

## Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction 5

- On September 20, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that Wisconsin Physicians Service Insurance Corporation Government Health Administrators (WPS GHA) has been awarded a contract for the administration of Medicare Part A and Part B Fee-for-Service claims in the states of Iowa, Kansas, Missouri and Nebraska (A/B MAC Jurisdiction 5). The four states are depicted in gray shading in the map below.



- WPS GHA's contract will also include servicing a number of hospitals, skilled nursing facilities, and other institutional providers located across the country.
- This jurisdiction comprises approximately 5.7% of the overall national Medicare FFS Part A and Part B claims volume, equating to more than \$31 billion in Medicare benefit payments annually. The A/B MAC Jurisdiction 5 contract will provide Medicare services to more than 800 hospitals, 41,000 physicians, and 2 million Medicare beneficiaries.
- This contract award concludes another re-competition of a MAC contract under the competitive contracting provisions of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The previous MAC contract for A/B MAC Jurisdiction 5 was awarded to Wisconsin Physicians Service Government Health Administrators, in July 2012.
- This A/B MAC Jurisdiction 5 contract includes a base year and six option years. This is the fourth full and open competition where an A/B MAC contract was awarded pursuant to MACRA 509 provisions that allow CMS to award contracts for longer than five years
- The contract is a "cost plus award fee" contract; the award fee will be earned only if WPS GHA exceeds the base requirements of the contract. Inclusive of all options, the newly-awarded A/B MAC Jurisdiction 5 contract has a total estimated value of \$302,001,959.

- WPS GHA will perform Medicare fee-for-service activities including processing claims received from providers and suppliers; appeals; re-openings; provider and supplier enrollment; customer service; provider outreach and education; medical review; and cost report audits.
- CMS has stringent standards for contract performance on these MAC contracts and measures performance through a variety of processes, including on-site oversight, data reviews and protocol-driven quality assurance reviews, as well as independent audits. As CMS continues to use the competitive process to select Medicare claims administration contractors, technical approach and past performance will be major evaluation factors.
- Questions about the contract award should be directed to Mohammed Islam in CMS' Office of Acquisition and Grants Management. Mr. Islam may be reached at 410-786-8156 or at [Mohammed.Islam@cms.hhs.gov](mailto:Mohammed.Islam@cms.hhs.gov).