

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11624	Date: October 4, 2022
	Change Request 12863

Transmittal 11582, dated September 1, 2022, is being rescinded and replaced by Transmittal 11624, dated, October 4, 2022 to revise the implementation date extending it to January 6, 2023. All other information remains the same.

SUBJECT: Mobile Personal Identity Verification (PIV) Station

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is for First Coast Service Options (FCSO) to install a CMS-supplied mobile PIV station computer at the FCSO office located at 532 Riverside Ave, Jacksonville, FL 32202.

EFFECTIVE DATE: October 3, 2022

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

IMPLEMENTATION DATE: January 6, 2023

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/revise 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

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		
	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 use the EUA Front End Interface (EFI) system to submit a request for, and follow CMS' instructions to complete a Federal Background Investigation.										
12863.3	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 #1.									JN A/B MAC	
12863.4	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 #1.									JN A/B MAC	
12863.5	The MAC shall provide ongoing configuration management and systems patching and support based on instructions from the CMS support contractor.									JN A/B MAC	
12863.6	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.									JN A/B MAC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kevin Potter, 410-786-5686 or kevin.potter@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