

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 779	Date: October 1, 2010
	Change Request 6550

NOTE to Contractor: Transmittal 670 is being rescinded and replaced by Transmittal 779, dated October 1, 2010. This change request is being changed for contractors using the VIPS Medicare System (VMS). The effective date has been changed to April 1, 2011, and the implementation date has been changed to April 4, 2011. This change is being made because work on this change request is being split between January 2011 and April 2011. All other information remains the same.

SUBJECT: Allow Zoned Program Integrity Contractors (ZPICs) to Access Medicare Administrative Contractors (MACs) by ZPIC Zone

I. SUMMARY OF CHANGES: In some instances, there are only two organizational roles to access MAC's claims data and reports: Program safeguard contractor (PSC) and MAC. PSCs are transitioning to ZPICs. A MAC region may include several ZPIC zones (home health/hospice and DME only). This change request will allow access to a MAC's claims data by multiple PSCs and each PSC/ZPIC to produce reports that concern only claims for the PSC/ZPIC zone.

EFFECTIVE DATE: APRIL 1, 2010, FOR CONTRACTORS USING MCS AND FISS SHARED SYSTEMS AND APRIL 1, 2011, FOR CONTRACTORS USING THE VMS SHARED SYSTEM.

IMPLEMENTATION DATE: APRIL 5, 2010, FOR CONTRACTORS USING MCS AND FISS SHARED SYSTEMS AND APRIL 4, 2011, FOR CONTRACTORS USING THE VMS SHARED SYSTEM.

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
N/A	

III. FUNDING:

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.

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. ATTACHMENT:

One-Time Notification

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