

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1600</b>	<b>Date: January 29, 2016</b>
	<b>Change Request 9456</b>

**SUBJECT: Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction 15**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to announce the award of the A/B MAC Jurisdiction 15 contract to Cigna Government Services (CGS) Administrators, LLC for the administration of Medicare Part A and Part B Fee-for-Service (FFS) claims, as well as the Home Health & Hospice (HH&H) Region B service area.

**EFFECTIVE DATE: September 17, 2015**

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

**IMPLEMENTATION DATE: March 1, 2016**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 1600	Date: January 29, 2016	Change Request: 9456
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**SUBJECT: Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction 15**

**EFFECTIVE DATE: September 17, 2015**

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## **I. GENERAL INFORMATION**

**A. Background:** On September 17, 2015, the Centers for Medicare & Medicaid Services (CMS) awarded the A/B MAC Jurisdiction 15 contract to CGS Administrators, LLC for the administration of Medicare Part A and Part B Fee-for-Service (FFS) claims in the States of Kentucky and Ohio, as well as the Home Health & Hospice (HH&H) Region B service area of Colorado, Delaware, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, Wyoming and the District of Columbia. As CGS Administrators, LLC is the incumbent contractor for this MAC Jurisdiction, the current MAC workload numbers shall remain the same.

CGS Administrators, LLC shall perform this contract work at their current address of Two Vantage Way, Nashville, TN, 37228.

The following applications or business owners shall continue to accept CGS' existing MAC workload numbers.

- Administrative Qualified Independent Contractor (AdQIC),
- CMS Analysis, Reporting and Tracking System (CMS ARTS),
- Contractor Administrative Budget and Financial Management (CAFM) System,
- Comprehensive Error Rate Testing (CERT) Program,
- Contractor Management Information System (CMIS),
- CMS Baltimore Data Center (BDC),
- Coordination of Benefits Agreement (COBA) Program,
- Coordination of Benefits Contractor (COBC),
- Contractor Reporting of Operational Workload Data (CROWD) System,
- Common Working File (CWF),
- Customer Service Assessment and Management System (CSAMS),
- Debt Collection System (DCS),
- Electronic Correspondence Referral System (ECSR),

- Electronic Health Records (EHRs) Program,
- Expert Claims Processing System (ECPS),
- Fiscal Intermediary Shared System (FISS),
- Fraud Prevention System (FPS)
- Health Care Information System (HCIS),
- Health Care Integrated General Ledger Accounting System (HIGLAS),
- Health Insurance Master Record (HIMR),
- Health Insurance Portability & Accountability Act (HIPAA) Eligibility Transaction System (HETS),
- Integrated Data Repository (IDR),
- Intern and Resident Information System (IRIS),
- Local Coverage Determination (LCD) Database,
- Medicare Appeals System (MAS),
- Medicare Coverage Data Base (MCD),
- Medicare Secondary Payer Recovery Contractor (MSPRC),
- Multi-Carrier System (MCS),
- National Data Warehouse (NDW),
- National Level Repository (NLR),
- National Part B Pricing Files,
- National Provider Identifier (NPI) Crosswalk,
- Next Generation Desktop (NGD),
- Part B Analytics Reporting (PBAR) System,
- Production Performance Monitoring System (PULSE),
- Provider Enrollment Chain and Ownership System (PECOS),
- Provider Customer Service Program Contractor Information Database (PCID),
- Provider Inquiry Evaluation System (PIES),
- Program Integrity Management Reporting (PIMR) System,
- Program Safeguard Contractor (PSC),



Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	currently utilize the workload numbers listed in the previous requirements shall continue to accept and utilize those workload numbers following the effective date of the J-15 A/B MAC contract.								applications and business owners listed in the background section of this CR.	
9456.6	As of the effective date of the new J-15 A/B MAC contract, the J-15 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.	X	X	X						
9456.7	The J-15 MAC shall continue to utilize the current roll-up number/payer ID 15002 for the States of Kentucky and Ohio claims.		X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

### IV. SUPPORTING INFORMATION

#### Section A: Recommendations and supporting information associated with listed requirements:

"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): Jamie McLeod, 415-744-3577 or robert.mcleod@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: 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.

**ATTACHMENTS: 0**