

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12924	Date: October 24, 2024
	Change Request 13841

SUBJECT: Implementation of the Award for the Jurisdiction J (J-J) Part A and Part B Medicare Administrative Contractor (JJ A/B MAC)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce the Jurisdiction JJ A/B MAC recomplete procurement that was recently awarded to Palmetto GBA LLC, the incumbent contractor for this workload.

The current JJ workload identifier numbers, the Fiscal Intermediary Shared System (FISS) roll-up identifier and the Business Segment Identifiers (BSI) will not change.

EFFECTIVE DATE: September 1, 2024

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

IMPLEMENTATION DATE: December 8, 2024

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

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SUBJECT: Implementation of the Award for the Jurisdiction J (J-J) Part A and Part B Medicare Administrative Contractor (JJ A/B MAC)

EFFECTIVE DATE: September 1, 2024

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

IMPLEMENTATION DATE: December 8, 2024

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce the Jurisdiction JJ A/B MAC recompete procurement that was recently awarded to Palmetto GBA LLC, the incumbent contractor for this workload.

The current JJ workload identifier numbers, the Fiscal Intermediary Shared System (FISS) roll-up identifier and the Business Segment Identifiers (BSI) will not change.

II. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) recently competed the JJ A/B MAC workload. CMS awarded this workload to Palmetto GBA, LLC the incumbent contractor for this workload.

Palmetto GBA, LLC is located at 17 Technology Circle Columbia, South Carolina 29203.

The CMS has determined that it will not need to change the current workload identifier numbers, the FISS roll-up identifier or the Business Segment Identifiers (BSI) when this new contract is implemented on January 1, 2025, for Part A and Part B.

The following applications or business owners shall continue to accept the existing JJ A/B workload identifier numbers once the above cited workloads are transitioned to the JJ A/B MAC.

- Hybrid Cloud Data Center (HCDC)
- Benefits Coordination and Recovery Center (BCRC),
- Chronic Conditions Warehouse (CCW),
- CMS Analysis, Reporting and Tracking System (CMSARTS),
- Combined Common Edits Module (CCEM),
- Companion Data Services,
- Competitive Bidding Implementation Contractor,
- Commercial Repayment Center (CRC),
- Contractor Administrative, Budget and Cost Reporting System (CAFM),
- Comprehensive Error Rate Testing System (CERT),
- Conversion Medicare (CVM),
- Coordination of Benefits Agreement program (COBA),
- Contractor Reporting of Operational Workload Data System (CROWD),

- Common Working File (CWF),
- CWF Part B Eligibility and Security Maintenance (CWFELGE),
- Customer Service Assessment and Management System (CSAMS),
- Debt Collection System (DCS),
- Electronic Correspondence Referral System (ECRS),
- Electronic Health Records Incentive Program (EHR),
- Electronic Medicare-equivalent Remittance Advice (e-MRA)
- Electronic Submission of Medical Documentation System (esMD),
- Fiscal Intermediary Shared System (FISS),
- Fraud Prevention System (FPS),
- Health Care Information System (HCIS),
- Health Care Integrated General Ledger Accounting System (HIGLAS),
- Health Insurance Master Record (HIMR),
- HIPAA Eligibility Transaction System (HETS),
- Integrated Data Repository (IDR),
- Intern and Resident Information System (IRIS),
- Internet Quality Improvement and Evaluation System (iQIES),
- Local Coverage Determination Database (LCD),
- Medicare Appeals System (MAS),
- Medicare Coverage Data Base (MCD),
- Medicare Infrastructure Services Provider (MISP),
- Medicare Provider Analysis and Review (MedPar),
- Medicare Secondary Payer Integrated Systems Contractor,
- Medicare Secondary Payer System Payment Contractor (MSPSC)
- Multi-Carrier System (MCS),
- MAC/CMS Data Exchange (MDX),
- National Claims History (NCH),
- National Data Warehouse (NDW),
- National Part B Pricing Files,
- National Part A Pricing Files,
- Next Generation Desktop (NGD),
- Part B Analytics Reporting System (PBAR),
- Production Performance Monitoring System (PULSE),
- Program Integrity Management Reporting System (PIMR),
- Provider Enrollment Chain and Ownership System (PECOS),
- Provider Customer Service Program Contractor Information Database (PCID),
- Provider Statistical and Reimbursement System (PS&R),
- Qualified Independent Contractor (QIC),
- Recovery Audit Contractor (RAC),
- Recovery Management and Accounting System (REMAS),
- Renal Management Information System (REMIS),
- Strategic Work Information Folder Transfer System (SWIFT),
- Supplemental Medical Review Contractor (SMRC),
- System Tracking for Audit and Reimbursement (STAR),
- ZIP Code File, and,
- Unified Program Integrity Contractors (UPICs)

B. Policy: There are no policy changes associated with this Change Request (CR).

III. 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	HHH		FISS	MCS	VMS	CWF	
	Item (CLIN), as instructed by CMS.									
13841.5	Once the new contract becomes effective, the J-J A/B MAC shall track and charge all costs related to that contract to the appropriate CLIN, as instructed by CMS.								JJ A/B MAC	

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. 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

VI. CONTACTS

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0