

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-01 Medicare General Information, Eligibility, and Entitlement</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 108</b>	<b>Date: November 3, 2017</b>
	<b>Change Request 10329</b>

**SUBJECT: MAC Transition Workload Handbook**

**I. SUMMARY OF CHANGES:** This Change Request updates the existing Internet Only Manual (IOM) language and CMS.gov links for the revised Workload Transition Handbook.

**EFFECTIVE DATE: December 4, 2017**

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

**IMPLEMENTATION DATE: December 4, 2017**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	7/80/Fee-for-Service Contractor Workload Transitions
R	7/80/80.1/Transition Handbooks
D	7/80/1/1/Workload Implementation Handbook
D	7/80/1/2/Workload Closeout Handbook

**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:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

<b>Pub. 100-01</b>	<b>Transmittal: 108</b>	<b>Date: November 3, 2017</b>	<b>Change Request: 10329</b>
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**IMPLEMENTATION DATE: December 4, 2017**

## I. GENERAL INFORMATION

**A. Background:** This change request formally incorporates the consolidated Medicare Parts A/B and Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Workload Transition Handbook to the Internet-Only Manual (IOM), and removes previous references of the Carrier/Intermediary Workload Closeout Handbook and the DME Regional Carrier Workload Closeout Handbook from the manual.

**B. Policy:** The Centers for Medicare & Medicaid Services (CMS) is committed to ensuring that there is minimal disruption to providers and beneficiaries when claims-processing operations are moved from one MAC to another. As such, CMS has consolidated the multiple workload transition manuals to more efficiently assist MACs with their transition activities.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			DME MAC	Shared-System Maintainers				Other	
		A	B	H		F	M	V	C		
10329.1	Contractors shall be aware of the IOM updates attached.	X	X	X	X						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	H		
	None					

#### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Connor Beck, 410-786-0213 or Connor.Beck@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**

# **General Information, Eligibility, and Entitlement Manual**

## **Chapter 7 - Contract Administrative Requirements**

**Table of Contents**  
*(Rev. 108, 11-03-17)*

### **Transmittals for Chapter 7**

80 – Fee-For-Service Contractor Workload Transitions

80.1 – Transition Handbook

## **80 - Contractor Workload Transitions**

*(Rev.108, Issue: 11-03-17, Effective: 12-04-17, Implementation: 12-04-17)*

Fee-for-Service contractor workload transitions occurred when a Medicare Administrative Contractor's (MAC's) period of performance ends or its contract is terminated. When either of these two circumstances occurs, the outgoing contractor *is required to* work with the new incoming contractor to transfer the Medicare workload without any disruption to providers and beneficiaries.

During a transition, the outgoing contractor has responsibilities and processes for closing out its Medicare contract and shutting down its operation. It must also assist the new incoming contractor in its efforts to assume the Medicare claims administration functions. Concurrently, the incoming contractor *is required to* establish an operational infrastructure and ensure that all data, records, and functions are properly transferred from the outgoing contractor. Both parties have a responsibility to ensure that the transition is conducted seamlessly and that all contractual obligations are met during the transition.

### **80.1 - Transition Handbook**

*(Rev.108, Issue: 11-03-17, Effective: 12-04-17, Implementation: 12-04-17)*

The Medicare Contractor Management Group (MCMG) in the Center for Medicare has developed a handbook in order to assist fee-for-service contractors with the transfer of Medicare workload from one contractor to another. This is found at:

<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Resources-for-MACs.html>

Every Medicare workload transition will vary depending on the unique circumstances and environment of the Medicare contractors involved. There may be activities and processes described in the handbooks that, for various reasons, will not be applicable to a specific transition. There may also be activities that will need to be performed that the handbooks do not cover. The handbook cannot identify and address all of the variations that may occur during a workload transition. However, the overall activities described in the handbooks for managing a workload implementation or closeout project and the requirements contained therein for meetings, reporting, and providing information, data, and records are part of the IOM and incorporated by reference into the MAC contracts.