

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10055</b>	<b>Date: April 17, 2020</b>
	<b>Change Request 11555</b>

**SUBJECT: Implementation of the Award for the Jurisdiction 5 Part A and Part B Medicare Administrative Contractor (J-5 A/B MAC)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to announce the Jurisdiction J-5 A/B MAC recompetition procurement that was recently awarded to Wisconsin Physicians Service Government Health Administrators (WPS-GHA), the incumbent contractor for this workload.

The current J-5 workload identifier numbers and the Business Segment Identifiers (BSI) will not change.

**EFFECTIVE DATE: March 1, 2020**

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

**IMPLEMENTATION DATE: March 1, 2020**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: March 1, 2020**

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**IMPLEMENTATION DATE: March 1, 2020**

## **I. GENERAL INFORMATION**

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) recently competed the J5 A/B MAC workload. CMS awarded this workload to Wisconsin Physicians Service Government Health Administrators (WPS-GHA), the incumbent contractor for this workload.

WPS' address is: 1717 West Broadway, Madison, Wisconsin 53713.

The CMS has determined that it will not need to change the current J5 workload identifier numbers or the Business Segment Identifiers (BSI) when this new contract is implemented: **October 31, 2019 - Part A and B**

**A/B MAC Part A Workload Identifier:** 05101-Iowa (IA), 05201-Kansas (KS), 05301-Missouri (MO), 05401-Nebraska (NE), 05901-Remaining WPS Legacy Mutual of Omaha States (NTA)

**A/B MAC Part A BSI:** IA-IAA, KS-KSA, MO-MOA, NE-NEA

**Legacy- Mutual of Omaha BSI:** NTA

**A/B MAC Part B Workload Identifier:** 05102-Iowa (IA), 05202-Kansas (KS), 05302-Missouri (MO), 05402-Nebraska (NE)

**A/B MAC Part B BSI:** IA-IAB, KS-KSB, MO-MOB, NE-NEB

The following applications or business owners shall continue to accept the existing J5 A/B workload identifier numbers once the above cited workloads are transitioned to the J5 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),
- 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,
- 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),
- System Tracking for Audit and Reimbursement (STAR),
- Virtual DataCenters (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.*



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	
	contract to the appropriate CLIN as instructed by CMS.									

**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):**

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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**