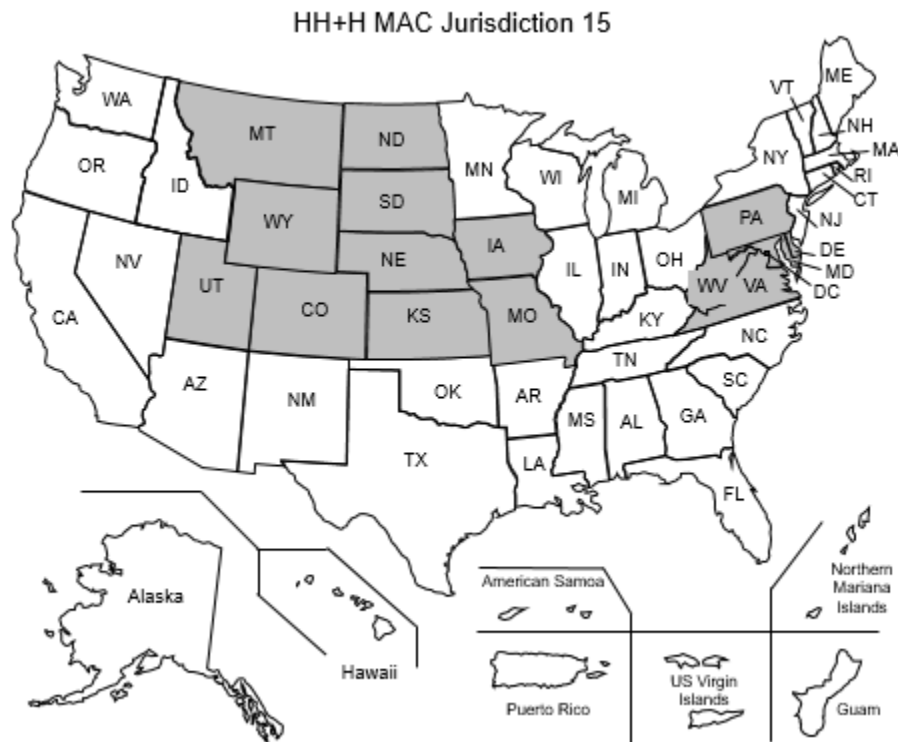


PROCUREMENT SENSITIVE see FAR 2.101 AND 3.104
Information Embargoed until 5 p.m. December 1, 2023



- This HH+H jurisdiction comprises approximately 16.7% of the overall national Medicare FFS Part A and Part B claims volume, equating to more than \$6 billion in Medicare benefit payments annually. The Jurisdiction 15 HH+H contract will provide Medicare services to 1,637 Home Health Agencies, 903 Hospices, and nearly 7 million beneficiaries.
- This contract award concludes another re-competition of a MAC contract under the competitive contracting provisions of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The previous MAC contract for A/B MAC Jurisdiction 15 was awarded to CGS in September 2015.
- This A/B MAC Jurisdiction 15 contract includes a base year and six option years. The contract is a ‘cost plus award fee’ contract; the award fee will be earned only if CGS exceeds the base requirements of the contract. Inclusive of all options, the newly-awarded A/B MAC Jurisdiction contract has a total estimated value of \$474,946,966.
- As CGS is the incumbent contractor for A/B MAC Jurisdiction 15, CMS anticipates that implementation of the new contract will go smoothly, with few (if any) disruptions in service for Medicare beneficiaries and providers.
- To support the performance of the newly-awarded MAC contract, CGS will perform most of this contract work in its Nashville, Tennessee headquarters.
- CGS will perform Medicare fee-for-service activities including processing claims received

PROCUREMENT SENSITIVE see FAR 2.101 AND 3.104
Information Embargoed until 5 p.m. December 1, 2023

from providers and suppliers; appeals; re-openings; provider and supplier enrollment; customer service; provider outreach and education; medical review; and cost report audits.

- CMS has stringent standards for contract performance on these MAC contracts and measures performance through a variety of processes, including on-site oversight, data reviews and protocol-driven quality assurance reviews, as well as independent audits. As CMS continues to use the competitive process to select Medicare claims administration contractors, technical approach and past performance will be major evaluation factors.
- Questions about the contract award should be directed to Brenda Clark in CMS' Office of Acquisition and Grants Management. Ms. Clark may be reached at (410) 786-5165 or Brenda.clark@cms.hhs.gov.