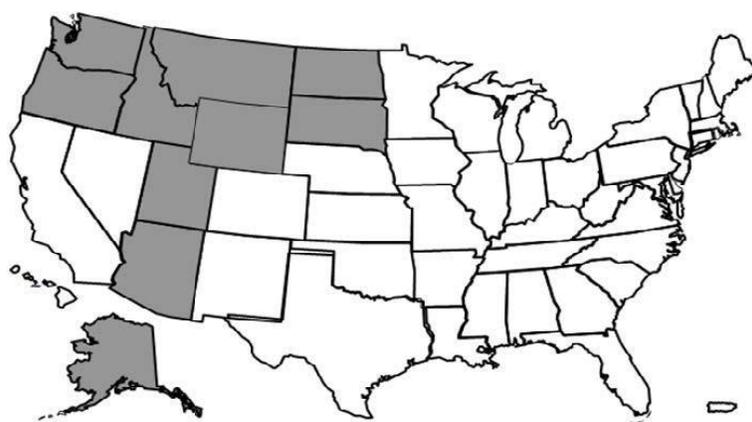


Jurisdiction F (JF) Award Fact Sheet

Award of Medicare Administrative Contractor (MAC) Contract for Jurisdiction F

On July 12, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that Noridian Healthcare Solutions (Noridian) has been awarded a contract for the administration of Medicare Part A and Part B Fee-for-Service claims in the states of Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming (A/B MAC Jurisdiction F). These states are depicted in gray shading in the map below.



- This jurisdiction comprises approximately 6.2% of the overall national Medicare Fee-for-Service Part A and Part B claims volume, equating to more than \$3.8 billion in Medicare benefit payments annually. The A/B MAC Jurisdiction F contract provides Medicare services to more than 500 hospitals, 74,000 physicians, and 3.1 million Medicare beneficiaries.
- This contract award concludes another re-competition of a Medicare Administrative Contractor (MAC) contract awarded under the competitive contracting provisions of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. The previous MAC contract for A/B MAC Jurisdiction F was awarded to Noridian Administrative Services (NAS) in August 2011.
- The current A/B MAC Jurisdiction F contract includes a base year and six option years, for a maximum duration of seven years. This is the first full and open competition where an A/B MAC contract was awarded pursuant to MACRA 509 provisions that allow CMS to award contracts for longer than five years. The contract is a “cost plus award fee” contract; the award fee will be earned only if Noridian exceeds the base requirements of the contract. Inclusive of all options, the newly-awarded A/B MAC Jurisdiction F contract has a total estimated value of approximately \$313.5 million.

- Noridian will perform Medicare fee-for-service activities including processing claims from providers and suppliers; appeals; reopenings; provider and supplier enrollment; customer service; outreach and education; medical review; and cost report audits.
- CMS has stringent standards for contract performance on these contracts and measures performance through a variety of processes, including on-site oversight, data reviews and protocol-driven quality assurance reviews, as well as independent audits. As CMS continues to use the competitive process to select claims administration contractors, technical approach and past performance will continue to be major evaluation factors.
- Questions about the contract award should be directed to Antoinette Hazelwood in CMS's Office of Acquisition and Grants Management. Ms. Hazelwood may be reached at 410-786-1579 or at Antoinette.Hazelwood@cms.hhs.gov.