

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop B3-30-03  
Baltimore, Maryland 21244-1850



OFFICE OF ACQUISITION AND GRANTS MANAGEMENT

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**Agency/Office:** Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Acquisition and Grants Management

**Type of Notice:** Sources Sought Notice (SSN)

**Reference No:** 240952

**Title:** Source Sought Notice (SSN) for Medicare Integrated Systems Testing (MIST)

**NAICS Code:** 541511 “Custom Computer Programming Services.”

**Response Date:** **By 10:00 am Eastern Standard Time on January 30, 2024**

**Response Format:** CMS is seeking one document submission **not to exceed twelve pages** with sections clearly marked and page limitations followed. Submissions shall use a pdf or Microsoft Word doc. Each page should be single spaced, with minimum font size of Times New Roman-11point. Submissions shall be emailed to the primary points of contacts listed below. Submissions shall include a cover page (*not included in page limitation*) with the following information: Contractor’s Name, mailing address, phone number, and email of designated point of contact, any available contract vehicles may also be provided.

**Primary Points of Contact:**

Meghan Critzman, Contracting Officer  
[Meghan.Critzman@cms.hhs.gov](mailto:Meghan.Critzman@cms.hhs.gov)

Sheila Roman, Contracts Specialist  
[Sheila.Roman1@cms.hhs.gov](mailto:Sheila.Roman1@cms.hhs.gov)

The Centers for Medicare and Medicaid Services (CMS) is issuing this sources sought synopsis as a means of conducting market research to identify parties having an interest in and capable of performing services related to address the agency’s need for “Medicare Integrated Systems Testing (MIST).” These needs are described in the appendix below. The result of this market research will contribute to determining the agency’s method of procuring such services in the future. The applicable North American Industry Classification System (NAICS) code tentatively assigned to this procurement is 541511 “Custom Computer Programming Services.” There is no solicitation / request for quote or proposal / fair opportunity notice at this time. This request for capability information does not constitute a request for proposals. Submission of any information in response to this market survey is purely voluntary. CMS assumes no financial responsibility for any costs incurred. Any information that the responder considers proprietary should be clearly marked as such. No submissions will be returned and any non-proprietary information will become the property of CMS.

CMS is principally interested in the following things: (1) developing an understanding from actual providers of commercial best practices for addressing the needs described in this notice; and (2) exploring how CMS might contract with such providers for those services.

If your organization has the potential capacity to perform such services, please provide the following information: (1) organization name and DUNS, point of contact email address and telephone number, name and number of any GWAC, FSS or other multiple award IDIQ contract awarded to the organization under which CMS could place an order for such IT services, and size and type of ownership for the organization (cover page) ; and (2) tailored capability statements addressing the particulars of this effort, with appropriate documentation supporting claims of organizational and staff capability. If significant subcontracting or teaming is anticipated in order to deliver technical capability, organizations should address the administrative and management structure of such arrangements and (3) comments from industry in reference to MIST Requirements outlined in the Appendix below (not to exceed two pages) and (4) answers to set of questions outlined below.

1. Does your company have at least 5 years of experience that provides your company with technical and business knowledge of health insurance claims processing software?
2. Does your company have experience managing testing within multiple development frameworks (waterfall, agile, hybrid, etc.) simultaneously?
3. Does your company have experience with a modern testing technology stack as well as experience testing legacy systems?
4. Thinking about your last contract experience involving testing, was your team successful with testing, automation, accessibility, continuous integration, and continuous deployment?
5. Does your company apply agile principles and practices with a product mindset?

Information provided shall not exceed twelve pages. The cover page is excluded from the page count. Comments from industry regarding the MIST Requirements Appendix shall not exceed two pages.

CMS will use responses to this notice to inform any decision to set-aside the procurement contemplated herein for small businesses and the channel through which to acquire the services (e.g., full and open competition, fair opportunity under a multiple award IDIQ contract, etc.). Telephone inquiries will not be accepted or acknowledged, and no feedback or evaluations will be provided to companies regarding their submissions.

Interested parties who consider themselves qualified to perform the services necessary to address the needs described herein are invited to submit a response to this Sources Sought Notice by the following date: **January 30, 2024**. All responses under this Sources Sought Notice must be submitted via email to the following: [Meghan.Critzman@cms.hhs.gov](mailto:Meghan.Critzman@cms.hhs.gov) and [Sheila.Roman1@cms.hhs.gov](mailto:Sheila.Roman1@cms.hhs.gov). If you have any questions concerning this notice, please contact the Contracting Officer, Meghan Critzman.



## **Appendix: MIST Requirements**

# **MEDICARE INTEGRATED SYSTEMS TESTING (MIST) Purpose and Requirements**

## **Purpose**

The purpose of this contract is to provide CMS with fully integrated testing functionality for the Fee for Service (FFS) ecosystem, consisting of the following components: Fiscal Intermediary Shared System(FISS), Multi-Carrier System (MCS), Durable Medical Equipment (DME) Common Working File (CWF), Dental Claims Processing System (DCPS), the Benefits Coordination & Recovery Center/(BCRC)/Medicare Secondary Payer Systems Contractor (MSPSC) Coordination of Benefits Agreement (COBA) systems process, and the Medicare Payment System Modernization (MPSM). This functionality will manifest in ongoing test site(s) and technical support services/validation for both steady-state operational readiness and development capacity.

With the goal of eliminating gaps that exist between the current Alpha, Beta and User Acceptance Testing, the MIST represents a continued evolution whereby testing further matures to be more modular and integrated, with abilities to test end-to-end; utilizing a production-like environment and infrastructure, in an effort to mimic real-world production scenarios. In order to help manage the complexity of Medicare FFS and ensure the stability of the system, CMS has established a rigorous change management process which includes independent testing by a third party outside of the shared system maintainer, however, this traditional approach has limitations in terms of agility and systemic coverage which CMS needs to overcome in order to address inevitable policy changes, business processes and technological obsolescence that inhibit system agility, flexibility and stability while driving up cost. The MIST represents a new phase/generation of the testing role for Medicare claims processing, whereby testing of the FFS ecosystem “shifts left” to become faster and increasingly integrated and automated, incorporating modern tools and methods with greater insight from Medicare claims processing business experience and operating within both the traditional CMS Systems Development Life-Cycle (SDLC) and the Agile framework of the MPSM project. Rather than independent testing, the MIST contractor will be responsible for comprehensive integration testing, inclusive of, but not limited to embedded test automation constructs at the code development stage, functional, validation, regression, system and performance testing for production readiness while maximizing the use of automation for all testing phases.

## **REQUIREMENTS**

CMS seeks the skills of a testing team that is well-versed in industry standard software test engineering for both legacy Mainframe computing and modern Cloud computing infrastructure.

This team should include, but not limited to, Software Test Engineering, Software Engineer Developer in Test (SDET), Performance Test Engineering and Test Automation Architecture.

Roles and Responsibilities of the MIST contractor:

- A. Using a maximum amount of automation for all testing phases, the MIST contractor is responsible for performing ongoing test functionality of the FISS, MCS, DME System, CWF, DCPS, and BCRC.
- B. The MIST contractor is responsible for both modular and end-to-end testing of the MPSM.
- C. The MIST contractor will integrate the testing teams into the MPSM teams in the beginning of the contract to provide testing according to and ahead of the delivery schedule.
- D. In both operations steady-state and development state, MIST contractor is responsible for identifying problems in releases prior to their promotion into production. This includes establishing a new regression test suite based on an updated gold image.
- E. The MIST contractor is responsible for Integrated System Testing (IST) for all releases to the FISS, MCS (including Railroad Retirement Board RRB), DME System, DCPS, and CWF to emulate all functionality of the Medicare FFS claims processing environments.
- F. The MIST includes all releases listed below, as well as MPSM releases prior to general distribution (unless otherwise directed by the CMS) to all users of the systems:
  - i. Quarterly - scheduled no more frequently than quarterly and normally contain CMS mandates and routine maintenance changes. They are planned and scheduled in advance and are issued as a result of change requests.
  - ii. Off-quarter - scheduled every two weeks, or as needed, except for the month prior to implementation of a quarterly release. That month is excluded in order to allow the MACs to focus on testing the quarterly release. They are planned and scheduled in advance and may contain other types of maintenance provided on an as needed basis, agile CRs or to install CR's to prevent impact to regular quarterly releases.
  - iii. Priority - provided as needed in response to changes submitted through the change request process that are of a high priority nature, e.g., CMS mandates, legislative requirements, large scale updates of coding tables, etc. Priority releases may contain changes normally considered to be routine maintenance or other types of maintenance provided on an as needed basis.

- iv. Special - provided as needed in response to projects of a particular or unusual nature, i.e., special projects or large-scale developmental enhancements or transitions.
- v. Emergency - follow up releases in response to problems which cause delays in processing or claims not to be paid or are needed to correct incomplete or inaccurate changes that are made in a regular or priority release. Emergency-follow-up releases generally arise from problems in the system that was not evident prior to a release being implemented. A release date for an emergency release will be determined by CMS, in consultation with the SSM. CMS must approve the release.

For this contract, all FFS claims processing software components are integrated, as applicable for each system, within the FISS, MCS, DME System, DCPS, and CWF systems. This is required to complete the processing of a claim from its initial entry to the generation of a payment, Remittance Advice, and Medicare Summary Notice (MSN). These components include, but not limited to participating in annual disaster recovery exercise (DRE), Pricers and Fee Schedules, lab files, and maintaining and evolving a comprehensive Regression Test (RT) decks. There is also smoke testing, integration testing, testing of data validation and data quality on data from users, claims, measurements, scoring, and cost, as well as other responsibilities per the direction of the Director of the Division of Medicare System Modernization.