

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 328	Date: March 26, 2008
	Change Request 5733

NOTE: Transmittal 308 dated January 4, 2008 is being rescinded and replaced by Transmittal 328 dated March 26, 2008 to remove the merge requirements from the CR. All other information remains the same.

SUBJECT: SPLIT OF HI/NV/AZ Part B Workloads and Merge of AZ/Ut/Mt

I. SUMMARY OF CHANGES: Centers for Medicare and Medicaid Services (CMS) will be splitting the HI/NV/AZ Part B workload currently residing in the EDS EDC as well as merging one of the split portions (AZ) with UT and MT.

New / Revised Material

Effective Date: May 1, 2008

Implementation Date: April 1, 2008 (dates for various business requirements below will be agreed upon by responsible parties during workgroup meetings)

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:

Not Applicable.

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

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SUBJECT: Split of HI/NV/AZ Part B workloads

Effective Date: May 1, 2008

Implementation Date: April 1, 2008 (dates for various business requirements below will be agreed upon by responsible parties during workgroup meetings)

I. GENERAL INFORMATION

A. Background:

CR 5733 was originally issued on January 4, 2008. The CMS has found it necessary to suspend work on the merger of the Arizona, Montana and Utah Part B regions while continuing work on the split of the Arizona Part B workload from the existing Hawaii, Nevada and Arizona production region. All parties affected by this CR should continue to perform all of the work necessary to accomplish the Hawaii, Nevada and Arizona Part B production region split but should not perform any actions associated with the merger of Arizona Part B workload with the existing Montana or Utah Part B production regions. The CMS will issue revised instructions pertaining to that merger.

The purpose of this change request is to notify all interested parties that the Centers for Medicare & Medicaid Services (CMS) will be splitting the HI/NV/AZ Part B workload currently residing in the EDS EDC. This work is necessary to segregate MAC workloads (J1 and J3). This effort should be transparent to most stakeholders with the exception of the EDC (EDS), NAS, and MCS.

The HI/NV workload will not be split but will remain as is until J1 is awarded and the segments (states) in that jurisdiction are implemented into the J1 MAC; at a future date the HI/NV work will likely be merged with the northern California workload. There will be no need for new contractor numbers for this effort nor are we aware of any applications (other than those that the EDC, MCS, and NAS use in their daily processing) that will need to be updated because of this work.

B. Policy: N/A

III. PROVIDER EDUCATION TABLE

Number	Requirement	A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
5733.17	CMS has deleted this requirement.										

IV. SUPPORTING INFORMATION

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

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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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. Title XVIII contractors: 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.