

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 305	Date: December 14, 2007
	Change Request 5809

SUBJECT: New Contractor Numbers for the states of Iowa, Kansas, Nebraska and Missouri in Jurisdiction 5 A/B Medicare Administrative Contractor (MAC) Workload

I. SUMMARY OF CHANGES: CMS needs to change the contractor numbers in the MAC Jurisdiction 5 for the states of Iowa, Kansas, Missouri and Nebraska.

New / Revised Material

Effective Date: December 1, 2007

Implementation Date: December 1, 2007

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:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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: 305	Date: December 14, 2007	Change Request: 5809
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SUBJECT: New Contractor Numbers for the States of Iowa, Kansas, Missouri and Nebraska in Jurisdiction 5 Part A/B Medicare Administrative Contractor (MAC) Workload.

Effective Date: December 1, 2007 (also see dates below)

Implementation Date: December 1, 2007 (also see dates below)

I. GENERAL INFORMATION

A. Background: The purpose of this change request is to notify all interested parties that the Centers for Medicare and Medicaid Services (CMS) needs to change the contractor numbers in the Medicare Administrative Contractor (MAC) Jurisdiction 5 states of Iowa, Kansas, Missouri and Nebraska when those states become live in Jurisdiction 5. This change needs to be made because certain applications require separate contractor numbers for each state. Claims for the states of Iowa, Kansas, Missouri and Nebraska will be processed by Wisconsin Physicians Service Insurance Corporation using the contractor numbers and effective dates listed below. Note that Mutual of Omaha Medicare providers will continue to do business with Mutual of Omaha.

<u>State</u>	<u>Contractor ID</u>	<u>Effective Date</u>	<u>Current Contractor Number</u>
PART A			
Iowa	05101	05/01/2008	00012
Kansas	05201	03/01/2008	00150
Missouri	05301	05/01/2008	00242
Nebraska	05401	12/01/2007	00260
PART B			
Iowa	05102	02/01/2008	00826
Kansas	05202	03/01/2008	00650
Western Missouri	05302	03/01/2008	00651/00740*
Eastern Missouri	05392	06/01/2008	00523
Nebraska	05402	03/01/2008	00655

*Some systems use the 00651 number and some use the 00740 number so indicating both as current contractor number.

FISS, MCS, and CWF software changes and changes to CAFM, CERT, CMIS, CROWD, CSAMS, DCS, ECRS, HIGLAS, MPaRTS, NGD, NPES, PIMR, PSOR, PULSE, REMAS, REMIS, VMS, COBA, PSC, WIC, LOLA, HCIS, BESS, STAR, PECOS, OSCAR, PORS, PS&R, QCM, STC, CASR, IRIS, and all free billing software are needed to reflect the new contractor numbers.

The address associated with the new Jurisdiction 5 AB MAC numbers is:

Wisconsin Physicians Service Insurance Corporation
1751 W. Broadway

Number	Requirement	Responsibility (place an "X" in each applicable column)													
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	D A M R C	R E H I	Shared- System Maintainers					OTHER		
								F I S S	M C S	V M S	C W F				
	reflect the new contractor numbers.														
5809.35	IRIS shall be modified to reflect the new contractor numbers.														IRIS
5809.36	HIGLAS shall use the contractor number or rollup number or in certain situations not use either number														HIGLAS
5809.37	STC shall be modified to reflect the new contractor number														STC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)													
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	D A M R C	R E H I	Shared- System Maintainers					OTHER		
								F I S S	M C S	V M S	C W F				
5809.38	Wisconsin Physicians Service 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 your next regularly scheduled bulletin and incorporated into any educational events on this topic.														WPS only

IV. SUPPORTING INFORMATION

A.

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. Contractor Financial Reporting/Workload Impact: The Jurisdiction 5 MAC workload shall be reported using the new contractor numbers effective with the dates cited above in Section A.

V. CONTACTS

Pre-Implementation Contact(s): jody.kurtenbach@cms.hhs.gov (303) 844-7039

Post-Implementation Contact(s): jody.kurtenbach@cms.hhs.gov (303) 844-7039

VI. FUNDING

A. Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. Medicare Administrative Contractors:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. We do 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 specified 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.