

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 395	Date: OCTOBER 24, 2008
	Change Request 6199

SUBJECT: MCS Changes Needed to Address Duplicate PINs in Separate CICS Regions Prior to the Merge of those Regions

I. SUMMARY OF CHANGES: The MCS maintainer will provide a program to identify duplicate PINS within the CICS regions that will be merged.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2009

IMPLEMENTATION DATE: January 5, 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:
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: MCS Changes Needed to Address Duplicate PINs in Separate CICS Regions Prior to the Merge of those Regions.

EFFECTIVE DATE: January 1, 2009

IMPLEMENTATION DATE: January 5, 2009

I. GENERAL INFORMATION

A. Background: When the A/B Medicare Administrative Contractors (MACs) became operational, their Part B workloads reflected the multiple CICS processing regions and associated user acceptance testing (UAT) regions being used by the outgoing Medicare Title XVIII contractors. In order to maximize efficiency and cost savings from the MAC implementation, CMS needs to merge these multiple production and UAT regions into as few CICS regions as possible.

The assignment of Part B provider identification numbers (PINS) has traditionally been a contractor activity. In the past, some contractors that processed multiple workloads may have assigned PINS without regard to whether the same PIN was already being used in another CICS region under its control. In addition, different contractors generally did not coordinate their assignment of PINS, so they might have inadvertently assigned the same PIN to two different providers in different service areas. This was not a concern as long as the CICS regions remained separate. However, we cannot accommodate more than one of the same PIN in a single merged CICS region. In this case, the Part B Montana and Utah CICS regions contain duplicate PINS.

We will be issuing separate change requests (CRs) to accomplish this merge at each of the affected A/B MACs. This CR provides specific instructions on the system changes which the MCS maintainer will need to address the duplicate PIN issue and to support this activity. (An earlier version of this CR contained the requirements for merging the J3 A/B MAC's Part B regions, but the CMS has decided to split those requirements out to a separate CR in order to facilitate their tracking. The J3 A/B MAC Merge CR will be resubmitted once its date has been finalized.)

As explained in the following business requirements, the MCS maintainer will provide a program to identify duplicate PINS within the CICS regions that will be merged, the A/B MAC will assign replacement PINS to both duplicate numbers, and the MCS maintainer will replace all references within MCS to the existing duplicate PINS with those new numbers.

The CMS Healthcare Integrated General Ledger Accounting System (HIGLAS) business owner is currently developing a methodology to merge HIGLAS workloads. Until that process has been implemented, we only plan to merge CICS regions that have not yet been transitioned to

HIGLAS. Changes to MCS and other CMS shared systems may be necessary to support the HIGLAS merge approach and such issues will be addressed as necessary.

B. Policy:

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

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 I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6199.1	The MCS maintainer shall provide the A/B MAC with file compare software that will produce a list of duplicate PINs found on the MCS Provider Eligibility file between the workloads scheduled to be merged.							X			
6199.1.1	The software referred to in BR 6199.1 shall allow the A/B MAC to assign new numbers to those duplicate PINS by updating a user maintained DATAIN.	X						X			
6199.2	The software referred to in BR 6199.1 shall also run a compare of the MCS duplicate PINs found in the A/B MACs workloads with the A/B MAC's PECOS provider file.	X						X			
6199.2.1	If the duplicate PIN on the A/B MACs MCS master provider file is found in any of the PECOS files (V200 file) the PECOS record will be added to the report. The report shall contain the following information: duplicate PIN, plan code, and PIN status. If the PIN is active, the field status should be blank. If the PIN is inactive, the field status should be "IN".							X			
6199.3	The MCS maintainer shall create software that will produce a file that contains only the duplicate PINs from the PECOS file (as per BR 6199.2) as well as the newly assigned replacement PINs. Note: this report will be sent to PECOS which will end date the old PINs with the effective date of the merge (except where the PIN has already been end dated) and add the newly assigned replacement PIN to							X			PECOS

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I C A R R I E R	C A R R I E R	R H I I S S	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	its records with the same effective date as the original duplicate PIN. This will be listed as a BR in each A/B MAC Merge CR.										
6199.3.1	The MCS maintainer shall use the user maintained input file created by the MAC and the MCS provider file to create a crosswalk file to PECOS containing the following comma delimited data: CURRENT-PROV-NUMBER, ENROLLMENT ID, PAC-ID, CURR PIN END DATE, CARRIER-CODE-STATE, MAC CARRIER ID CODE, NEW-PROV-NUMBER, NEW-PROV-EFT-DATE.	X						X			PECOS
6199.3.2	MCS shall assign the Start Date from the original, duplicate PIN record as the Start Date of the newly assigned replacement PIN.							X			
6199.4	MCS shall utilize its split/merge software logic to replace all references to the duplicate PINS within MCS with appropriate references to the newly assigned replacement PINS.							X			
6199.5	MCS shall modify its PECOS extract logic to bypass the duplicate PINS that have been end dated in PECOS so that MCS will not produce merge errors for these PINS. (All other PECOS end dated PINS shall continue to be subjected to the merge error logic within MCS.)							X			PECOS
6199.6	MCS shall provide a mechanism to prevent the A/B MAC from incorrectly adding the duplicate PIN to the MCS provider file.							X			
6199.7	MCS shall provide for the notification of anyone querying the system with a deleted duplicate PIN. If practical, the notification should point to the appropriate replacement PIN. If that is not practical, the notification shall return both replacement PINS and the A/B MAC shall determine the appropriate PIN.	X						X			

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 I E R	C A R R I E R	R H R H I	Shared-System Maintainers				OTHER
					F I S S	M C S	V M S	C W F			
	N/A										

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:

This CR is necessary in order for the CMS to realize significant additional efficiencies and cost savings from the J3 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. Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs) :
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.