CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2876	**Date: February 7, 2014**
	Change Request 8442

SUBJECT: Update to Pub 100-04, Claims Processing Manual, Chapter One

I. SUMMARY OF CHANGES: Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Public Law 108–173, amended Title XVIII of the Social Security Act (the Act) to repeal the provider nomination provisions of the Act. Provider nomination has been replaced with the geographic assignment rule. Generally, a provider or supplier will be assigned to the MAC that covers the state where the provider or supplier is located. Exceptions to the geographic assignment rule are described in CR 5979 (April 18, 2008).

This CR removes Sections 20.3, 20.5, and 20.5.1 from Chapter One of Pub 100-04, The Medicare Claims Processing Manual because they contain policy based on the legacy environment when chains and individiual providers were permitted to select the fiscal intermediary of their choice.

EFFECTIVE DATE: March 7, 2014
IMPLEMENTATION DATE: March 7, 2014

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
R	Chapter 1/Section 20.3/CMS No Longer Accepts Provider Requests For A Change of Fiscal Intermediary
D	1/Section 20.4/CMS No Longer Accepts Provider Requests to Change Their Fiscal Intermediary
D	1/Section 20.5/Solicitation of a Provider to Secure a Change of Fiscal Intermediary
D	1/Section 20.5.1/Communications

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 obliged 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:

Business Requirements
Manual Instruction

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

Business Requirements

Pub. 100-04	Transmittal: 2876	Date: February 7, 2014	Change Request: 8442

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I. GENERAL INFORMATION

A. Background: Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Public Law 108–173, amended Title XVIII of the Social Security Act (the Act) to repeal the provider nomination provisions of the Act. Provider nomination has been replaced with the geographic assignment rule. Generally, a provider or supplier will be assigned to the MAC that covers the state where the provider or supplier is located. Exceptions to the geographic assignment rule are described in CR 5979 (April 18, 2008).

B. Policy: This CR removes Sections 20.3, 20.5, and 20.5.1 from Chapter One of Pub 100-04, The Medicare Claims Processing Manual because they contain policy based on the legacy environment when chains and individual providers were permitted to select the fiscal intermediary of their choice. A chain or an individual provider is no longer able to select the FI or MAC of its choice. An individual provider will be assigned to the MAC that covers the state where the provider is located. A chain that meets the criteria set forth at 42 CFR 421.404 may contact CMS and ask to have all eligible, downstream providers assigned to the MAC that covers the state where the home office is located. A chain home office wishing to contact CMS to request "qualified chain" status may send an email to "Provider_MAC_Assignment_Inquiry@cms.hhs.gov."

The institution of the geographic assignment rule renders irrelevant the two sections regarding FIs soliciting providers.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility			
		A/B MAC	D M E	Shared-System Maintainers	Other

		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
8442.1	Part A Medicare Administrative Contractors shall no longer accept requests for "change of intermediary" from providers.	X								
8442.1.1	Contractors shall be aware that Chapter One, sections 20.4, 20.5, and 20.5.1 are being deleted from Pub 100-04; and Section 20.3 is being revised to reflect this change in policy.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
8442.2	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	None.

Section B: All other recommendations and supporting information:

V. CONTACTS

Pre-Implementation Contact(s): Mark Zobel, 303-844-4724 or mark.zobel@cms.hhs.gov (Lori Kemezys 410-786-9961)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

Medicare Claims Processing Manual

Chapter 1 - General Billing Requirements

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(Rev. 2876, Issued: 02-07-14)

20.3 - *CMS No Longer Accepts Provider Requests to Change Their FI*

(Rev. 2876, Issued: 02-07-14, Effective: 03- 07-14, Implementation: 03- 07-14)

Medicare providers will no longer be able to request a change of FI, they must remain with the FI to which they have been assigned.