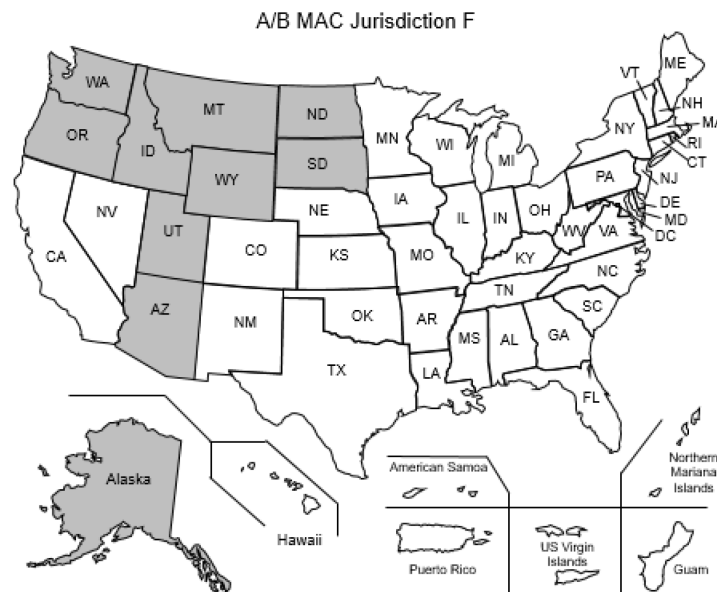


## Award of A/B Medicare Administrative Contractor (MAC) Contract for Jurisdiction F

- On August 20, 2025, the Centers for Medicare & Medicaid Services (CMS) announced that Noridian Healthcare Solutions, LLC (Noridian) has been awarded the Medicare Administrative Contract (MAC) contract for Jurisdiction F (JF) for the administration of Medicare Fee-for-Service claims in the states of Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming.
- The service area is depicted in gray shading on the map below. The anticipated effective date of the new contract is September 1, 2025.



- Noridian's contract will also include servicing a number of hospitals, skilled nursing facilities, and other institutional providers located across the county.
- This jurisdiction comprises approximately 7.2% of the overall national Medicare FFS Part A and Part B claims volume, equating to more than \$28.9 billion in Medicare benefit payments annually. The A/B MAC Jurisdiction F contract will provide Medicare services to more than 530 hospitals, approximately 92,731 physicians, and over 3 million beneficiaries.
- The previous MAC contract for A/B MAC Jurisdiction F was awarded to Noridian in July 2018.

- This A/B MAC Jurisdiction F 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 Noridian exceeds the base requirements of the contract. Inclusive of all options, the newly awarded A/B MAC Jurisdiction F contract has a total estimated value of \$556,438,623.
- As Noridian is the incumbent contractor for A/B MAC Jurisdiction F, 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, Noridian will perform the majority of this contract’s operations from its offices in Fargo, ND.
- Noridian will perform Medicare fee-for-service activities, including processing claims received from providers and suppliers, appeals, re-openings, provider and supplier enrollment; customer service, provider outreach and education, and 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, protocol-driven quality assurance reviews, and 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 Rachel Johnson in CMS’ Office of Acquisition and Grants Management. Ms. Johnson may be reached at 410-786-8995 or Rachel.[Johnson@cms.hhs.gov](mailto:Johnson@cms.hhs.gov).