

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1634	Date: March 11, 2016
	Change Request 9546

SUBJECT: Implementation of the Award for Jurisdiction A Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) awarded Noridian Healthcare Solutions, LLC (Noridian), a new contract for the administration of Medicare Fee-for-Service claims for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in Jurisdiction A. The incumbent is NHIC, Corp. (NHIC). Jurisdiction A DME MAC serves Medicare beneficiaries who reside in the states of Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont, and the District of Columbia.

EFFECTIVE DATE: December 16, 2015

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

IMPLEMENTATION DATE: July 1, 2016 - for all cutover requirements outside of those related to System Changes; July 5, 2016 - for System Changes

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	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

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I. GENERAL INFORMATION

A. Background: On December 16, 2015, the Centers for Medicare & Medicaid Services (CMS) awarded Noridian Healthcare Solutions, LLC (Noridian), a new contract for the administration of Medicare Fee-for-Service claims for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in Jurisdiction A. Noridian is based at 900 42nd Street, South Fargo, North Dakota 58103-2146.

NHIC, Corp. (NHIC), the incumbent contractor, is located at 75 William Terry Drive, Hingham, Massachusetts 02043.

The Jurisdiction A DME MAC serves Medicare beneficiaries who reside in the states of Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont, and the District of Columbia.

Medicare DMEPOS suppliers serving Jurisdiction A beneficiaries should continue to submit their paper claims to NHIC until CMS completes the transition of Jurisdiction A operations to Noridian. Electronic claims should continue to be submitted to CEDI both prior to and post transition.

CMS has determined that the JA workload currently processed by NHIC, will require a new workload number when transitioned. The JA DME MAC workload number 16013 will be effective on the implementation date of this Change Request (CR).

The following applications or business owners shall accept the new JA DME workload number 16013 as of the implementation date of this Change Request:

- Administrative Qualified Independent Contractor (AdQIC),
- Benefits Coordination and Recovery Center (BCRC),
- CMS Analysis, Reporting and Tracking System (CMS ARTS),
- CMS Baltimore Data Center (BDC),
- Common Electronic Data Interchange (CEDI),
- Common Working File (CWF),
- Comprehensive Error Rate Testing (CERT) Program,
- Contractor Administrative Budget and Financial Management (CAFM) System,

- Contractor Management Information System (CMIS),
- Contractor Reporting of Operational Workload Data (CROWD) System,
- Coordination of Benefits Agreement (COBA) Program,
- Customer Service Assessment and Management System (CSAMS),
- Debt Collection System (DCS),
- Electronic Correspondence Referral System (ECSR),
- Electronic Submission of Medical Documentation System(esMD),
- Fraud Prevention System (FPS),
- General Dynamics Information Technology (GDIT),
- Health Care Information System (HCIS),
- 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),
- National Data Warehouse (NDW),
- National Level Repository (NLR),
- National Part B Pricing Files,
- National Provider Identifier (NPI) Crosswalk,
- National Supplier Clearinghouse(NSC),
- Next Generation Desktop (NGD),
- Production Performance Monitoring System (PULSE),
- Program Safeguard Contractor (PSC),
- Provider Customer Service Program Contractor Information Database (PCID),
- Provider Enrollment Chain and Ownership System (PECOS),
- Provider Inquiry Evaluation System (PIES),

- Quality Information Evaluation System (QIES),
- Recovery Auditors (RAs), Recover Management and Accounting System (REMAS),
- Renal Management Information System (REMIS),
- Supplemental Medical Review Contractor (SMRC)
- Virtual Data Centers (VDCs),
- ZIP Code File,
- Zone Program Integrity Contractors (ZPICs).

B. Policy: Medicare Prescription Drug Improvement and Modernization Act of 2003, Section 911

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

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		
9546.1	All CMS shared systems, applications and business owners that currently utilize the workload number 16003 for the outgoing JA DME MAC shall begin accepting and utilizing workload number 16013 for the incoming JA DME MAC as of the implementation date of this CR.									X	All applications and business owners listed in the background section of this CR.
9546.1.1	CEDI shall begin accepting and utilizing workload number 16013 for the incoming JA DME MAC as of July 1, 2016.										CEDI
9546.1.2	In the event the transition needs to be delayed, these applications shall be able to accommodate the delay within 5 business days of receiving notification from CMS.				X					X	All applications and business owners listed in the background section of this CR.
9546.2	The incoming and outgoing JA DME MACs, the CWF maintainer, Hewlett Packard VDC, CEDI and CMS shall collaborate and attend 5 meetings as necessary to ensure the success of this transition.				X					X	CEDI, CMS, HP VDC

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		
9546.14	Any user at the outgoing JA DME MAC who wants access to the incoming JA DME MAC workload number shall submit an application to the incoming JA DME MAC as per the instructions in the on line Help (FAQ) section of PECOS at least 8 weeks prior to the effective date for the transition of that workload. The application shall be sent to Alisha.Banks@cms.hhs.gov and Meena.Patel@cms.hhs.gov. The user must do this in order to have access to the enrollments under these DME MAC numbers.				X						
9546.15	The Medicare Coverage Database (MCD) shall be updated to reflect the incoming JA DME MAC workload number. This refers to the Local Coverage Determination (LCD).										MCD
9546.16	Upon request, the outgoing JA DME MAC shall supply the incoming JA DME MAC with a list of any non-base software				X						
9546.17	For checks issued prior to the workload transition, the outgoing JA DME MAC shall continue to serve as the primary interface with the existing bank for up to 12 months following the transition of the workload, unless CMS determines in consultation with the incoming and outgoing JA DME MAC that the incoming JA DME MAC should assume this responsibility immediately or that the period should be shorter or longer.				X						CMS
9546.18	At least 2 weeks prior to the JA DME MAC transition, the incoming JA DME MAC shall send a request to the CWF Host contact, CMS _ FED CWF distribution list at fed_cwf@cms.hhs.gov and copy the CMS Implementation Lead and IT Specialist in the request for the Out of Service Area (OSA) processing to be dropped.				X						CMS
9546.19	The following language shall be used by the incoming JA DME MAC to request the dropping of OSA processing as per (add requirement number of this CR) "This Drop OSA request is associated with CMS CR _____ for the JA DME MAC (<i>insert State or States being transitioned</i>) transition for the dropping of CWF				X						

Number	Requirement	Responsibility								
		A/B MAC		D M E	Shared- System Maintainers				Other	
		A	B		H H H	M A C	F I S S	M C S		V M S
	<p>Out of Service Area (OSA) transactions.</p> <p>We are requesting authorization by CMS for the dropping of OSA transactions for the <i>(insert workload being transitioned)</i> that are being transitioned to the JA DME MAC. The Drop Date should be Monday <i>(insert first day of the week prior to the transition weekend, including the month, the day, and the year)</i>.</p> <p>Cut over weekend for this workload is <i>(insert Month, Day – if multiple days list all)</i> and the first shared system batch cycle is scheduled for <i>(insert the effective date of the transition including the day of the week, the month, the day and the year)</i>. Therefore, the OSA Restart Date should be <i>(insert Month, Day and Year)</i>.</p> <p>The last cycle at the outgoing contractor will be sent to the CWF host on <i>(insert Month, Day and Year)</i>. This last file received will be returned to the outgoing contractor.</p> <p>The first cycle at the new contractor will be sent to the CWF Host on <i>(insert Month, Day and Year)</i>. The first file received will be returned to the new contractor."</p>									
9546.19.1	There shall be a CWF dark day prior to the implementation date of this CR.								X	
9546.20	Upon the release of this CR, the outgoing JA DME MAC and CEDI shall prepare an article explaining workload number changes.				X					CEDI
9546.20.1	Following approval of this article by the CMS JA DME MAC Contracting Officer Representative (COR) Marybeth Jason (Marybeth.Jason@cms.hhs.gov), the outgoing JA DME MAC shall post this article, or a direct link to this article, on its Web site and include information about it in a listserv message as soon as possible but no later than 30 days prior to the implementation date of this transition.				X					
9546.20.2	Once the article is posted, the incoming JA DME MAC shall include the article in the next regularly scheduled bulletin.				X					

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	
9546.21	Following the expiration of its current contract, the outgoing JA DME MAC shall track and charge all costs related to that contract to the appropriate Contract Line Item Number (CLIN) as instructed by CMS.				X					
9546.22	The incoming JA DME MAC shall update the VMS screens containing incoming JA DME MAC specific information.				X					
9546.22.1	These screens include VMAP/4C - CARRIER = CONTRACTOR-CARRIER IDENTIFICATION, the VANS/PM 277 CONTACT INFORMATION, the VANS/PM 835 CONTACT INFORMATION, the VMAP/1/1 CONTRACTOR OPTIONS SCREEN, VMAP/4A/3 - \$IRS1099 - IRS 1099 ACCOUNTING INFORMATION, and the VMAP/4A/7 EFT Banking screen.				X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C W F	I D E N T I F I C A T I O N
		A	B	H H H			
9546.23	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.				X	X	

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:
	All DME MACS shall adhere to Business Requirement 9546.23.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Rose Salloum, 410-786-0190 or Rose.Salloum@cms.hhs.gov , Kay Curry, 410-786-1801 or Kay.Curry@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