

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10462	Date: November 13, 2020
	Change Request 11985

SUBJECT: Implementation of the Award for the Jurisdiction C Durable Medical Equipment Medicare Administrative Contractor (JC DME MAC)

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) recently competed the JC DME MAC workload. CMS awarded this workload to CGS Administrators, LLC (CGS), the incumbent contractor for this workload.

EFFECTIVE DATE: January 1, 2021

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

IMPLEMENTATION DATE: January 4, 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.

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 C Durable Medical Equipment Medicare Administrative Contractor (JC DME MAC)

EFFECTIVE DATE: January 1, 2021

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

IMPLEMENTATION DATE: January 4, 2021

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) recently competed the JC DME MAC workload. CMS awarded this workload to CGS Administrators, LLC (CGS), the incumbent contractor for this workload.

CGS' address is: 26 Century Blvd Suite ST610, Nashville, TN 37214

The CMS has determined that it will not need to change the current JC workload identifier numbers or the Business Segment Identifiers (BSI) when this new contract is implemented: **January 4, 2021 – DME MAC**

DMAC Workload Identifier: 18003-DMAC Region C (RCD)

DMAC BSI: AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, PR, SC, TN, TX, VI, VA, WV-RCD

The following applications or business owners shall continue to accept the existing JC DME MAC workload identifier numbers once the above cited workloads are transitioned to the JC DME MAC.

- Administrative Qualified Independent Contractor (AdQIC),
- Benefits Coordination and Recovery Center (BCRC),
- CMS Analysis, Reporting and Tracking System (CMSARTS),
- Commercial Repayment Center (CRC),
- Common Electronic Data Interchange (CEDI),
- Contractor Administrative, Budget and Cost Reporting System (CAFM),
- Comprehensive Error Rate Testing System (CERT),
- Contractor Management Information System (CMIS),
- CMS Baltimore Data Center (BDC),
- Coordination of Benefits Agreement program (COBA),

- Contractor Reporting of Operational Workload Data System (CROWD),
- Common Working File (CWF),
- CWF Host,
- 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 Health Records Incentive Program (eRx),
- Expert Claims Processing System (ECPS),
- 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),
- Local Coverage Determination Database (LCD),
- Medicare Appeals System (MAS),
- Medicare Coverage Data Base (MCD),
- Multi-Carrier System (MCS),
- National Data Warehouse (NDW),
- National Part B Pricing Files,
- National Supplier Clearinghouse (NSC),

- Next Generation Desktop (NGD),
- Part B Analytics Reporting System (PBAR),
- Production Performance Monitoring System (PULSE),
- Provider Enrollment Chain and Ownership System (PECOS),
- Provider Customer Service Program Contractor Information Database (PCID),
- Provider Inquiry Evaluation System (PIES),
- Program Integrity Management Reporting System (PIMR),
- Provider Statistical and Reimbursement System (PS&R),
- Qualified Independent Contractor (QIC),
- Quality Improvement Evaluation System (QIES),
- 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),
- ViPS Medicare Systems (VMS),
- Virtual Data Centers (VDCs),
- ZIP Code File, and
- Unified Program Integrity Contractors (UPICs).

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

[illegible]

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	

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:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jamie McLeod, 415-999-1274 or jamie.mcleod@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