementation dates to reflect 30 days after the end of October release testing phase since the availability of the application in the UAT cloud environment was delayed. All other information remains the same.

SUBJECT: Allow Users to Modify the Provider Demonstration File in the User Acceptance Testing (UAT) Environment - Full Agile Pilot CR

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to create a new mechanism for the Medicare Administrative Contractors (MACs) to modify the provider demonstration file in the UAT regions of the Fiscal Intermediary Shared System (FISS) and Medicare Carrier System (MCS). The current process to load provider enrollment data for Centers for Medicare and Medicaid Innovation (CMMI) models is fully automated. Data is sent to the maintainer/data center from CMS and loaded through automated processes. The MACs have no ability to modify the enrolled provider data. This CR will make MAC testing more efficient and reduce the risk of unidentified issues being introduced to production.

EFFECTIVE DATE: April 1, 2023 - Analysis and Design; July 1, 2023 - Design and coding; October 1, 2023 - Coding, Testing
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: December 11, 2023 - CR will be shipped to UAT when development is complete, implementation will be 30 days after release to UAT.

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: 12274	Date: September 27, 2023	Change Request: 12934

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I. GENERAL INFORMATION

A. Background: The current process to load provider enrollment data for Centers for Medicare and Medicaid Innovation (CMMI) models is fully automated. Data is sent to the maintainer/data center from CMS and loaded to the shared systems through automated processes. The contractors have no ability to modify the enrolled provider data. The purpose of this Change Request (CR) is to create a new mechanism for the Medicare Administrative Contractors (MACs) to modify the provider demonstration file in the UAT regions of the Fiscal Intermediary Shared System (FISS) and Medicare Carrier System (MCS).

The demonstration file load process creates issues in the MAC test (UAT) environments. The CMS supplied enrollment data is often pulled from production. The MAC UAT environments aren't a full copy of their production. The production providers identified by CMS may not be present and active in UAT. This has led to a complicated process to develop UAT provider enrollment files where MACs submit spreadsheets to CMS and a test file is manually generated. The UAT file process is problematic and often leads to delays in the start of UAT testing when the providers the MACs expected to test with aren't available or contain indicators or termination dates that make the provider unsuitable for testing.

CMS, model contractors, the data centers and MACs expend significant time to resolve UAT test file issues when a CMS CR requires MAC testing. When MACs identify their requested providers aren't available on the demonstrations file, there is no defined process that can be followed to quickly correct UAT data, the deployment method for CMMI models may be unique to the model.

The shared system design where the CMMI demonstration files are a data center level file, shared by all MACs further complicates the UAT environment. Every time a UAT file is reloaded, there is a risk that the changes to the demonstration file may disrupt the testing of other MACs that were able to identify providers in the UAT file to start testing.

The delay to the start of UAT adds risk to the model CRs. When MAC testing isn't complete before implementation, system processing issues may not be identified until production claims are received. This creates additional work for CMS, model contractors and MACs to identify and correct improperly paid claims.

This change request will create a mechanism for the MACs to quickly manipulate the information on the UAT shared system demonstrations file. The intent isn't to replace the current process where demonstration enrollment data is loaded from CMS, the file load process still needs to be tested to ensure the CMS file loads correctly. The goal of this CR is to implement a way for MACs to update the UAT demonstrations file

to correct errors/omissions and reduce delays to the start of testing. This change should result in a higher percentage of UAT testing completed prior to implementation and a reduction in the number of identified production issues.

B. Policy: There are no policy impacts.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12934.1	The system maintainers shall set up discussions with the external and internal stakeholders to define the business requirements. Stakeholders include the A/B MACs, virtual data centers, CMS Office of Information Technology (OIT), CMS Medicare Contractor Management Group (MCMG) and CMS CMMI.	X	X	X		X	X			
12934.2	The contractor shall develop a web-based interface to allow users to add or modify provider records in the model file.						X			
12934.3	The interface shall use Enterprise User Authentication (EUA) to control access to the application.						X			
12934.3.1	The contractor shall create a new EUA job code to allow access to the maintainer development regions.						X			CMS
12934.3.2	The contractor shall create a new EUA job code to allow access to the MAC UAT regions.						X			CMS
12934.4	The contractor shall load the application with the provider records from the UAT model files.						X			
12934.4.1	The contractor shall identify all active models for inclusion in the initial load of the application.					X	X			
12934.5	The contractor shall display records in the User Interface (UI) with the layout for the specific model records.						X			
12934.5.1	The contractor shall display field names for each field available on the model record.						X			
12934.6	Contractor shall apply edits to data fields						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	entered/updated through the UI.									
12934.7	Contractor shall create a daily job to load the model provider records to the mainframe file.					X	X			
12934.8	Contractor shall ensure the backup file that is present prior to editing through the UI does not roll off the system and is available for recovery if needed.						X			VDC
12934.9	The contractor shall complete end-to-end testing of the new application.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

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): Rita Hazlip, Rita.Hazlip@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