

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 816	Date: November 24,2010
	Change Request 7238

SUBJECT: Implementing the Re-competition Award for the Jurisdiction B DME Medicare Administrative Contractor (MAC) Workload

I. SUMMARY OF CHANGES: A new contract to process the Jurisdiction B DME MAC Workload will take effect December 30, 2010.

EFFECTIVE DATE: December 30, 2010

IMPLEMENTATION DATE: December 30, 2010

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	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
Not Applicable.

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

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

Attachment – One-Time Notification

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Effective Date: December 30, 2010

Implementation Date: December 30, 2010

I. GENERAL INFORMATION

- A. Background:** The Centers for Medicare and Medicaid Services (CMS) is required to re-compete the Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) workload at least once every five years. It recently did so and awarded the workload to National Government Services (NGS), the incumbent contractor.

The CMS has determined that it will not need to change the current DME-MAC workload number (17003) when this new contract is implemented on December 30, 2010.

The following applications or entities shall continue to accept the current workload number of 17003 once the workload is transitioned to the aforementioned contract.

Contractor Administrative-Budget and Cost Reporting System (CAFM),
Common Data Electronic Interchange Contractor (CEDI)
Comprehensive Error Rate Testing System (CERT),
Contractor Management Information System (CMIS),
CMS Baltimore Data Center,
Coordination of Benefits Agreement Program (COBA),
Contractor Reporting of Operational Workload Data System (CROWD),
Common Working File (CWF),
Debt Collection System (DCS),
Electronic Correspondence Referral System (ECRS),
Health Care Information System (HCIS),
Local Coverage Determination (LCD) database,
Medicare Secondary Payer Recovery Contractor (MSPRC),
Next Generation Desktop System (NGD),
Part B National Summary Data File (formerly known as BESS),
Production Performance Monitoring System (PULSE),
Provider Inquiry Evaluation System (PIES),
Program Integrity Management Reporting System (PIMR),
Program Safeguard Contractor (PSC) or Zoned Program Integrity Contractors (ZPICs),
Provider Overpayment Reporting System (PORS),
Recovery Management and Accounting System (REMAS), and
the Zip Code File.

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:

B. All other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contact(s): Scott Levine (Scott.Levine@cms.hhs.gov), and Michael Allen (Michael.Allen@cms.hhs.gov)

Post-Implementation Contact(s): Scott Levine (Scott.Levine@cms.hhs.gov), and Michael Allen (Michael.Allen@cms.hhs.gov)

VI. FUNDING:

A. *For Fiscal Intermediaries, Carriers, and Regional Home Health Intermediaries (RHHIs) and/or Carriers:*
N/A

B. *For Medicare Administrative Contractors (MAC):*

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.