CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10655	Date: March 16, 2021
	Change Request 11723

SUBJECT: Mobile Personal Identity Verification (PIV) Station Installation

I. SUMMARY OF CHANGES: This change request (CR) is for Palmetto Government Benefit Administrators (PGBA) to install a CMS supplied mobile PIV station computer system at the PGBA office located in Columbia, SC.

EFFECTIVE DATE: April 15, 2021 *Unless otherwise specified, the effective date is the date of service. **IMPLEMENTATION DATE: April 15, 2021**

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

Pub. 100-20	Transmittal: 10655	Date: March 16, 2021	Change Request: 11723

SUBJECT: Mobile Personal Identity Verification (PIV) Station Installation

EFFECTIVE DATE: April 15, 2021

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I. GENERAL INFORMATION

A. Background: CMS is in the process of performing federal background checks for CMS contractors and providing the contractors with PIV cards. The process to initiate background checks and provide PIV cards will require individuals at the contractors to interact directly with the Department of Health and Human Services approved mobile PIV station computer system. Individuals located less than 50 miles from CMS Central Office in Baltimore can interact with the computer systems at CMS; however, selected contractors located more than 50 miles away from CMS will have the mobile PIV station computer systems installed at and operated by personnel who work for the selected contractors. This CR is for Palmetto Government Benefit Administrators (PBGA) to install and operate a mobile PIV station computer system at the PBGA offices located at 17 Technology Circle, Columbia, SC 29203.

B. Policy: Contract language to implement Homeland Security Presidential Directive 12.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	R	espo	nsil	bilit	y																									
		A/B MAC													MAC N										D Shared- M System E Maintaine				Other		
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F																						
11723.1	The MAC shall meet with CMS and Deloitte, the Mobile PIV station support contractor, to provide a phased implementation plan within 30 days of the issuance of this CR. The plan start date will be dependent on when the MAC readmits personnel to the office that was closed due to COVID-19 and which will house the Mobile PIV station.									JJ A/B MAC, JM A/B MAC																					
11723.2	The MAC shall identify personnel to be trained to operate the mobile PIV station within 30 days of the issuance of this CR. At a minimum, a primary and a backup approver shall be trained as authorized operators. In accordance with CMS' instruction, these individuals will be required to submit an EFI request and follow CMS' instructions to complete a Federal Background Investigation.									JJ A/B MAC, JM A/B MAC																					

Number	Requirement	Responsibility								
		A/B D Shared- MAC M System E Maintainers			Other					
				MAC M E					•	
		A	В	Н	E	F			C C	
		Δ	D	H	Μ	I	C		W	
				Η	A	S	S	S	F	
11723.3	The MAC shall provide a secured area in accordance				С	S				JJ A/B MAC,
11/23.5	The MAC shall provide a secured area in accordance with the supplied environmental and physical controls									JJ A/B MAC, JM A/B MAC
	required, as well as any supporting documentation.									
	This shall be completed within the timeframe									
	documented in the implementation plan that was provided in BR 11723.1.									
	provided in BK 11725.1.									
11723.4	The MAC shall provide network support to install and									JJ A/B MAC,
	segment the Mobile PIV station on a virtual network									JM A/B MAC
	that is isolated from the secured MAC network, including implementing firewall rules to allow the									
	station to communicate with Health and Human									
	Services via CMSNET. This shall be completed within									
	the timeframe documented in the implementation plan that was provided in BR 11723.1.									
	that was provided in BK 11723.1.									
11723.5	The MAC shall provide ongoing configuration									JJ A/B MAC,
	management and systems patching and support based									JM A/B MAC
	on instructions from the CMS support contractor.									
11723.6	Until otherwise instructed, the MAC shall implement									JJ A/B MAC,
	the Mobile PIV station to provide PIV cards to									JM A/B MAC
	individuals assigned to the MAC contracts listed, who currently have or require a CMS Enterprise User									
	Administration ID to perform their job functions and									
	who are located within 50 miles. Non-local travel for									
	the sole purpose of obtaining a PIV is not authorized.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	Responsibility			
			A/B		D	C
			MAG	2	Μ	E
					Е	D
		A	B	H	1	Ι
				Н	Μ	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

 $\label{eq:section} \textbf{A: Recommendations and supporting information associated with listed requirements: N/A \\$

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): Gregg Sanders, 410-786-1936 or Gregg.Sanders@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