

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1906	Date : August 18, 2017
	Change Request 10192

SUBJECT: Out-of-Jurisdiction Providers (OJP) and Qualified Chain Providers (QCP) Move to Correct A/B MAC Jurisdiction - Analysis CR Only

I. SUMMARY OF CHANGES: This Analysis Change Request (CR) calls for the analysis of potentially systematically moving CMS providers who are not being administered by their correct geographically assigned A/B MAC to the correct geographically assigned A/B MAC. This includes systematically moving the Qualified Chain Providers (QCPs) to the A/B MAC that services the jurisdiction where the chain home office is located.

EFFECTIVE DATE: January 1, 2018

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

IMPLEMENTATION DATE: January 2, 2018

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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EFFECTIVE DATE: January 1, 2018

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I. GENERAL INFORMATION

A. Background: This Analysis Change Request (CR) calls for the analysis of potentially systematically moving CMS providers who are not being administered by their correct geographically assigned A/B MAC to the correct geographically assigned A/B MAC. This includes systematically moving the Qualified Chain Providers (QCPs) to the A/B MAC that services the jurisdiction where the chain home office is located.

B. Policy: Medicare Prescription Drug, Improvement and Modernization Act of 2003 Section 911

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		
10192.1	Contractors shall attend a series of 4 weekly one-hour conference calls (to occur in the August 2017 timeframe) to explore options to systematically move OJPs and QCPs to their correct geographically assigned A/B MAC.	X	X			X	X			X	CWF Host, HIGLAS, PECOS, STAR, VDCs
10192.2	Contractors shall send contact names and email addresses for this project to CMS at Lori.Kemezys@cms.hhs.gov within 5 business days of issuance of this CR.	X	X			X	X			X	CWF Host, HIGLAS, PECOS, STAR, VDCs
10192.3	Contractors shall provide a final analysis paper, from their perspective, to CMS 20 business days following the final conference call.	X	X			X	X			X	
10192.4	Contractors shall propose a timeline for implementation, including how long each OJP and QCP move would take, from their perspective, and the high-level milestones necessary to implement an A/B MAC to A/B MAC move, and identify the SSMs, VDCs and other partners needed to complete each	X	X			X	X			X	

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		
	move.										
10192.5	Contractors shall provide a recommendation as to whether the OJPs and QCPs should be moved on an individual basis or in groups (i.e. move all OJPs and QCPs that will be going to the same jurisdiction at one time as opposed to moving each individually).	X	X			X	X			X	
10192.6	Contractors shall provide a Level of Effort to implement an individual OJP and an individual QCP move, and where possible, a cost estimate to implement moving OJPs and QCPs in groups.	X	X			X	X				
10192.7	Contractors shall provide a list of their assumptions in order to implement an OJP and QCP move.	X	X			X	X			X	
10192.8	Contractors shall determine and provide an interface matrix of all external parties and downstream systems that may be impacted by moving the OJPs and QCPs.	X	X			X	X			X	
10192.9	Contractors shall provide a detailed list of the risks and roadblocks to moving OJPs and QCPs to their correct geographically assigned MAC, and the potential mitigation strategies for each of the risks or roadblocks.	X	X			X	X			X	

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							
	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): Lori Kemezys, 410-786-9961 or lori.kemezys@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