

Medicare Administrative Contractor Jurisdiction 4 Glossary of Terms and Abbreviations

Glossary of Terms

Closeout: The period of time from the MAC's contract award to the end of the outgoing contractor's Medicare business operations during which the carrier/intermediary carries out its plan to close down operations and transfer Medicare functions to the MAC.

Cutover: The actual point at which the outgoing Medicare carrier/intermediary ceases Medicare operations and the MAC begins to perform Medicare business functions.

Cutover Period: The period of time surrounding the actual cutover. The cutover period normally begins 10-14 days prior to the cutover and ends with the MAC's segment operational date; i.e., when the MAC begins normal business operations for the segment workload that it assumed at cutover. During the cutover period the outgoing contractor makes final preparations to shut down its operations and transfer the claims workload to the incoming contractor and the MAC makes final preparations for the receipt of Medicare files/data and the beginning of segment operations.

Implementation: The period of time beginning with the award of the MAC contract and ending with the operational date of the MAC. During this period, the MAC performs all of the activities specified in its implementation plan to ensure the effective transfer of Medicare functions from each outgoing carrier or intermediary within the jurisdiction.

Jurisdiction: The territory in which the Medicare Administrative Contractor will contractually perform its Medicare functions.

Medicare Administrative Contractor (MAC): The incoming contractor that will assume the Medicare Part A and B functions from carriers and fiscal intermediaries.

Medicare Data: Any representation of information, in electronic or physical form, pertaining to Medicare beneficiaries, providers, physicians, or suppliers, or necessary for the contractual administration thereof, that is received, maintained, processed, manipulated, stored, or provided to others in the performance of functions described in a Medicare contract.

Medicare Record: A collection of related items of Medicare data treated as a unit.

Medicare File: A set or collection of related Medicare records treated as a unit

Operational Date: The date the MAC assumes all Medicare functions from an outgoing Medicare carrier or fiscal intermediary and is capable of processing Medicare claims.

Outgoing Contractor: The Medicare carrier or fiscal intermediary whose functions will be assumed by the MAC.

Post-Contract Period: The six-month period beginning with the end of the outgoing contractor's Medicare contract. During this time, the outgoing contractor maintains the Federal Health Insurance Benefits account, completes financial reporting and performs related closeout business activities.

Post-Cutover Period: Generally the MAC's first three months of Medicare operation for a segment implementation, during which workload and performance are monitored and any problems associated with the implementation are resolved.

Pre-Award Phase: The period of time prior to award of the MAC contract where CMS is preparing for and conducting the MAC procurement and performing informational activities pertaining to the affected Medicare carriers and intermediaries.

Segment: The Medicare Part A or Part B workload which a carrier or intermediary processes and which will be transferred to the MAC. A segment workload is generally a state or portion thereof. All jurisdiction transitions will involve multiple segment transitions.

Transition: The entire scope of activities associated with moving the functions of Medicare fee-for-service carriers and intermediaries to the MAC. It includes implementation activities of the MAC, closeout activities of the outgoing contractor, and the activities of other parties involved in the transition.

Transition Monitoring: A responsibility of CMS to ensure that Medicare functions are properly transferred from each outgoing Medicare contractor to the MAC. Transition monitoring begins with the award of the MAC contract and ends three months after the operational date of the MAC for each outgoing contractor.

Abbreviations

BCBSA: Blue Cross and Blue Shield Association

BCC: Beneficiary Contact Center

BFE: Business Function Expert

CMM: Center for Medicare Management

CMS: Centers for Medicare & Medicaid Services

CO: Central Office

COB: Coordination of Benefits

CROWD: Contractor Reporting of Operational and Workload Data

CSAMS: Customer Service Assessment and Management System

CTA: Cooperative Transition Agreement

CWF: Common Working File

DDE: Direct Data Entry

DHHS: Department of Health & Human Services

DMERC: Durable Medical Equipment Regional Carrier

EDC: Enterprise Data Center

EDI: Electronic Data Interchange

EFT: Electronic Funds Transfer

EMC: Electronic Media Claims

ERN: Electronic Remittance Notice

FAQ: Frequently Asked Question

FFS: Fee-for-Service

FI: Fiscal Intermediary

FISS: Fiscal Intermediary Standard System

GFP: Government-Furnished Property

GTL: Government Task Leader

HIGLAS: Healthcare Integrated General Ledger Accounting System

HIPAA: Health Insurance Portability and Accountability Act

IT: Information Technology

IVR: Interactive Voice Response

JIPP: Jurisdiction Implementation Project Plan

JOA: Joint Operating Agreement

JOSD: Jurisdiction Operational Start Date

JTC: Jurisdiction Transition Coordinator

LCD: Local Coverage Determination

MAC: Medicare Administrative Contractor

MCR: Medicare Contracting Reform

MCS: Multi-Carrier System

MDCN: Medicare Data Communications Network

MMA: Medicare Prescription Drug, Improvement and Modernization Act of 2003

MR: Medical Review

MSN: Medicare Summary Notice

MSP: Medicare Secondary Payer

NARA: National Archive and Record Administration

PECOS: Provider Enrollment, Chain and Ownership System

PI: Program Integrity

PIES: Provider Inquiries Evaluation System

PO: Project Officer

POR: Provider Overpayment Reporting

PSC: Program Safeguard Contractor

QCM: Quality Call Monitoring

QIO: Quality Improvement Organization

QIC: Qualified Independent Contractor

QWCM: Quality Written Correspondence Monitoring

RFP: Request for Proposal

RHHI: Regional Home Health Intermediary

RO: Regional Office

SIPP: Segment Implementation Project Plan

SOSD: Segment Operational Start Date

SOW: Statement of Work

SSA: Social Security Administration

SSM: Shared System Maintainer

SIM: Segment Implementation Manager