

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 911	Date: July 15, 2011
	Change Request 7368

SUBJECT: Implementing the Recompensation Award for the Jurisdiction D DME Medicare Administrative Contractor (MAC) Workload

I. SUMMARY OF CHANGES: The purpose of this CR is to announce a new contract to process the Jurisdiction D DME workload will take effect April 1, 2011.

EFFECTIVE DATE: April 1, 2011

IMPLEMENTATION DATE: July 29, 2011 . The contract was effective April 1, 2011. The CR is primarily informational and has minimal operational implications, relating solely to after the fact fiscal reporting. Because of delays in issuing the CR, the CR will retain the original effective date, which matches that of the contract, but will be implemented 14 days from the date of issuance.

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 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 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

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

Attachment – One-Time Notification

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SUBJECT: Implementing the Recompensation Award for the Jurisdiction D Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload

EFFECTIVE DATE: April 1, 2011

IMPLEMENTATION July 29, 2011 The contract was effective April 1, 2011. The CR is primarily informational and has minimal operational implications, relating solely to after the fact fiscal reporting. Because of delays in issuing the CR, the CR will retain the original effective date, which matches that of the contract, but will be implemented 14 days from the date of issuance.

I. GENERAL INFORMATION

- A. Background:** The Centers for Medicare & Medicaid Services (CMS) is required to compete the DME MAC workloads at least once every five years. It recently did so for Jurisdiction D and awarded the workload to Noridian Administrative Services, LLC, the incumbent contractor.

The CMS determined that it did not need to change the current DME MAC workload number (19003) when this new contract took effect on April 1, 2011. The purpose of this CR is to inform all necessary parties of the specific details for processing the Jurisdiction D DME workload (as defined in the new contract).

The following applications or entities shall continue to accept the current workload number of 19003.

Contractor Administrative-Budget and Cost Reporting System (CAFM),
Common Data Electronic Interchange Contractor (CEDI),
Comprehensive Error Rate Testing System (CERT),
Contractor Management Information System (CMIS),
CMS Baltimore Data Center,
Coordination of Benefits Agreement Program (COBA),
Contractor Reporting of Operational Workload Data System (CROWD),
Common Working File (CWF),
Debt Collection System (DCS),
Electronic Correspondence Referral System (ECRS),
Health Care Information System (HCIS),
Local Coverage Determination (LCD) database,
Medicare Secondary Payer Recovery Contractor (MSPRC),
Next Generation Desktop System (NGD),
Part B National Summary Data File (formerly known as BESS),
Production Performance Monitoring System (PULSE),
Provider Inquiry Evaluation System (PIES),
Program Integrity Management Reporting System (PIMR),
Program Safeguard Contractor (PSC) or Zoned Program Integrity Contractors (ZPICs),
Provider Overpayment Reporting System (PORS),
Recovery Audit Contractor (RAC)
Recovery Management and Accounting System (REMAS), and
the Zip Code File.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility										
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
7368.1	The Jurisdiction D DME MAC workload shall continue to be processed under its current DME MAC workload number of 19003 when its new contract becomes effective on April 1, 2011.											J-D DME-MAC, Hewlett Packard (HP) EDC
7368.1.1	All shared systems and applications listed in the background section of this CR shall continue to accept DME MAC workload number 19003.											All shared systems and applications listed in the background section of this CR
7368.2	Following the expiration of its current contract, the J-D DME MAC shall track and charge all costs related to that contract to the appropriate CLIN as instructed by CMS.											J-D DME-MAC
7368.2.1	Once its new contract becomes effective, the J-D DME MAC shall track and charge all costs related to that contract to the appropriate CLIN as instructed by CMS.											J-D DME-MAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
	None.											

IV. SUPPORTING INFORMATION

A. Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

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

V. CONTACTS

Pre-Implementation Contact(s): Scott Levine (Scott.Levine@cms.hhs.gov), Michael Allen (Michael.Allen@cms.hhs.gov) and Ed Lain (Ed.Lain@cms.hhs.gov)

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING:

A. For Fiscal Intermediaries, Carriers, and Regional Home Health Intermediaries (RHHIs): N/A

B. For Medicare Administrative Contractors (MAC):

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.