

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1245	Date: June 7, 2013
	Change Request 8327

SUBJECT: Implementing the Recompensation Award for the Jurisdiction L (formerly Jurisdiction 12) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload

I. SUMMARY OF CHANGES: The Jurisdiction L A/B MAC recompensation procurement was awarded to the incumbent contractor, Novitas Solutions, Inc. The MAC designation will change from J12 to JL. The current MAC workload numbers of 12101, 12201, 12301, 12401, 12501, 12901, 12102, 12202, 12302, 12402, and 12502 will remain the same.

EFFECTIVE DATE: July 1, 2013

IMPLEMENTATION DATE: July 1, 2013

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

Not Applicable

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 obliged 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: 1245	Date: June 7, 2013	Change Request: 8327
-------------	-------------------	--------------------	----------------------

SUBJECT: Implementing the Recompensation Award for the Jurisdiction L (formerly Jurisdiction 12) Part A/Part B Medicare Administrative Contractor (A/B MAC) Workload

EFFECTIVE DATE: July 1, 2013

IMPLEMENTATION DATE: July 1, 2013

I. GENERAL INFORMATION

A. Background: The Centers for Medicare and Medicaid Services (CMS) is required to compete each Part A/Part B Medicare Administrative Contractor (A/B MAC) workload at least once every 5 years. It recently did so for the Jurisdiction L A/B MAC workload (JL A/B MAC - formerly J12). CMS awarded this workload to Novitas Solutions Inc., the incumbent contractor for this workload.

The address for Novitas Solutions Inc. is:

Novitas Solutions Inc.

P.O. Box 89013

Camp Hill, PA 17089

The following applications or business owners shall continue to accept the existing J12 A/B workload numbers once the JL A/B MAC contract becomes effective.

1. Administrative Qualified Independent Contractor (AdQIC),
2. CMS Analysis, Reporting and Tracking System (CMS ARTS),
3. Contractor Administrative, Budget and Cost Reporting System (CAFM),
4. Comprehensive Error Rate Testing System (CERT),
5. Contractor Management Information System (CMIS),
6. CMS Baltimore Data Center (BDC),
7. Coordination of Benefits Agreement program (COBA),
8. Coordination of Benefits Contractor (COBC),
9. Contractor Reporting of Operational Workload Data System (CROWD),
10. Common Working File (CWF),
11. CWF Part B Eligibility and Security Maintenance (CWF ELGE),
12. Customer Service Assessment and Management System (CSAMS),
13. Debt Collection System (DCS),

14. Electronic Correspondence Referral System (E CRS),
15. Electronic Health Records Incentive Program (EHR),
16. Electronic Prescription File (eRx),
17. Enterprise Data Centers (EDCs),
18. Expert Claims Processing System (ECPS),
19. Fiscal Intermediary Shared System (FISS),
20. Fraud Prevention System (FPS)
21. Health Care Information System (HCIS),
22. Health Care Integrated General Ledger Accounting System (HIGLAS),
23. Health Insurance Master Record (HIMR),
24. Integrated Data Repository (IDR),

25. Intern and Resident Information System (IRIS),
26. Local Coverage Determination Database (LCD),
27. Medicare Appeals System (MAS),
28. Medicare Coverage Data Base (MCD),
29. Medicare Secondary Payer Recovery Contractor (MSPRC),
30. Multi-Carrier System (MCS),
31. National Data Warehouse (NDW),
32. National Level Repository (NLR),
33. National Part B Pricing Files,
34. National Provider Identifier Crosswalk (NPI),
35. Next Generation Desktop (NGD),
36. Part B Analytics Reporting System (PBAR),
37. Production Performance Monitoring System (PULSE),
38. Provider Enrollment Chain and Ownership System (PECOS),
39. Provider Customer Service Program Contractor Information Database (PCID),

- 40. Provider Inquiry Evaluation System (PIES),
- 41. Program Integrity Management Reporting System (PIMR),
- 42. Program Safeguard Contractor (PSC),
- 43. Provider Statistical and Reimbursement System (PS and R),
- 44. Qualified Independent Contractor (QIC),
- 45. Quality Improvement Evaluation System (QIES),
- 46. Recovery Auditors (RA), Recover Management and Accounting System (REMAS),
- 47. Renal Management information system (REMIS),
- 48. System Tracking for Audit and Reimbursement (STAR),
- 49. ZIP Code File, and
- 50. Zoned Program Integrity Contractors (ZPICs).

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
8327.1	The JL A/B MAC (formerly J12) workloads shall continue to be processed using the current MAC workload numbers of 12101, 12201, 12301, 12401, 12501, 12901, 12102, 12202, 12302, 12402 and 12502 when the new contract becomes effective.										JL A/B MAC	
8327.1.1	All CMS shared systems, applications and business owners that currently utilize the workload numbers listed in the previous requirement shall continue to accept and utilize those workload numbers following the effective date of the JL A/B MAC contract.										All appli cations and busin ess owne rs listed in the	

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
											back ground section of this CR.	
8327.2	As of the effective date of the new JL A/B MAC contract, the JL A/B MAC shall track and charge all costs related to that contract to the appropriate Contract Line Item Number (CLIN) as instructed by CMS.										JL A/B MAC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other
		P a r t A	P a r t B					
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote 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): James Throne, 215-861-4160 or James.Throne@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), and/or Carriers:

Not Applicable

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 do 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.