

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 311	Date: November 13, 2009
	Change Request 6684

SUBJECT: Recovery Audit Contractors (RACs)

I. SUMMARY OF CHANGES: This change request provides instructions to the Program Safeguard Contractors and Zone Program Integrity Contractors on entering suppressions and exclusions into the RAC Data Warehouse. It also provides a Joint Operating Agreement Template.

NEW / REVISED MATERIAL

EFFECTIVE DATE: December 14, 2009

IMPLEMENTATION DATE: December 14, 2009

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	4/Table of Contents
N	4/4.33/Recovery Audit Contractors
R	Exhibits/Table of Contents
N	Exhibit 44/Exhibits/JOA Appendices

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 311	Date: November 13, 2009	Change Request: 6684
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SUBJECT: Recovery Audit Contractors (RACs)

Effective Date: December 14, 2009

Implementation Date: December 14, 2009

I. GENERAL INFORMATION

A. Background: This change request provides instructions to the Program Safeguard Contractors and Zone Program Integrity Contractors on entering suppressions and exclusions into the RAC Data Warehouse. It also provides a Joint Operating Agreement Template.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
6684.1	To prevent interference with active investigations and cases, PSCs and ZPICs shall enter suppressions in the RAC Data Warehouse to temporarily mark entire providers or subsets of a provider's claims as off-limits to the RACs.											PSCs, ZPICs
6684.2	Individual claims that have been previously reviewed (or that are part of an extrapolated settlement universe) shall be excluded to permanently prevent re-review by a RAC.											PSCs, ZPICs
6684.3	The PSCs and ZPICs shall suppress targeted procedure codes from specific providers associated with open investigations/cases; suppressions of one or more procedure codes across an entire geographic area may be considered in egregious situations of widespread fraud and abuse of specific codes or types of services (e.g., infusion therapy in South Florida).											PSCs, ZPICs
6684.4	Whether suppressing an entire provider or only a portion of a provider's claims, the PSC or ZPIC shall indicate the nature of the provider being suppressed in the provider type field and the name of the provider being suppressed in the comment field.											PSCs, ZPICs
6684.5	When entering a suppression on a six-digit provider ID, the PSC or ZPIC shall also enter the provider's practice state. States are not required for NPIs, NSC numbers, alphanumeric PINs or PINs that are other than six digits											PSCs, ZPICs

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 C S	V M S	C W F	
	long, but six-digit PINs potentially overlap with six-digit CMS institutional numbers.										
6684.6	Once a suppression is lifted or expires, PSCs and ZPICs are also responsible for entering any necessary exclusions.										PSCs, ZPICs
6684.7	Any claims for which the PSC or ZPIC has requested medical records shall be excluded to prevent re-review by a RAC, unless the PSC or ZPIC's review resulted in full denial.										PSCs, ZPICs
6684.8	The PSCs and ZPICs shall have a JOA with the RACs.										PSCs, ZPICs, RACs

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 C S	V M S	C W F	
	Option 1: None.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

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

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

V. CONTACTS

Pre-Implementation Contact(s): Kimberly Downin, Kimberly.Downin@cms.hhs.gov

Post-Implementation Contact(s): Kimberly Downin, Kimberly.Downin@cms.hhs.gov

VI. FUNDING

Section A: 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.

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.

Medicare Program Integrity Manual

Chapter 4 – Benefit Integrity

Table of Contents *(Rev.311, 11-13-09)*

4.33 – Recovery Audit Contractors (RACs)

4.33 – Recovery Audit Contractors (RACs)

(Rev.311, Issued: 11-13-09, Effective: 12-14-09, Implementation: 12-14-09)

The CMS established the RAC Data Warehouse to track RAC activity and prevent conflicts between RAC reviews and other program integrity activities; this mission depends on timely and accurate information reporting by Program Safeguard Contractors (PSCs) and Zone Program Integrity Contractors (ZPICs) as well as by claims processing contractors and by the RACs themselves.

To prevent RAC interference with active investigations or cases, PSCs or ZPICs shall enter suppressions in the RAC Data Warehouse to temporarily mark entire providers or subsets of a provider's claims as off-limits to the RACs. Individual claims that have been previously reviewed (or that are part of an extrapolated settlement universe) shall be excluded to permanently block them from repeat reviews by a RAC.

The RAC Data Warehouse allows users to enter suppressions on any combination of provider ID, DRG, ICD-9 procedure code, HCPCS code, state or ZIP code, although CMS requires that suppressions be tailored as narrowly as possible. PSCs and ZPICs shall suppress targeted procedure codes from specific providers associated with open investigations/cases; suppressions of one or more procedure codes across an entire geographic area may be considered in egregious situations of widespread fraud and abuse of specific codes or types of services (e.g., infusion therapy in South Florida).

In designated high-risk areas where particular categories of providers are under scrutiny by law enforcement, the PSC or ZPIC may also suppress at the provider level. Because geographic and/or provider-level suppressions have the potential to remove a large volume of claims from RAC review, the PSC or ZPIC shall provide CMS with appropriate justification for the suppression in the comments section of the Data Warehouse upload record.

The Data Warehouse can accept suppressions on rendering provider, supplier or institution ID; suppressions on referring, ordering, billing (for Carrier/MAC/DME claims) and attending providers (institutional claims) are not currently supported.

Whether suppressing an entire provider or only a portion of a provider's claims, the PSC or ZPIC shall indicate the nature of the provider being suppressed (hospital, individual physician, physician group, home health agency, etc.) in the provider type field using the codes specified in the Data Warehouse. The PSC or ZPIC shall also indicate the name of the provider being suppressed in the comment field, which can accommodate up to 256 characters.

When entering a suppression on a six-digit provider ID, the PSC or ZPIC shall also enter the provider's practice state. States are not required for NPIs, NSC numbers, alphanumeric PINs or PINs that are other than six digits long, but six-digit PINs potentially overlap with six-digit CMS institutional provider numbers. Having the

provider state will help CMS suppression reviewers differentiate between multiple providers with the same ID.

Specific suppression start and end dates are also mandatory; suppressions can extend up to three years into the past and one year forward from date of entry. (The start date is initially fixed at 10/1/2007, which is the earliest that RACs can go for their reviews.) Users will be notified as their suppressions approach their expiration dates and can renew them if necessary, although CMS expects users to release them sooner if the underlying investigations/cases are closed.

Once a suppression is lifted or expires, PSCs and ZPICs are also responsible for entering any necessary exclusions. Any claims for which the PSC/ZPIC has requested medical records shall be excluded to prevent re-review by a RAC, unless the PSC/ZPIC's review resulted in a full denial. In this case, exclusion is unnecessary because the provider will either appeal (the redetermination entity will enter the exclusion) or will allow the decision to stand (the RACs are unlikely to pursue zero-dollar claims).

Below are examples of suppressions and exclusions in various circumstances; this list is not all-inclusive and PSC/ZPIC staff may need to consult with their respective CMS COTR and/or CMS RAC liaison to determine the appropriate level of suppression or exclusion.

Suppression and/or Exclusion - Examples

- Suppressions of providers who are the subject of a law enforcement investigation should remain effective until the provider's case is returned from law enforcement as declined for prosecution and without a request for PSC or ZPIC administrative action. The suppression may be entered using one of the following methods:*

Suppression at the provider and/or geographic level requires the user to supply detailed justification for each request, in addition to provider name/type, start/end dates and other fields as specified in the RAC Data Warehouse User's Guide. PSCs or ZPICs shall routinely monitor accepted suppression records to ensure that the suppressions remain relevant/appropriate and that they are ultimately released in a timely manner.

Suppression at the procedure code level for individual providers may be done without providing justification due to the narrower scope of the suppression. Suppressions at this level still require the user to supply a DRG, ICD-9 procedure or HCPCS code, provider identifiers, start and end dates, and any additional information as defined in the RAC Data Warehouse User's Guide.

NOTE: *The RACs can review claims paid as early as 10/1/2007, which is before NPI submission became mandatory. Therefore, PSCs and ZPICs are strongly encouraged to enter suppressions on both NPIs and legacy provider numbers for suppressions that cover the period of October 2007 through May 2008.*

- *Suppression/Exclusion for postpayment review where extrapolation may or may not be performed – if it is unknown at the time of review whether any overpayments that are identified will be extrapolated to the parent claim universe, the PSC or ZPIC shall enter a suppression on the relevant provider ID and service code(s). If the PSC/ZPIC does ultimately assess an extrapolated overpayment, the PSC or ZPIC shall release the suppression and exclude the entire universe. If the overpayment is computed based only on the sampled claims (ie, the overpayment is not projected to the entire universe), the PSC or ZPIC shall release the suppression and exclude only the sample claims that were actually reviewed.*

- *Exclusion for prepayment edits or clinically unlikely edits (CUEs) – claims that have been subjected to automated edits only are still eligible for RAC review and should generally not be excluded, although claims that have subsequently undergone complex review do require exclusion.*

- *Exclusion for prepayment review – even if a provider under investigation is subject to 100% prepayment review, a suppression will not be necessary because the RACs do not receive claim data in real time. However, the individual claims that were reviewed will need to be excluded. (This requirement applies whether the provider was on 100% prepayment review or if only a lesser fraction of that provider's claims were being renewed.)*

For access to the RAC Data Warehouse, contact the system administrators at rac@cms.hhs.gov. Current suppression/exclusion file layouts and the user's guide are available from the help desk staff or by download from the system itself.

The ZPICs and the PSCs shall have a JOA with the RACs. Refer to PIM Exhibit 44 for the JOA between the PSCs and the RACs and between the ZPICs and the RACs. If PSCs, ZPICs or RACs have any recommendations for modifying the JOA, they shall provide these modifications to their respective COTRs.

Medicare Program Integrity Manual

Exhibits

Table of Contents *(Rev.311, 11-13-09)*

Exhibit 44 – JOA Appendices

(Rev.311, Issued: 11-13-09, Effective: 12-14-09, Implementation: 12-14-09)

Standard Core
Joint Operating Agreement

Between
RACs and PSCs/ZPICs

Recovery Audit Contractors (RACs)
Program Safeguard Contractors (PSCs)
Zone Program Integrity Contractors (ZPICs)

Revision History Log

<i>Version</i>	<i>Date</i>	<i>Changed By</i>	<i>Description of Change</i>	<i>Approval Required</i>
<i>V01</i>				
<i>V02</i>				

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1. Introduction

1.1. Purpose of this JOA

This Joint Operating Agreement (JOA) is designed to promote cooperation between Recovery Audit Contractors (RACs) and the Program Safeguard Contractors (PSCs) or Zone Program Integrity Contractors (ZPICs) by establishing and maintaining shared expectations for the interaction among these Parties to the JOA.

1.2. Parties

Parties to the JOA are identified in Appendix Z. Please see Section 2.5 below in this JOA for information regarding completion of this appendix.

1.3. Jurisdictions, Contacts, Roles, and Responsibilities

This information is provided in Appendices B and C. Section 2.2 below in this JOA describes the process for completion of these appendices. Please note that there are multiple tabs in these Microsoft (MS) Excel Workbook appendix files to facilitate use of this information.

1.4. Confidentiality

Given the nature of the work performed by the RAC and the PSC/ZPIC, information contained within this JOA is to be shared only with members of the RAC, PSC/ZPIC, and CMS teams.

1.5. Liability

Although both the RAC and PSC/ZPIC each individually have a contractual relationship with CMS, there is no privity of contract between the RAC and the PSC/ZPIC.

Each contractor will be indemnified and protected by limitations on liability according to the terms of its respective contract with CMS. In light of the provisions of each contractors current contracts with CMS and the constraints of law, no amendments to their respective contracts are made through this JOA with respect to indemnification or limitations on liability.

1.6. Funding

Nothing in this JOA will obligate any parties to perform any tasks that add significant cost and are outside current scope of work unless adequate funding for these tasks is received from CMS.

2. Document Maintenance

2.1. Standard Core JOA

The Standard Core JOA is established and maintained by CMS to apply standardized best practices for the interaction between the RAC and PSC/ZPIC contractors. This Standard Core JOA is purposely designed so that it does not need to reflect contractor specific information, which is instead contained in the JOA Appendix Documents. This JOA should not be modified from the standard without consulting with the TO COTRs.

2.2. JOA Appendices

List of Appendices – Appendix A lists all JOA appendices, identifies the name of the team responsible for collecting and incorporating updates, and briefly describes how each appendix is to be created and maintained.

Distributed Update Responsibilities – Appendix documents are separated to facilitate maintenance.

The Contact List, for example, is divided into separate files by team so that each team can make and distribute updates to their list without having to coordinate input from other teams. If a contractor holds multiple contracts with CMS and if this contractor wants a separate Contact List for each contract to facilitate updates by different teams, this is allowed. The multiple tabs within each Contact List Excel Workbook facilitate differentiation between multiple task orders on a single contract.

Use Across Multiple JOAs – The templates for these appendix documents, such as the Contact List templates, have been formatted so that they can be applied to multiple JOAs, eliminating the need to maintain similar/duplicate information across multiple JOAs.

Document Owner – The name of the individual person on each team who will update each appendix will be identified by that team at the top of each of their appendix documents. This facilitates identification of the person to whom updates should be sent.

Templates – CMS provides a standard template for each appendix which can be amended by each party if necessary to effectively convey the information for their team. To promote consistency, please apply the standard template to the greatest degree practical.

2.3. Required Roles

To promote proper direction of communication, each RAC and PSC/ZPIC will identify, in its Contact List, a Primary and an Alternate for each of the following Required Roles:

- *JOA POC – Joint Operating Agreement Point of Contact – This individual is responsible for serving as the lead contractor point of contact in establishing and maintaining the JOA content and in leading the resolution of any JOA-related issues that may arise.*
- *JOA Approver – One individual from the RAC and one individual from the PSC/ZPIC will be*

- *Operational Lead – This individual is responsible for serving as the lead point of contact in performing ongoing operational work under the terms of the JOA. This standard title is used in the JOA because various teams use different titles for the individuals that they have serving in this role, and the JOA can not effectively incorporate all of those titles. Each party will identify their Operational Lead in their Contact List, and they are welcome to add in the Contact List any other appropriate titles for this individual as well.*

2.4. Managing Change

Change Suggestions – Recommendations for updates to JOA documents are encouraged and are to be sent to the Document Owner.

Revision History – Each Document Owner is to identify changes to JOA documents in the Revision History Log.

Version Number – The version number is used to make sure that everyone is looking at the same version of a document. The Document Owner is to increment the JOA version number each time the JOA is sent out for approval. Multiple updates can be consolidated into the same version number. The version number is imbedded as the last characters (ex: V01) of each file name.

Process Note: In MS Excel, updates to the version number in the file name are automatically propagated to the top of each printed Excel document. In MS Word, select “File, Print Preview” when the version number in the file name is updated to cause the updated version number to be propagated from the file name to the top of the document.

2.5. Approval of Standard Core JOA

CMS Approval of All Versions of the JOA

- *CMS will solicit input, make updates, distribute, and refine this Standard Core JOA as necessary. Through this cycle of change, CMS will have reviewed and approved all updates.*

RAC and PSC/ZPIC Approval of the First JOA

- *CMS directs that all Parties to the JOA (the RAC and PSC/ZPIC) are to sign (using hand written signature) the first jointly approved version of the JOA.*
- *To accomplish this, the JOA Approvers are to hand-write their signature on two copies of Appendix Z, the JOA Approval Form, which they are then to mail (one copy each) to the primary RAC JOA POC and PSC/ZPIC TO COTR who are responsible for their retention and for providing a copy of these upon request.*
- *To facilitate communication of status, the JOA Approvers are also to send out an email to these individuals indicating that they have approved the JOA.*

RAC and PSC/ZPIC Approval of Ongoing Updates

- *As CMS makes subsequent updates to the Standard Core JOA, CMS will advise contractors via Email if the new version is sufficiently changed to require approval. CMS will also update the last column of the Revision History table of the JOA to keep a record of which versions require approval.*
- *A hand written signature is not required for ongoing updates. Instead, an electronic signature (an electronic copy of the approver's signature) is to be used as the signature.*
- *To provide approval for ongoing updates, the JOA Approver is to fill out Appendix Z, paste in their electronic signature, and then send this completed document via email to the Primary and Alternate JOA POC for the RAC and PSC/ZPIC TO COTR. The Primary JOA POCs and TO COTRs are responsible for retaining these emails and for providing a copy of these upon request.*

No Approval Required on Appendix Updates – No approval is required on updates to the appendices.

Timing of Approvals – Parties are to provide approval within 10 business days of receipt of an updated Standard Core JOA. If parties have an issue with the JOA, they are to raise this issue within 10 business days. If no issues are identified before the end of this period, the JOA updates will be considered approved.

Distribution – Each JOA POC will disseminate information regarding the update within their organization.

3. Communication

Communication is a crucial component that will occur at multiple levels using multiple tools and techniques as described below.

3.1. JOA Checkpoint Meetings

Purpose – These meetings provide a forum for communication on topics of mutual interest among the Parties to the JOA. Topics will include a discussion of any issues with coordination among the parties the status of any changes to the JOA documents.

Location – These meetings will most often take place via conference call. In those instances where a RAC and a PSC/ZPIC are located close enough to allow a short drive, some participants may join in-person.

Frequency – The meetings will occur at minimum on a quarterly basis for the first year after the signing of the first JOA and then at least semi-annually thereafter.

Meeting Dates – CMS representatives need to attend multiple of these meetings across contractors, so CMS will work with contractors to coordinate spreading of these meetings over time. At the conclusion of each meeting, the participants will determine mutually agreeable timing (and location where appropriate) for the next meeting; information that will then be confirmed via email. Changes will be communicated through the JOA POC via email.

Facilitation – Responsibility for facilitating the meeting will rotate between the RAC and the PSC/ZPIC. This will include preparation of the agenda, providing a dial in number, facilitating the discussion, and capturing and distributing meeting minutes.

Meeting Minutes – Are to be distributed within five business days of the meeting and should clearly identify Action Items for review in the next meeting.

Participation – Invitees are to minimally include the applicable CMS COTRs and the Primary and Alternate JOA POC. The JOA POC will invite other participants as appropriate.

3.2. Other Workgroup Meetings

Purpose – In addition to the JOA Checkpoint meetings, the Parties to the JOA will interact on a regular basis in smaller workgroups to address specific needs.

Location, Timing, and Facilitation – Will be similar to the Checkpoint Meetings.

Formation – Recommendations for new workgroups should be considered at the JOA Checkpoint Meetings.

3.3. Issue Escalation and Resolution Process

Issues will be escalated if necessary for resolution via the following process:

- 1. Source – The RAC and the PSC/ZPIC individuals identifying the issue will work with their*

counter-parts first to attempt to resolve the issue.

- 2. JOA POCs – If they are unable to come to a resolution, the matter will be brought to the attention of the RAC Contractor JOA POC and the PSC/ZPIC JOA POC (identified in the Contractor Contact List Appendices).*
- 3. Operational Leads – If they are unable to come to a resolution, the matter will be escalated to the RAC Operational Lead and the PSC/ZPIC Operational Lead (identified in the Contractor Contact List Appendices).*
- 4. CMS Contract Officer Technical Representatives (COTRs) – If they are unable to come to a resolution, the Operational Leads will bring the matter to the attention of the CMS COTRs (identified in the CMS Contact List Appendices).*
- 5. JOA Alternative Dispute Resolution (ADR) Team – In the event the dispute between the RAC and the PSC/ZPIC cannot be resolved, the issues will be directed in writing to the CMS RAC and PSC/ZPIC Contracting Officers, Project Officers, and COTRs for resolution by the JOA ADR team. The ADR team will issue a written determination to both the RAC and the PSC/ZPIC.*

Timing of Issue Escalation and Resolution – The speed with which issues are escalated and resolved will be dependent on the priority of the issue, with higher impact issues receiving quicker attention by all parties. As a general guideline, parties should endeavor to resolve or escalate an issue within 1-3 days of its receipt, or they should reply to all parties to advise them of the reasons for additional time needed for action.

3.4. Non-Compliance

If a party does not comply with a provision of the JOA, notification and resolution will take place as follows:

- 1. Notification – If a party does not comply with a provision of the JOA, the Operational Lead for that party will notify the Operational lead for the other party.*
- 2. Resolution – A non-compliance is often one-time event with no significant impact which can often be quickly resolved and prevented in the future through the interaction of the Operational Leads. In these circumstances, escalation is not required.*
- 3. Escalation – If a non-compliance creates an impact that either party feels requires escalation either for notification purposes or for issue resolution purposes, then the Operational Leads will notify the CMS COTRs. If necessary, the ADR process described above will be applied to achieve closure.*

3.5. Communication Regarding CMS Changes

As part of ongoing operations, the RAC and the PSC/ZPIC Contractor staff will both review documents received from CMS, including Transmittals, Program Memoranda, Change Requests and Notes. The RAC and the PSC/ZPIC Contractor will continue to determine their own

operational impact and will provide comments and escalate issues to CMS independently, as appropriate.

All issues that are determined to have an impact on any RAC or PSC/ZPIC Contractor operations included in this JOA will be submitted to the RAC and PSC/ZPIC JOA POCs for discussion at the next JOA Checkpoint Meeting, or sooner if appropriate.

3.6. Securing Email Information

CMS has indicated that it is not appropriate to send emails containing beneficiary or provider identifiers (including names and numbers) even if those identifiers are contained within a password-protected attachment. Each JOA Participant is responsible for obtaining, understanding, interpreting, and implementing its own policies and procedures regarding use of email containing beneficiary or provider identifiers. CMS Secure Email may be used to send protected information to CMS and other users of this email system. If Secure Email is not available, send this information via an encrypted CD through registered mail.

4. Identification and Action on Fraudulent Behavior

4.1. Identification and Notification of Fraud by the RAC

RAC Responsibility – When the RAC encounters an issue that meets the criteria of potential fraud, the RAC will notify the RAC PO who will forward this to the Director of the Division of Benefit Integrity Management Operations.

Indicators of Fraud – The following are indicators of fraud that must be reported to the RAC PO. The RAC should use their best judgment to determine if other findings may constitute fraudulent behavior. Section 6.2 of this Standard Core JOA provides information regarding training for the RAC staff to identify fraud.

- *Submission of false claims*
- *Services being rendered by unlicensed individuals*
- *Ordered services being provided without a legitimate physician order*
- *Claims for beneficiaries or providers that are deceased*
- *Non-compliance with medical record requests*

4.2. Coordination with Law Enforcement

The PSC/ZPIC will interact with Law Enforcement related to potential fraudulent activity. The RAC must not contact Law Enforcement with fraud suspicions; they must contact the RAC PO. Law enforcement may contact the RAC with recovery inquiries but any other LE RFIs shall be referred by the RAC directly to the PSC/ZPIC.

4.3. High Risk Areas

CMS may identify High Risk areas within a PSC/ZPIC jurisdiction. These are areas that are known to have wide-spread fraud. The PSCs/ZPICs are required to take aggressive, rapid and innovative measures to curtail fraud in these areas and this may impact the RAC's ability to perform audits in these areas. The PSC/ZPICs will have the ability, in High Risk Areas, to suppress providers in order to protect the PSC/ZPIC and Law Enforcement's ability to identify, prevent and prosecute fraudulent activities.

5. Training

5.1. Training provided by the PSC/ZPIC

Purpose – Fraud detection and awareness training will be provided to assist the RAC in identifying fraudulent behavior, including indicators that RAC staff should look for and examples of real fraud scenarios.

Audience – This training is designed for members of the RAC team.

Initial and Annual Training – The PSC/ZPIC will provide this training at the start of working together as contractors and on at least an annual basis thereafter.

New Employee Training – The RAC will be responsible to provide this on-going training for new RAC employees throughout the year using the materials provided by the PSC/ZPIC.

Participation Requirement – Training participation is required to at least one session per year to be provided by the PSC or ZPIC. PSCs and ZPICs can rotate the responsibility for training and must avoid duplication across contracts.

Training on Changes – Additional training will be provided by the PSC/ZPIC when substantive changes are identified in fraud detection and awareness.

(Rev.311, Issued: 11-13-09, Effective: 12-14-09, Implementation: 12-14-09)

<i>Appendix #</i>	<i>Appendix Title</i>	<i>Primarily Responsible Team</i>	<i>Document Creation and Maintenance Notes</i>
-	<i>Standard Core JOA</i>	<i>CMS PI Team</i>	<ul style="list-style-type: none"> <i>The TO COTR along with the DBIMO TA for JOAs are responsible for incorporating and distributing updates to the Standard Core JOA, the List of Appendices, and the Appendix templates (not the content).</i> <i>All parties are responsible for providing input to the TO COTR regarding recommended enhancements to these documents.</i>
A	<i>List of Appendices</i>	<i>CMS PI Team</i>	
B1	<i>CMS Program Integrity Contracts, CMS Contracts, and CMS Responsibilities</i>	<i>PSCs/ZPICs</i>	<ul style="list-style-type: none"> <i>Each Contractor will maintain and distribute a workbook such as the one proposed here to communicate the list of their CMS contracts, CMS contacts, and the responsibilities of those CMS contacts.</i>
B2	<i>CMS RAC Contracts, CMS Contracts, and CMS Responsibilities</i>	<i>RACs</i>	
B3	<i>CMS MAC Contracts, CMS Contracts, and CMS Responsibilities</i>	<i>Each Contractor</i>	
C1	<i>Contractor Contact List and Responsibilities Template</i>	<i>Each Contractor</i>	<ul style="list-style-type: none"> <i>Each Contractor is responsible for incorporating and distributing updates to the format of this template (not the associated content).</i>
C2...	<i>XYZ Contractor Contact and Responsibilities List</i>	<i>Each Contractor</i>	<ul style="list-style-type: none"> <i>Each Contractor will complete this template to identify their contacts and the responsibilities of these contacts.</i>
Z	<i>JOA Approval Form</i>	<i>Each Contractor (RAC and PSC/ZPIC)</i>	<ul style="list-style-type: none"> <i>The JOA Approver (identified in the Contact List) for each Contractor team is responsible for providing the approval and distributing copies.</i> <i>The associated process is described in Section 2.5 of the Standard Core JOA.</i>

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ZPIC FFS TOs Tab

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ZPIC Name	Contractor Name and Contract #	Jurisdiction States Include	Award Date	Fully Op Date	CMS Contract Specialist	CMS Primary COTR	CMS Associate COTR	CMS Subject Matter Experts	Contractor Program Director	Contractor FFS TO Manager
Zone 1	TBD	California, Nevada, American Samoa, Guam, Hawaii, Mariana Islands	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Zone 2	TBD	Alaska, Washington, Oregon, Montana, Idaho, Wyoming, Utah, Arizona, North Dakota, South Dakota, Nebraska, Kansas, Iowa, Missouri	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Zone 3	TBD	Minnesota, Wisconsin, Illinois, Indiana, Michigan, Ohio, Kentucky	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Zone 4	Health Integrity FFS Task Order HHSM-500-2008-000271/0001	Texas, Oklahoma, Colorado, New Mexico	#####	2/01/2009	Jessica Sanders Baltimore (410)-786-1076	Kevin Frazier Baltimore (410)-786-8140	Carmen Narganes Dallas (214)-767-3532	Bob Foster Atlanta RO Carmen Narganes Dallas (214)-767-3532	Sandy Love Health Integrity, LLC 9240 Centreville Road Easton, MD 21601 (410)-763-6242 (410)-819-8698 (Fax) loves@healthintegrity.org	James Hargrove Health Integrity, LLC 4835 LBJ Freeway Heritage Square 1, Suite 750 Dallas, TX 75244 (972) 383-0020 (972) 383-0010 (Fax) hargrovej@healthintegrity.org
Zone 5	TBD	West Virginia, Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Tennessee, Arkansas, Louisiana	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Zone 6	TBD	Pennsylvania, New York, Maryland, Washington D.C., Delaware, Maine, Massachusetts, New Jersey, Connecticut, Rhode Island, New Hampshire, Vermont	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Zone 7	SGS FFS Task Order HHSM-500-2008-000301/0001	Florida, Puerto Rico, Virgin Islands	#####	12/15/2008 Home Health 2/1/2009 All Other	Amy Duckworth Baltimore (410)-786-3111	RJ Sheehan Baltimore (410)-786-7509	Rhoda Brown Philadelphia (215)-861-4264	Rose Murphy Miami Field Office (305)-536-6588	Barbara Atlas 3450 Lakeside Drive, Suite 201 Miramar, Florida 33027 (954) 433-6422 (954) 433-6007 (Fax) barbara.atlas@eds.com	Raul Martinez 3450 Lakeside Drive Suite 201 Miramar, FL 33027 (954) 433-6426 (954) 433-6007 (Fax) rmartinez02@eds.com

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Contractor Name and Contract #	Contract Name	Jurisdiction States Include	Award Date	Fully Op Date	CMS Contract Specialist	CMS Primary COTR	CMS Associate COTR	CMS Subject Matter Experts	Contractor Program Director	Contractor FFS TO Manager
AdvanceMed Corporation 500-99-0009-0004	Ohio, West Virginia, Kentucky, Minnesota PSC	<u>Part A&B:</u> Kentucky and Ohio <u>Part B:</u> West Virginia <u>Part A:</u> Minnesota	12/21/2001 Task Order # 0004	7/1/2002 Part A expansion complete on 6/1/2003	Jessica Sanders Baltimore 410-786-1076	Tara Ross Baltimore 410-786-9530	Pam Carroll Chicago 312-353-7102	Linda Guenin Chicago RO MR SME Pat Sutton Central Office Fraud SME Mike McElliott Chicago RO Pam Carroll Chicago 312-353-7102	Charlene Stanley 3940 Gantz Road, Suite F Grove City, OH 43123 (614) 801-2315 (614) 801-2365 (Fax) stanleyc@admedcorp.com	David Roden 3940 Gantz Road, Suite F Grove City, OH 43123 (614) 801-2310 (614) 801-2365 (Fax) rodend@admedcorp.com
AdvanceMed Corporation 500-99-0009-0006	North Carolina, Tennessee PSC	<u>Part A:</u> Tennessee <u>Part B:</u> North Carolina and Tennessee	6/25/2002 Task Order # 0006	8/1/2002 Part A expansion complete on 07/1/2003	Jessica Sanders Baltimore 410-786-1076	Tara Ross Baltimore 410-786-9530	Pam Carroll Chicago 312-353-7102	Carmen Narganes Dallas 214-767-3532	Curtis Watkins 2636 Elm Hill Pike, Suite 110 Nashville, TN 37214 (615) 425-2441 (615) 872-0272 (Fax) watkinsc@admedcorp.com	Janice Miller 2636 Elm Hill Pike, Suite 110 Nashville, TN 37214 (615) 425-2481 (615) 872-0272 (Fax) millerj@admedcorp.com
AdvanceMed Corporation 500-99-0009-0007	Louisiana & Arkansas PSC	<u>Part A & B:</u> Arkansas and Louisiana	12/20/2002 Task Order # 0007	03/15/2003	Jessica Sanders Baltimore 410-786-1076	Tara Ross Baltimore 410-786-9530	Pam Carroll Chicago 312-353-7102	Carmen Narganes Dallas 214-767-3532	Curtis Watkins 2636 Elm Hill Pike, Suite 110 Nashville, TN 37214 (615) 425-2441 (615) 872-0272 (Fax) watkinsc@admedcorp.com	Janice Miller 2636 Elm Hill Pike, Suite 110 Nashville, TN 37214 (615) 425-2481 (615) 872-0272 (Fax) millerj@admedcorp.com

Contractor Name and Contract #	Contract Name	Jurisdiction States Include	Award Date	Fully Op Date	CMS Contract Specialist	CMS Primary COTR	CMS Associate COTR	CMS Subject Matter Experts	Contractor Program Director	Contractor FFS TO Manager
Cahaba Safeguard Administrators 500-99-0017-0001	North Carolina PSC	<u>Part A:</u> North Carolina	8/1/2001 Task Order # 0001	10/01/2001	Nicole Hoey Baltimore 410-786-0489	Felicia Fernandez Chicago 312-353-5969		Bob Foster Atlanta RO David Czarski Baltimore 410-786-1292	Donna Dickinson Mid-Atlantic Office 2803 Slater Rd., Suite 215 Morrisville, NC (919) 463-1738 (919) 463-1669 (Fax) suefigulski@csallc.com	Sue Figulski (Investigations/MR) Mid-Atlantic Office 2803 Slater Rd., Suite 215 Morrisville, NC (919) 463-1738 (919) 463-1669 (Fax) suefigulski@csallc.com Lisa Johnson (Data Analysis) 375 Riverchase Parkway East Birmingham, AL 35244 (205) 220-7572 (205) 220-9126 ljohnson@csallc.com
Cahaba Safeguard Administrators 500-99-0015-0002	Alabama PSC	<u>Part A:</u> Alabama, Georgia, Iowa, Mississippi, South Dakota <u>Part B:</u> Alabama, Georgia, and Mississippi <u>RHHI:</u> Montana, Wyoming, Utah, Colorado, North Dakota, South Dakota, Nebraska, Kansas, Iowa, Missouri, West Virginia	8/1/2002 Task Order # 0002	1/1/2003 Georgia & Mississippi expansions on 3/2003	Nicole Hoey Baltimore 410-786-0489	Felicia Fernandez Chicago 312-353-5969	Stormie Israel Baltimore 410-786-6140	TBD	Gray Parker Southeast Office 375 Riverchase Parkway East Birmingham, AL 35244 (205) 220-4978 (205) 220-7998 (Fax) gparker@csallc.com	Presley Rebman Southeast Office 375 Riverchase Parkway East Birmingham, AL 35244 (205) 220-5954 (205) 220-7998 (Fax) prebman@csallc.com Glenn Mischel Midwest Office 500 East Court Ave. Suite 500-1A Des Moines, IA 50309 (515) 697-4070 (515) 697-4048 (Fax) gmischel@csallc.com
Computer Sciences Corp. 500-99-0015-0003	Western Integrity Center (WIC)	<u>Part A:</u> North Dakota, Alaska, Washington, Oregon, Utah, Montana, Wyoming, Idaho, Arizona <u>Part B:</u> Alaska, American Samoa, Arizona, Colorado, Guam, Hawaii, Iowa, Nevada, North Dakota, Oregon, South Dakota,	7/14/2000 Task Order # 0003	11/1/2000 Part A Expansions & Utah Part B expansion completed on 07/1/2003	Gina Romano Baltimore 410-786-8645	Trish Carlson Seattle 206-615-2360	William Henck Los Angeles 714-836-2183	Trish Carlson Seattle RO Fraud SME Jann Robinson Seattle RO MR SME	Jeff Richards 1385 So Colorado Blvd, Suite A-710 Denver, CO 80222 (303)-756-9662 (303) 756-9796 (Fax) Jrichards2@csc.com	Steve O'Neill 1385 So. Colorado Blvd. Suite A-723 Denver, CO 80222 (303) 756-3185 (303) 756-9796 (Fax) Soneill5@csc.com

Contractor Name and Contract #	Contract Name	Jurisdiction States Include	Award Date	Fully Op Date	CMS Contract Specialist	CMS Primary COTR	CMS Associate COTR	CMS Subject Matter Experts	Contractor Program Director	Contractor FFS TO Manager
IntegriGuard, LLC 500-99-0021-0005	NE,KS, MO & Mutual	<u>Part A&B:</u> Nebraska, Kansas, and Missouri <u>Part A:</u> BI work currently performed by Mutual	12/20/2002 Task Order # 0005	03/15/2003	Nicole Hoey Baltimore 410-786-0489	Phil Kaulzarich Baltimore 410-786-7170	Brian Petry Acting Baltimore 410-786-9322	Melissa Unruh Kansas City 816-426-6398	Charles Potter 2121 North 117th Ave Suite 200 Omaha, NE 68164 (402) 498-2329 (402) 955-0783 (Fax) cpotter@integriguard.org	Patty Aguilera 2121 North 117th Ave Suite 200 Omaha, NE 68164 (402) 498-2332 (402) 955-0783 (Fax) p.aguilera@integriguard.org
Safeguard Services (SGS) 500-99-0012-0001	New England Benefit Integrity Support Center (NE-BISC)	<u>Part B:</u> Maine, Massachussets, New Hampshire, Rhode Island, Vermont, Connecticut, DC, Delaware, Maryland <u>Part A:</u> New Hampshire, Rhode Island, Vermont, Maine, Massachusetts, Connecticut, DC, Maryland, Delaware <u>RHHI:</u> Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, DC, Maryland, Delaware, Pennsylvania	11/19/1999 Task Order # 0001	11/24/1999 11/2001 NH/VT 1/15/2003 Part A CT 11/3/2008 MD/DC/DE	Amy Duckworth Baltimore (410)-786-3111	Jacob Schnur Acting Baltimore 410-786-7703	Phil Kaulzarich Baltimore 410-786-7170	Ernie Weirnerman as needed Boston RO Laura Howes Boston 617-565-1303	Jim Kopf 800 Connecticut Boulevard 3rd Floor, Suite 301 East Hartford, CT 06108 (860) 622-4816 (860) 528-0714 (Fax) jim.kopf@eds.com	Maureen Akhouzine 75 Sgt. William Terry Drive Hingham, MA 02043 (781) 741-3282 (781) 741-3283 (Fax) Maureen.akhouzine@eds.com
Safeguard Services (SGS) 500-99-0012-0005	California Benefit Integrity Center (CAL-BISC)	<u>Part B:</u> California	5/16/2002 Task Order # 0005	08/01/2002	Amy Duckworth Baltimore (410)-786-3111	William Henck Acting Los Angeles 714-836-2183	Lisa Fukushima Baltimore 410-786-3287	Marsha Tevis San Francisco RO Neil Merino San Francisco RO Brent Person Los Angeles 714-836-2152	Bruce Heseltine 402 Otterson Drive Chico, CA 95928 (530) 896-7043 (530) 268-1840 Hm Office (530) 896-7017 (Fax) bruce.heseltine@eds.com	Beth Romig PO Box 2806 Chico, CA 95927 (530) 896-7053 (530) 896-7017 (Fax) beth.romig@eds.com
Safeguard Services (SGS) 500-99-0012-0006	Eastern Benefit Integrity Center (EA-BISC)	<u>Part A and B:</u> New York and New Jersey	10/18/2002 Task Order # 0006	02/01/2003	Amy Duckworth Baltimore (410)-786-3111	Jacob Schnur Acting Baltimore 410-786-7703	Phil Kaulzarich Acting Baltimore 410-786-7170	Susan Eng New York 212-616-2549	Christianne Sucher 1187 Thorn Run Road Coraopolis, PA 15108 Phone 412-893-1667 Fax 412-893-1641 Email: chrisianne.sucher@eds.com	Cathy Failor 225 Grandview Avenue Mail Stop F-10 Camp Hill, PA 17011 (717) 975-4438 (717) 975-4244 (Fax) cathy.failor@eds.com

Contractor Name and Contract #	Contract Name	Jurisdiction States Include	Award Date	Fully Op Date	CMS Contract Specialist	CMS Primary COTR	CMS Associate COTR	CMS Subject Matter Experts	Contractor Program Director	Contractor FFS TO Manager
Safeguard Services (SGS) 500-99-0012-0007	Pennsylvania Benefit Integrity Center (PENN-BISC)	<u>Part A and B:</u> Pennsylvania	4/2/2003 Task Order # 0007	07/01/2003	Amy Duckworth Baltimore (410)-786-3111	Phil Kauzlarich Acting Baltimore 410-786-7170	Jacob Schnur Acting Baltimore 410-786-7703	Rhoda Brown Philadelphia 215-861-4264	Christianne Sucher 1187 Thorn Run Road Coraopolis, PA 15108 Phone 412-893-1667 Fax 412-893-1641 Email: christianne.sucher@eds.com	Tammy Sweger 225 Grandview Avenue Camp Hill, PA 17011 Phone 717-975-4002 Fax 717-763-5942 Email: tammy.sweger@eds.com
Safeguard Services (SGS) 500-99-0012-0012	Region D - Durable Medical Equipment (DME-BISC)	<u>DME:</u> Alaska, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, Mariana Islands, and American Samoa	9/30/2005 Task Order #0012	03/01/2006	Amy Duckworth Baltimore (410)-786-3111	Becky Chapman Seattle 206-615-2414	Brian Petry Baltimore 410-786-9322	Becky Chapman Seattle 206-615-2414 Julio Hernandez Los Angeles 714-836-2158	Bruce Heseltine 402 Otterson Drive Chico, CA 95928 (530) 896-7043 (530) 268-1840 Hm Office (530) 896-7017 (Fax) bruce.heseltine@eds.com	Rick Kensic (BI) 1055 West 7th Street Los Angeles, CA 90017 (213) 553-5252 (213) 553-5292 (fax) richard.kensic@eds.com Anna Mackevicius (MR) Integriguard, LLC 2121 N 117th Ave Omaha, NE 68164 a.mackevicius@integriguard.org (402) 498-2310 (402) 955-0783 (fax)
TriCenturion 500-99-0011-0008	Palmetto Workload	<u>Part A:</u> South Carolina <u>Part B:</u> South Carolina, Virginia <u>RHHI:</u> North Carolina, South Carolina, Tennessee, Alabama, Georgia, Mississippi, Arkansas, Louisiana	9/30/2002 Task Order # 0008	01/15/2003	Amy Duckworth Baltimore (410)-786-3111	Kevin Frazier Baltimore 410-786-8140	RJ Sheehan Baltimore 410-786-7509	Nancy Saltzman HHA Initiative Dallas 214-767-6218	Brandon Duffek 34650 US 19 North, Suite 104 Palm Harbor, FL 34684-2156 (727) 786-8840 ext 15701 (727) 771-7834 (Fax) brandon.duffek@tricenturion.com	

<i>Contractor Name and Contract #</i>	<i>Contract Name</i>	<i>Jurisdiction States Include</i>	<i>Award Date</i>	<i>Fully Op Date</i>	<i>CMS Contract Specialist</i>	<i>CMS Primary COTR</i>	<i>CMS Associate COTR</i>	<i>CMS Subject Matter Experts</i>	<i>Contractor Program Director</i>	<i>Contractor FFS TO Manager</i>
TriCenturion 500-99-0011-0015	Region A/B - Durable Medical Equipment (DME) PSC	<u>DME</u> : Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, District of Columbia, Illinois, Indiana, Maryland, Michigan, Minnesota, Ohio, Virginia, West Virginia, and Wisconsin.	9/30/2005 Task Order #0015	03/01/2006	Amy Duckworth Baltimore (410)-786-3111	Rhoda Brown Philadelphia 215-861-4264		Joe Czarnecki Philadelphia RO Fraud SME Sue Ambruch Philadelphia RO MR SME Rhoda Brown Philadelphia Suspensions Region A 215-861-4264 Jacqui Stanard Medical Review Kansas City 816-426-6405	Don Schmadel 7909 Parklane Rd., Suite 190 Columbia, SC 29223 (803)-264-8118 (803) 264-7788 (Fax) don.schmadel@tricenturion.com	Debra Teeter Benefit Integrity 7909 Parklane Rd., Suite 190 Columbia, SC 29223 (803)-264-7516 (803) 264-7505 (Fax) debra.teeter@tricenturion.com Lauren Jaco Medical Review 7909 Parklane Rd, Suite 190 Columbia, SC 29223 (803) 264-7500 (803) 264-7505 (fax) lauren.jaco@tricenturion.com

<i>Contractor Name and Contract #</i>	<i>Contract Name</i>	<i>Jurisdiction States Include</i>	<i>Award Date</i>	<i>Fully Op Date</i>	<i>CMS Contract Specialist</i>	<i>CMS Primary COTR</i>	<i>CMS Associate COTR</i>	<i>CMS Subject Matter Experts</i>	<i>Contractor Program Director</i>	<i>Contractor FFS TO Manager</i>
Trustsolutions, LLC 500-99-00020-0002	UGS Workload, WPS Workload, ASF Workload (IL/IN), IL Medi-Medi	<u>Part A:</u> American Samoa, California, Guam, Nevada, Hawaii, Mariana Islands, Virginia, West Virginia, Michigan, Wisconsin, Illinois, and Indiana <u>Part B:</u> Minnesota, Wisconsin, Michigan, Illinois, and Indiana <u>RHHI:</u> American Samoa, Mariana Islands, Oregon, California, Nevada, Idaho, Arizona, Hawaii, Guam, New Jersey, New York, Wisconsin, Michigan, Minnesota, Alaska, and Washington, Illinois, Indiana, Kentucky, Ohio	5/16/2002 Task Order # 0002	10/1/2002 Michigan, Wisconsin, & Minnesota Part B expansion cutover was 07/1/2003 IL/IN expansion cutover 11/1/05.	Debbie Stidham Baltimore 410-786-5129	Pam Carroll Chicago 312-353-7102	Becky Chapman Seattle 206-615-2414	Pam Carroll Chicago 312-353-7102 Carolyn Cahn San Francisco 415-744-3509	Janet Mandel 6775 W. Washington St Milwaukee, Wisconsin 53214 (414) 459-6090 (414) 459-6518 (Fax) janet.mandel@trustsolutionsllc.com	Linda Mann 6775 W Washington St. Milwaukee, Wisconsin 53214 414-459-5192 414-459-6521 linda.mann@trustsolutionsllc.com
Trustsolutions, LLC 500-99-0020-0003	DME Region C	<u>DME:</u> Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee	12/1/2005 Task Order #0003	03/01/2006	Debbie Stidham Baltimore 410-786-5129	Rhoda Brown Philadelphia 215-861-4264	Carmen Narganes Benefit Integrity Dallas 214-767-3532	Jacqui Stanard Medical Review Kansas City 816-426-6405	Ross Heflin 118 High Ridge Drive, South. Goodlettsville, Tennessee 37072 (414) 828-9669 (Cell) (414) 459-6446 (Fax) ross.heflin@trustsolutionsllc.com	Steve Embree (BI) 8720 Castle Creek Parkway Suite 300 Indianapolis, IN 46250 (317) 863-3711 (317)-863-3755 (Fax) steve.embree@trustsolutionsllc.com Jackie Wanner Acting Medical Review 6775 Washington Street Milwaukee, WI 53214 (414) 459-5224 (414) 459-6446 (Fax) jacqueline.wanner@trustsolutionsllc.com

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CMS PI Contact List Tab

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<i>Name of Individual (Alphabetical Order)</i>	<i>Role</i>	<i>Phone Number</i>	<i>Email</i>	<i>City, State</i>
Amy Duckworth	Contract Specialist	(410)-786-3111	Amy.Duckworth@cms.hhs.gov	Baltimore, MD
Olivia Williams	Deputy Director, DBIMO	...please add	Autust.Nemick@cms.hhs.gov	Baltimore, MD
Becky Chapman	TO COTR, SME	(206) 615-2414	Becky.Chapman@cms.hhs.gov	Seattle, WA
Brenda Thew	Director of Division of Benefit Integrity Management Operations (DBIMO)	(410) 786-4889	BThew@cms.hhs.gov	Baltimore, MD
Don Kennedy	Director, LA Field Office	(714) 836-2127	Don.Kennedy@cms.hhs.gov	Los Angeles, CA
Brent Person	SME, LA Field Office	(714) 836-2152	Brent.Person@cms.hhs.gov	Los Angeles, CA
Brian Petry	TO COTR/FASS Team	(410) 786-9322	Brian.Petry@cms.hhs.gov	Baltimore, MD
Carmen Irwin	TO COTR	(214)-767-3532	Carmen.Narganes@cms.hhs.gov	Dallas, TX
Carolyn Cahn	SME	(415) 744-3509	Carolyn.Cahn@cms.hhs.gov	San Fransisco, CA
Cecilia Franco	Director of CMS Miami Field Office	(305) 536-6540	Cecilia.Franco@cms.hhs.gov	Miami, FL
Felicia Fernandez	TO COTR	(312) 353-5969	Felicia.Fernandez@cms.hhs.gov	Chicago, IL
Jacob Schnur	TO COTR	(410) 786-7703	Jacob.Schnur@cms.hhs.gov	Baltimore, MD
Jacqui Stanard	SME - Medical Review	(816) 426-6405	Jacqui.Stanard@cms.hhs.gov	Kansas City, KA
Jean Stone	Director of New York Field Office	(212) 668-2980	jstone@cms.hhs.gov	New York
Jessica Sanders	Contract Specialist	(410)-786-1076	jessica.Sanders@cms.hhs.gov	Baltimore, MD
Joel Cohen	Fraud and Abuse Suspensions and Sanctions (FASS) Lead	(410) 786-3349	Joel.Cohen@cms.hhs.gov	Baltimore, MD
John Stewart	Systems Lead	(410) 786-1189	John.Stewart@cms.hhs.gov	Baltimore, MD
Julio Hernandez	SME	(714) 836-2158	Julio.Hernandez@cms.hhs.gov	Los Angeles, CA
Kevin Frazier	TO COTR, CMS ARTS Lead	(410) 786-8140	Kevin.Frazier@CMS.hhs.gov	Baltimore, MD
Kim Brandt	Director of Program Integrity	(410) 786-5704	kimberly.brandt@cms.hhs.gov	Baltimore, MD
Kim Downin	Technical Advisor, CMS Lead for Creation of JOAs involving PSCs and ZPICs	(410) 786-0188	Kimberly.Downin@cms.hhs.gov	Baltimore, MD
Lisa Fukushima	TO COTR	(410) 786-3287	Lisa.Fukushima@cms.hhs.gov	Baltimore, MD
Lourdes Grindal-Miller	National Medi-Medi Coordinator	(410) 786-1022	LGrindalmiller@cms.hhs.gov	Baltimore, MD
Monica Carter	PSC/ZPIC Contract Specialist	(410) 786-7432	monica.carter@cms.hhs.gov	Baltimore, MD
Nicole Hoey	Contract Specialist	(410) 786-0489	Nicole.Hoey@cms.hhs.gov	Baltimore, MD
Pam Carroll	TO COTR	(312) 353-7102	Pam.Carroll@cms.hhs.gov	Chicago, IL
Phil Kauzlarich	TO COTR	(410) 786-7170	Phil.Kauzlarich@cms.hhs.gov	Baltimore, MD
Rhoda Brown	TO COTR	(215) 861-4264	rhoda.brown@cms.hhs.gov	Philadelphia, PA
RJ Sheehan	TO COTR	(410) 786-7509	Robert.Sheehan@cms.hhs.gov	Baltimore, MD
Rosemarie Murphy	ZPIC Zone 7 Infusion Therapy TO3 Point of Contact (POC)	(305)-536-6588	Rosemarie.Murphy@cms.hhs.gov	Miami, FL
Stormie Israel	TO COTR	(410) 786-6140	Stormie.Israel@cms.hhs.gov	Baltimore, MD
Susan Oken	PSC/ZPIC COTR	(410) 786-6569	susan.oken@cms.hhs.gov	Baltimore, MD
Tara Ross	TO COTR/FID Lead	(410) 786-9530	Tara.Ross@cms.hhs.gov	Baltimore, MD

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CMS PI Contact List Tab

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<i>Name of Individual (Alphabetical Order)</i>	<i>Role</i>	<i>Phone Number</i>	<i>Email</i>	<i>City, State</i>
<i>Lisa Vriezon</i>	<i>Deputy Director of Program Integrity</i>	<i>(410) 786-0267</i>	<i>Lisa.Vriezon@cms.hhs.gov</i>	<i>Baltimore, MD</i>
<i>Theresa Schultz</i>	<i>PSC/ZPIC Contracting Officer</i>	<i>(410) 786-8496</i>	<i>Theresa.Schultz@cms.hhs.gov</i>	<i>Baltimore, MD</i>
<i>Virgil Gaiter</i>	<i>TO COTR</i>	<i>(410) 786-3087</i>	<i>Virgil.Gaiter@cms.hhs.gov</i>	<i>Baltimore, MD</i>
<i>William Henck</i>	<i>TO COTR</i>	<i>(714) 836-2183</i>	<i>William.Henck@cms.hhs.gov</i>	<i>Los Angeles, CA</i>

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CMS PI Roles Tab
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Role (Alphabetical Order)	Responsibilities Description
<i>Contracting Officer (CO)</i>	<i>The PSC/ZPIC Contractor Contracting Officer (CO) has the overall responsibility for all PSC/ZPIC Contractors. The CO is the only person authorized to: enter into and commit or bind the government by contract for supplies and services; accept nonconforming work or waive any requirement of the contracts; authorize reimbursement to the contractor for any costs incurred during the performance of the contract; and modify any term or condition of the contract (i.e., make any changes in the SOW, modify or extend the period of performance, change the delivery schedule).</i>
<i>Contract Specialist</i>	<i>...please add a description of responsibilities</i>
<i>Contract Officer Technical Representative (COTRs) Formerly known as Government Task Leaders (GTLs)</i>	<i>The PSC/ZPIC COTRs responsibilities with regard to the PSC/ZPIC Contractor include: overseeing and approving development of the JOA and other deliverables; monitoring the coordination/cooperation efforts between the MAC and PSC/ZPIC Contractor team throughout the PSC/ZPIC Contractor contract; serving as a CMS point of contact (POC) for SGS throughout the PSC/ZPIC Contractor contract; providing technical expertise concerning ZPIC requirements; and updating/notifying appropriate central office and regional office staff with regards to the status of the PSC/ZPIC Contractor.</i>
<i>Director DBIMO (Division of Benefit Integrity Management Operations)</i>	<i>...please add a description of responsibilities</i>
<i>Director of Program Integrity</i>	<i>...please add a description of responsibilities</i>
<i>Fraud and Abuse Suspensions and Sanctions (FASS) Team and FASS Team Lead</i>	<i>This team will review and approve if appropriate all requests for suspensions, requests for extensions of time for existing suspensions, and overpayment actions related to payment suspensions. The FASS team will consult with the respective Regional Office of OGC regarding each payment suspension request.</i>
<i>Infusion Therapy Claims Point of Contact (POC)</i>	<i>Applicable on Infusion Therapy Special Projects, this POC provides guidance on all requests for suspensions, requests for extensions of time for existing suspensions, overpayment actions respective to the payment suspensions, recommendations for revocations and answer substantive questions regarding actions the PSC/ZPIC Contractor takes on IV infusion claims.</i>
<i>JOA Technical Advisor</i>	<i>Reviews and provides feedback to continuously improve all Joint Operating Agreements (JOAs).</i>
<i>MAC Project Officer</i>	<i>The MAC Project Officer oversees the MAC contract with Medicare, serves as a CMS POC for MAC staff, and provides direction and guidance to the MAC. The Project Officer will also serve as a CMS POC (Point of Contact) for MAC activities within the scope of the PSC/ZPIC Contractor.</i>
<i>Project Officer (PO)</i>	<i>Responsibilities include continuous overall monitoring of PSC/ZPIC contractor compliance with project objectives.</i>

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CMS PI Roles Tab

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<p><i>Subject Matter Expert (SME) or Technical Advisor</i></p>	<p><i>As appropriate, the COTR/Associate COTR will seek involvement of various CMS Central Office (CO) and Regional Office (RO) Subject Matter Experts (SMEs) and Technical Advisors for guidance/direction related to the PSC/ZPIC Contractor contract. These individuals may include both internal Program Integrity and intra-agency component staff members.</i></p>

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Revision History Tab
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<i>Version #</i>	<i>Date</i>	<i>Changed By</i>	<i>Description of Change</i>
V04			
V03	05/08/2009	Jerry Duquaine	<p><i>Note to future editors - To break to a new line within a cell, hold down the "Alt" button and then depress "Enter". This is much easier than typing in spaces to force in spaces to make text break nicely and it automatically adjusts if column width is adjusted.</i></p> <p><i>Consolidated content from multiple spreadsheets into a one multi-tab spreadsheet.</i></p> <p><i>On ZPIC Medi-Medi tab, split out rows for SGS and Health Integrity to reflect that Puerto Rico, Virgin Islands, Oklahoma, New Mexico, and Colorado have not been directed to become operational yet for Medi-Medi.</i></p> <p><i>On ZPIC FFS tab, added 12/15/2008 fully operational date for the SGS Home Health for ZPIC Zone 7 fee for service task order</i></p> <p><i>On PSC Task orders tab, added Go-Live date for SGS MD/DC/DE go-live.</i></p>
V02	02/03/2009	Susan Oken	<i>Susan published an updated version of this information</i>
V01	02/02/2009	Susan Oken	<i>Susan published the original version</i>

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CMS RAC Contact List Tab

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<i>Document Owner:</i>	<i>...Insert name of Document Owner here</i>				
<i>Name of Individual (Alphabetical Order)</i>	<i>Role</i>	<i>Phone Number</i>	<i>Email</i>	<i>City, State</i>	

R311_PI7.xls
CMS MAC Contact List Tab

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Document Owner:	<i>...Insert name of Document Owner here</i>				
Name of Individual (Alphabetical Order)	Role	Phone Number	Email	City, State	

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Task Order #1 Tab
Page 1 of 7

Summary Information				
Document Owner:	...Insert name of Document Owner here			
Contractor Name:	...Insert name of contractor here			
Contract Name:	...Insert name of contract here (ex: ZPIC Zone 7)			
Task Order Name:	...Insert name of Task Order here (ex: Task Order #1 Fee for Service)			
States within Jurisdiction:	...Insert list of states here. If responsibilities vary (by claim type, for example), then please clearly identify this, adding rows if necessary.			
Mailing Address: (*A)	...Mail Stop:			
	...Street Address			
	...City, State, Zip			
Fax Number: (*A)	...Insert primary fax number here			
JOA Required Roles				
Name of Individual	Role	Phone Number	Email	City, State
MAC JOA Required Roles (*C)				
	JOA Primary POC (*B)			
	JOA Alternate POC (*B)			
	JOA Primary Approver (*B)			
	JOA Alternate Approver (*B)			
	Operational Lead Primary (*B)			
	Operational Lead Alternate (*B)			
RAC JOA Required Roles (*C)				
	JOA Primary POC (*B)			
	JOA Alternate POC (*B)			
	JOA Primary Approver (*B)			
	JOA Alternate Approver (*B)			
	Operational Lead Primary (*B)			
	Operational Lead Alternate (*B)			
QIC JOA Required Roles (*C)				
	JOA Primary POC (*B)			
	JOA Alternate POC (*B)			
	JOA Primary Approver (*B)			
	JOA Alternate Approver (*B)			
	Operational Lead Primary (*B)			
	Operational Lead Alternate (*B)			

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Task Order #1 Tab
Page 2 of 7

<i>PDAC JOA Required Roles (*C)</i>				
	<i>JOA Primary POC (*B)</i>			
	<i>JOA Alternate POC (*B)</i>			
	<i>JOA Primary Approver (*B)</i>			
	<i>JOA Alternate Approver (*B)</i>			
	<i>Operational Lead Primary (*B)</i>			
	<i>Operational Lead Alternate (*B)</i>			
<i>Medi-Medi JOA Required Roles (*C)</i>				
	<i>JOA Primary POC (*B)</i>			
	<i>JOA Alternate POC (*B)</i>			
	<i>JOA Primary Approver (*B)</i>			
	<i>JOA Alternate Approver (*B)</i>			
	<i>Operational Lead Primary (*B)</i>			
	<i>Operational Lead Alternate (*B)</i>			
<i>Other Roles</i>				
<i>Name of Individual (Alphabetical Order)</i>	<i>Role</i>	<i>Phone Number</i>	<i>Email</i>	<i>City, State</i>
	<i>...insert other roles</i>			
	<i>...insert other roles</i>			
<i>(*A) - If a contractor has multiple sites with which the other contractors may need to interact, please duplicate the address and fax number rows to reflect each site.</i>				
<i>(*B) - These Required Roles are defined in the JOA.</i>				
<i>(*C) - If these are the same across multiple JOAs, then consolidate the titles in the blue row and delete the unnecessary rows.</i>				

R311_PI8.xls
Task Order #2 Tab
Page 3 of 7

Summary Information				
Document Owner:	...Insert name of Document Owner here			
Contractor Name:	...Insert name of contractor here			
Contract Name:	...Insert name of contract here (ex: ZPIC Zone 7)			
Task Order Name:	...Insert name of Task Order here (ex: Task Order #1 Fee for Service)			
States within Jurisdiction:	...Insert list of states here. If responsibilities vary (by claim type, for example), then please clearly identify this, adding rows if necessary.			
Mailing Address: (*A)	...Mail Stop:			
	...Street Address			
	...City, State, Zip			
Fax Number: (*A)	...Insert primary fax number here			
JOA Required Roles				
Name of Individual	Role	Phone Number	Email	City, State
MAC JOA Required Roles (*C)				
	JOA Primary POC (*B)			
	JOA Alternate POC (*B)			
	JOA Primary Approver (*B)			
	JOA Alternate Approver (*B)			
	Operational Lead Primary (*B)			
	Operational Lead Alternate (*B)			
RAC JOA Required Roles (*C)				
	JOA Primary POC (*B)			
	JOA Alternate POC (*B)			
	JOA Primary Approver (*B)			
	JOA Alternate Approver (*B)			
	Operational Lead Primary (*B)			
	Operational Lead Alternate (*B)			
QIC JOA Required Roles (*C)				
	JOA Primary POC (*B)			
	JOA Alternate POC (*B)			
	JOA Primary Approver (*B)			
	JOA Alternate Approver (*B)			
	Operational Lead Primary (*B)			
	Operational Lead Alternate (*B)			

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Task Order #2 Tab
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<i>...City, State, Zip</i>				
PDAC JOA Required Roles (*C)				
	<i>JOA Primary POC (*B)</i>			
	<i>JOA Alternate POC (*B)</i>			
	<i>JOA Primary Approver (*B)</i>			
	<i>JOA Alternate Approver (*B)</i>			
	<i>Operational Lead Primary (*B)</i>			
	<i>Operational Lead Alternate (*B)</i>			
Medi-Medi JOA Required Roles (*C)				
	<i>JOA Primary POC (*B)</i>			
	<i>JOA Alternate POC (*B)</i>			
	<i>JOA Primary Approver (*B)</i>			
	<i>JOA Alternate Approver (*B)</i>			
	<i>Operational Lead Primary (*B)</i>			
	<i>Operational Lead Alternate (*B)</i>			
Other Roles				
<i>Name of Individual (Alphabetical Order)</i>	<i>Role</i>	<i>Phone Number</i>	<i>Email</i>	<i>City, State</i>
	<i>...insert other roles</i>			
	<i>...insert other roles</i>			
<i>(*A) - If a contractor has multiple sites with which the other contractors may need to interact, please duplicate the address and fax number rows to reflect each site.</i>				
<i>(*B) - These Required Roles are defined in the JOA.</i>				
<i>(*C) - If these are the same across multiple JOAs, then consolidate the titles in the blue row and delete the unnecessary rows.</i>				

<i>Version #</i>	<i>Date</i>	<i>Changed By</i>	<i>Description of Change</i>
<i>V02</i>			
<i>V01</i>			

Appendix Z
JOA Approval Form

Please refer to Section 2.5 of the Standard Core JOA for direction regarding the use of this form.

Through submission of this completed form, the following party agrees to abide by the identified version of the Standard Core JOA describing the interaction between the RAC and the PSC/ZPIC contractors.

Standard Core JOA Version Number: V___

RAC Jurisdiction: _____

Name of Parties to the JOA:

Name of RAC Contractor: _____

Name of PSC/ZPIC Contractor: _____

Approval:

Approval Date: _____

Name of Contractor: _____

JOA Approver Name: _____

JOA Approver Signature: _____

In conformance with Section 2.5 of the Standard Core JOA:

- This document is to be completed independently by each party.*
- A hand written signature is not required for ongoing updates. Instead, an electronic signature (an electronic copy of the approver's signature) is to be used as the signature.*