



Provider Inquiry Assistance

Medicare Administrative Contractor (MAC) Transition and Outbound Health Insurance Portability and Accountability Act (HIPAA) Transactions – JA6599

Related CR Release Date: August 28, 2009

Date Job Aid Revised: September 29, 2009

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

Key Words MM6599, CR6599, R544OTN, MAC, Transition, Outbound, HIPAA, Transactions

Contractors Affected Part A/B MACs

Provider Types Affected All physicians, providers, and suppliers operating in multiple states under a single National Provider Identifier (NPI) and receiving HIPAA outbound transactions from A/B MACs



Change Request (CR) 6599 informs all physicians, and providers who operate in multiple states under a single NPI that, beginning with the effective date of January 1, 2010, they will receive HIPAA outbound transactions separated by the appropriate contractor identifier (ID) number assigned to a MAC in files generated by Medicare's Multi-Carrier Claims System, which processes Part B claims.

Provider Needs to Know...

- Recently the Centers for Medicare & Medicaid Services (CMS) learned that when there is a provider with a single NPI who provides services across states, Medicare-generated outbound transactions (835 - Health Care Claim Payment/Advice and 277 - Health Care Claim Status Notification) do not report the appropriate contractor ID in the envelope.
- The outbound transaction reported the first contractor ID for the MAC in the envelope when the transaction included multiple claims and status responses from a provider covering multiple states.
- This created an issue for clearinghouses trying to forward the correct 835/277 to the appropriate provider location.
- Beginning January 1, 2010, Medicare will generate separate professional outbound files by the appropriate contractor ID number assigned to a MAC.

Background

- Through implementation of Medicare Contracting Reform, CMS is integrating the administration of Medicare Parts A and B for the fee-for-service benefit to new entities called MACs.
- CMS designed the new MAC jurisdictions to balance the allocation of workloads, promote competition, account for integration of claims processing activities, and mitigate the risk to the Medicare program during the transition to the new contractors.
- The result is jurisdictions that reasonably balance the number of fee-for-service beneficiaries and providers across states.

Operational
Impact

N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6599.pdf> on the CMS website.

The official instruction (CR6599) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R544OTN.pdf> on the CMS website.
