

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11010</b>	<b>Date: October 1, 2021</b>
	<b>Change Request 12437</b>

**SUBJECT: Mobile Personal Identity Verification (PIV) Station Installation**

**I. SUMMARY OF CHANGES:** This change request (CR) is for Wisconsin Physician Services (WPS) to install a CMS-supplied mobile PIV station computer system at a WPS office.

**EFFECTIVE DATE: November 2, 2021**

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

**IMPLEMENTATION DATE: November 2, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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

<b>Pub. 100-20</b>	<b>Transmittal: 11010</b>	<b>Date: October 1, 2021</b>	<b>Change Request: 12437</b>
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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 Wisconsin Physician Services (WPS) to install and operate a mobile PIV station computer system at one of the WPS offices located at either 1717 W Broadway, Madison, WI 53713, or 2525 N 117th Ave, Suite 300, Omaha, NE 68164.

**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	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12437.1	The MAC shall determine the location, either Madison, WI or Omaha, NE where the Mobile PIV station will be installed. The MAC shall then 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.								J5 A/B MAC, J8 A/B MAC	
12437.2	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								J5 A/B MAC, J8 A/B MAC	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	backup approver shall be trained as authorized operators. In accordance with CMS' instruction, these individuals will be required to use the EUA Front End Interface (EFI) system to submit a request for, and follow CMS' instructions to complete a Federal Background Investigation.									
12437.3	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 12437.1.								J5 A/B MAC, J8 A/B MAC	
12437.4	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 12437.1.								J5 A/B MAC, J8 A/B MAC	
12437.5	The MAC shall provide ongoing configuration management and systems patching and support based on instructions from the CMS support contractor.								J5 A/B MAC, J8 A/B MAC	
12437.6	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.								J5 A/B MAC, J8 A/B MAC	

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

**IV. SUPPORTING INFORMATION**

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**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**