CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10792	Date: May 20, 2021
	Change Request 12281

SUBJECT: Mobile Personal Identity Verification (PIV) Station Installation

I. SUMMARY OF CHANGES: This change request (CR) is for Noridian Healthcare Solutions (Noridian) to install a CMS supplied mobile PIV station computer system at the Noridian office located in Fargo, ND.

EFFECTIVE DATE: June 22, 2021

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

IMPLEMENTATION DATE: June 22, 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

SUBJECT: Mobile Personal Identity Verification (PIV) Station Installation

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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 Noridian Healthcare Solutions (Noridian) to install and operate a mobile PIV station computer system at the Noridian offices located at 900 42nd St S, Fargo, ND 58103.
- **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	Deguiusment	D		ma:1	h:1:4	. .				
Number	Requirement		espo		omt					
			A/B		D		Sha	red-		Other
		N	MA(\sim	M		Sys	tem		
					Е	M	aint	aine	ers	
		Α	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
12281.1	The MAC shall meet with CMS and Deloitte, the									JA DME
	Mobile PIV station support contractor, to provide a									MAC, JD
	phased implementation plan within 30 days of the									DME MAC,
	issuance of this CR. The plan start date will be									JE A/B MAC,
	dependent on when the MAC readmits personnel to									JF A/B MAC
	the office that was closed due to COVID-19 and									
	which will house the Mobile PIV station.									
	which will house the Moone FTV station.									
12281.2	The MAC shall identify personnel to be trained to									JA DME
1220112	operate the mobile PIV station within 30 days of the									MAC, JD
	issuance of this CR. At a minimum, a primary and a									DME MAC,
	backup approver shall be trained as authorized									JE A/B MAC,
	operators. In accordance with CMS' instruction, these									JF A/B MAC,
	•									JI A/D MAC
	individuals will be required to submit an EUA Front-									
	End Interface (EFI) request and follow CMS'									
	instructions to complete a Federal Background									

Number	Requirement	Re	espo	nsi	bilit	y						
			A/B MA(D M E	J						Other
		A	В	H H H	M A C	F	M C S		С			
	Investigation.											
12281.3	The MAC shall provide a secured area in accordance with the supplied environmental and physical controls required, as well as any supporting documentation. This shall be completed within the timeframe documented in the implementation plan that was provided in Business Requirement 12281.1.									JA DME MAC, JD DME MAC, JE A/B MAC, JF A/B MAC		
12281.4	The MAC shall provide network support to install and segment the Mobile PIV station on a virtual network 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 Business Requirement 12281.1.									JA DME MAC, JD DME MAC, JE A/B MAC, JF A/B MAC		
12281.5	The MAC shall provide ongoing configuration management and systems patching and support based on instructions from the CMS support contractor.									JA DME MAC, JD DME MAC, JE A/B MAC, JF A/B MAC		
12281.6	Until otherwise instructed, the MAC shall implement the Mobile PIV station to provide PIV cards to 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.									JA DME MAC, JD DME MAC, JE A/B MAC, JF A/B MAC		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsib	ility	
			A/B		D	С
		1	MAC	\mathbb{C}	M	Е
					Ε	D
		Α	В	Н		Ι
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

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