

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11730	Date: December 8, 2022
	Change Request 12971

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

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to announce the Jurisdiction JM A/B MAC recompetition procurement that was recently awarded to Palmetto Government Benefit Administrator (GBA), Limited Liability Company (LLC), the incumbent contractor for this workload.

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

EFFECTIVE DATE: February 1, 2023

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

IMPLEMENTATION DATE: February 1, 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/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: February 1, 2023

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IMPLEMENTATION DATE: February 1, 2023

I. GENERAL INFORMATION

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

Palmetto GBA's address is 17 Technology Circle, Columbia, South Carolina 29203.

The CMS has determined that it will not need to change the current JM workload identifier numbers, the FISS roll-up identifier or the Business Segment Identifiers (BSI) when this new contract is implemented on February 1, 2023 for Part A and for Part B.

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

- Administrative Qualified Independent Contractor (AdQIC),
- Benefits Coordination and Recovery Center (BCRC),
- CMS Analysis, Reporting and Tracking System (CMSARTS),
- Commercial Repayment Center (CRC),
- 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),
- 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),
- Internet Quality Improvement and Evaluation System (iQIES),
- Local Coverage Determination Database (LCD),
- Medicare Appeals System (MAS),
- Medicare Coverage Data Base (MCD),
- Multi-Carrier System (MCS),
- 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),

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			
12971.3	All systems applications and business owners listed in the background section of this CR shall continue to accept the J-M A/B MAC workload numbers, as per the first business requirement listed.	X	X	X								BCRC, CERT, CMS, CROWD, CWF Host, ECRS, FPS, HETS, HIGLAS, IDR, NCH, NGD, PECOS, PS&R, PULSE, QIC, QIES, QIO, RAC, SMRC, UPICs, VDC, esMD
12971.4	Following the expiration of the current contract, the J-M A/B MAC shall track and charge all costs related to that contract to the appropriate Contract Line Item (CLIN), as instructed by CMS.											JM A/B MAC
12971.5	Once the new contract becomes effective, the J-M A/B MAC shall track and charge all costs related to that contract to the appropriate CLIN, as instructed by CMS.											JM A/B MAC

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): 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