CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 576	Date: October 16, 2009
	Change Request 6694

SUBJECT: Replacement of New York State BSIs to Support the Jurisdiction 13 A/B MAC Merge of the Three Part B New York and the Part B Connecticut CICS Production and User Acceptance Test Regions

I. SUMMARY OF CHANGES: All three of the J13 Part B workloads have the same Business Segment Indicator (BSI) of NYB. In the J13 Part B merged environment (as per CR 6513), the MCS processing system requires a unique BSI for each of these workloads.

New / Revised Material
Effective Date: December 12, 2009
Implementation Date: December 12, 2009

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	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers: N/A

SECTION B: 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

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 576	Date: October 16, 2009	Change Request: 6694

SUBJECT: Replacement of New York State BSIs to Support the Jurisdiction 13 A/B MAC Merge of the Three Part B New York and the Part B Connecticut CICS Production and User Acceptance Test Regions

Effective Date: December 12, 2009

Implementation Date: December 12, 2009

I.   GENERAL INFORMATION

Background: When the J13 A/B Medicare Administrative Contractor (MAC) became operational, its Part B workloads were set up in four different sets of customer information control system (CICS) processing and user acceptance testing (UAT) regions. In order to maximize efficiency and cost savings from the MAC implementation, CMS needs to merge the three existing sets of Part B New York CICS production and UAT regions with the Part B Connecticut set of CICS production and UAT regions.

While the three existing New York State workloads will be moved to a single CICS production region, the system will internally continue to utilize the existing MAC workload numbers for the former HealhNow (Upstate New York) and Group Health Incorporated (Queens County) workloads. This is strictly an internal processing matter primarily driven by the need to support existing pricing modalities and will have no impact upon providers or reporting.

However, at present providers in all three of the aforementioned Part B workloads have the same Business Segment Indicator (BSI) of NYB. In the merged environment, the MCS processing system requires a unique BSI for each of these workloads. (This is not an issue when a contractor has multiple workloads in a CICS region processing under the same workload number. It is only an issue when different workload numbers are being used.)

The replacement BSIs will be as follows:

Workload	MAC Workload No.	Current BSI	Replacement BSI
Downstate NY	13202	NYB	DNB
Upstate NY	13282	NYB	UNB
Queens County, NY	13292	NYB	QNB

The J13 A/B MAC contract is currently held by National Government Services. Its address is:

> National Government Services
> 400 South Salina Street
> Syracuse, NY 13202

The following applications or entities will need to accommodate the new MAC workload numbers for both testing and production: BESS, CAFM, CERT, CMIS, the CMS BALTIMORE DC, COBA & COBC, CROWD, PIES, CSAMS, CWF, DCS, ECRS, FISS, HCIS, HIGLAS, IRIS, the Local Coverage Determination (LCD) Database, LOLA, NGD, the NPI crosswalk, QIES (formerly known as OSCAR), PECOS, PIMR, PORS, PS&R, the PSC, PSOR, PULSE, REMAS, REMIS, STAR, and the Expert Claims Processing System or ECPS (formerly known as SuperOps). In most cases, this will not require any system changes.

B.   Policy: N/A

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6694.1	MCS and the J13 A/B MAC shall replace the BSIs for all providers whose claims are processed under the 13202, 13282 or 13292 MAC workload numbers as follows. Downstate NY (13202) to DNB, Upstate NY (13282) to UNB, and Queens County, NY (13292) to QNB.							X			J1 A/B MAC
6694.2	All shared systems and applications shall make changes, where necessary, to accommodate these replacement BSIs. These include (but are not limited to) BESS, CAFM, CERT, CMIS, the CMS BALTIMORE DC, COBA & COBC, CROWD, CSAMS, DCS, ECPS, ECRS, FISS, HCIS, HIGLAS, IRIS, the Local Coverage Determination (LCD) Database, LOLA, MCS, NGD, the NPI crosswalk, QIES , PECOS, PIES, PIMR, PORS, PS&R, the PSC, PSOR, PULSE, REMAS, REMIS, and STAR.						X	X		X	BESS, CAFM, CERT, CMIS, the CMS BALTIMORE DC, COBA & COBC, CROWD, CSAMS, CWF, DCS, ECPS, ECRS, FISS, HCIS, HIGLAS, IRIS, the Local Coverage Determination (LCD) Database, LOLA, NGD, the NPI crosswalk, QIES , PECOS, PIES, PIMR, PORS, PS&R, the PSC, PSOR, PULSE, REMAS, REMIS, and STAR.
6694.2.1	The Common Working File (CWF) maintainer shall crosswalk each of the new DNB, UNB, and QNB BSI indicators to "NYB." This will ensure that CWF is able to select or exclude Part B New York state claims appropriately for national crossover purposes and will ensure the continuity of pre-existing Coordination of Benefits Agreement (COBA) crossover Part B state inclusion and exclusion logic,									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6694.3	The J13 A/B MAC shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction shall be included in the Contractor's next regularly scheduled bulletin. If the J13 A/B MAC wants to supplement this with localized information that would benefit their provider community in billing and administering the Medicare program correctly, it shall seek approval from its CMS Project Officer (Marybeth.Jason@cms.hhs.gov) or her designee before doing so.										J13 A/B MAC

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
CR 6513	This CR provides instructions for merging the J13 Part B CICS regions into two single CICS regions for user acceptance testing and processing.

B. For all other recommendations and supporting information, use this space:

This CR is necessary in order for the CMS to realize significant additional efficiencies and cost savings from the J13 A/B MAC transition.

V. CONTACTS

Pre-Implementation Contact(s): Scott Levine (Scott.Levine@cms.hhs.gov or 212-616-2337) and Steven Felsenberg (Steven.Felsenberg@cms.hhs.gov or 410-786-2693).

Post-Implementation Contact(s): Scott Levine (Scott.Levine@cms.hhs.gov or 212-616-2337) and Steven Felsenberg (Steven.Felsenberg@cms.hhs.gov or 410-786-2693).

VI. FUNDING:

A. For Fiscal Intermediaries and Carriers: N/A

B.   *For Medicare Administrative Contractors (MAC)*:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.