

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 408	Date: NOVEMBER 28, 2008
	Change Request 6259

Subject: NEW NUMBERS FOR ALL MAC JURISDICTIONS. THIS CHANGE REQUEST RESCINDS AND FULLY REPLACES CR 5651

I. SUMMARY OF CHANGES: THE PURPOSE OF THIS INFORMATIONAL CHANGE REQUEST IS TO NOTIFY ALL INTERESTED PARTIES THAT CMS WILL ASSIGN NEW NUMBERS FOR ALL MAC JURISDICTIONS

New / Revised Material

Effective Date: January 1, 2006

Implementation Date: December 29, 2008

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: 408	Date: November 28, 2008	Change Request: 6259
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SUBJECT: NEW NUMBERS FOR ALL MAC JURISDICTIONS. THIS CHANGE REQUEST RESCINDS AND FULLY REPLACES CR 5651

Effective Date: January 1, 2006

Implementation Date: December 29, 2008

I. GENERAL INFORMATION

A. Background:

The purpose of this change request is to notify all interested parties that the Centers for Medicare & Medicaid Services (CMS) will assign new workload numbers for MAC Jurisdictions. Medicare contracting reform requires that the CMS use competitive procedures to replace its current fiscal intermediaries and carriers with a uniform type of administrative entity, referred to as Medicare Administrative Contractor (MAC). As such, new numbers are required to identify the work being performed by the new MAC contractors. Previous instructions were issued in CR 5651. New numbers have been issued for the State of North Carolina Part A and Part B due to the previous numbers utilized by another CMS component. For ease of reference and to reduce duplication, CR5651 has been withdrawn and its pertinent sections combined with CR 6259.

The numbering scheme allows for three tiers of MAC numbers to meet the current and future needs of CMS and its contractors. The bottom tier is the **workload number**, which uniquely identifies each MAC workload by claim type and state as described below. The second tier number is the **Part A number, Part B number, DME (Durable Medical Equipment) number, or HHH (Home Health and Hospice) number**. This number is the aggregate for each of the claim types processed within each MAC jurisdiction and is commonly referred to as the “**roll-up**” number. The top tier consists of a single **jurisdiction number** which uniquely identifies each MAC and includes all claim types processed by that jurisdiction.

As the MAC implementations move forward, it is imperative that: 1) all CMS components and contractors understand the numbering convention and what it represents; 2) all claim processing and financial system applications recognize/process the appropriate numbers; and 3) all components use the appropriate number that best meets their needs within the overall MAC numbering scheme as described below. When each jurisdiction is awarded and cutover dates are finalized, a change request will be issued with the appropriate MAC numbers for that jurisdiction.

Workload Number:

For *Part A and Part B*, there will be a unique workload number for each state within the 15 MAC Jurisdictions. That number may be appended with unique Business Segment Identifier (BSI), which also represents the state and is used in certain applications and workload reporting. The following shows an example for the State of Kansas in Jurisdiction 5.

<u>Workload Number</u>				<u>Business Segment Identifier</u>					
<u>0</u>	<u>5</u>	<u>2</u>	<u>0</u>	<u>1</u>	<u>K</u>	<u>S</u>	<u>A</u>		
Jurisdiction		State		Used in	Claim		State Indicator	Part A	

indicator	indicator	future to	Type*			
	by state	indicate				
	alphabetical	a change				
	order within	of MAC				
	the Jurisdiction	contractor				
<u>0</u>	<u>5</u>	<u>2</u>	<u>0</u>	<u>2</u>	<u>K</u>	<u>S</u>
Jurisdiction	State	Used in	Claim			
indicator	indicate	future to	Type*		State Indicator	Part B
	by state	indicate				
	alphabetical	a change				
	order within	of MAC				
	the Jurisdiction	contractor				

* Claim type designations: Part A = 1; Part B = 2; DME = 3; RHHI = 4

Part A, Part B, DME, or HHH Number (a.k.a. Roll-up Number):

This number is for components requiring a roll-up number for Part A and Part B for the 15 A/B MACs (e.g., financial reporting) or a DME or HHH number. There will be no BSI or state indicator for these numbers. The Part A and Part B examples are shown for the state of Kansas.

The 4 DME Jurisdictions (Jurisdictions A, B, C, and D) are identified for numbering purposes as Jurisdictions 16, 17, 18, and 19 respectively.

Four A/B MACs (Jurisdictions 6, 11, 14, and 15) will be responsible for processing HHH claims. Each of those MACs will process HHH claims for a designated HHH jurisdiction, configured in the same manner as the DME jurisdictions. The following four examples illustrate the application of the roll-up number for each of the different claim types.

Part A (Roll-up) Number

<u>0</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>1</u>
Jurisdiction				Claim
indicator				Type*

Part B (Roll-up) Number

<u>0</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>2</u>
Jurisdiction				Claim
indicator				Type*

DME Number

<u>1</u>	<u>8</u>	<u>0</u>	<u>0</u>	<u>3</u>
Jurisdiction				Claim
indicator				Type *

HHH Number

<u>0</u>	<u>6</u>	<u>0</u>	<u>0</u>	<u>4</u>
Jurisdiction				Claim

indicator

Type*

* Claim type designations: Part A = 1; Part B = 2; DME = 3; RHHI = 4

Jurisdiction Number:

This would be the number representing the entire MAC jurisdiction. This would be used by an application desiring an all-inclusive jurisdiction number.

Jurisdiction Number

0 5 0 0 0

The following chart shows all numbers that may be utilized for all MAC jurisdictions.

Jurisdiction	Workload Type	Workload Number	State	Roll- up
1	A	01101	CA	01001
		01201	HI	
		01301	NV	
	B	01192	CA S.	01002
		01102	CA N.	
		01202	HI	
01302		NV		
2	A	02101	AK	02001
		02201	ID	
		02301	OR	
		02401	WA	
	B	02102	AK	02002
		02202	ID	
		02302	OR	
		02402	WA	
3	A	03101	AZ	03001
		03201	MT	
		03301	ND	
		03401	SD	
		03501	UT	
		03601	WY	
	B	03102	AZ	03002
		03202	MT	
		03302	ND	
		03402	SD	
		03502	UT	
		03602	WY	
4	A	04101	CO	04001
		04201	NM	
		04301	OK	

Jurisdiction	Workload Type	Workload Number	State	Roll- up
	B	04401	TX	04002
		04102	CO	
		04202	NM	
		04302	OK	
		04402	TX	
5	A	05101	IA	05001
		05201	KS	
		05301	MO	
		05401	NE	
	B	05102	IA	05002
		05202	KS	
		05302	MO W.	
		05392	MO E.	
05402	NE			
6	A	06101	IL	06001
		06201	MN	
		06301	WI	
	B	06102	IL	06002
		06202	MN	
		06302	WI	
7	A	07101	AR	07001
		07201	LA	
		07301	MS	
	B	07102	AR	07002
		07202	LA	
		07302	MS	
8	A	08101	IN	08001
		08201	MI	
	B	08102	IN	08002
		08202	MI	
9	A	09101	FL	09001
		09201	PR/VI	
	B	09102	FL	09002
		09202	PR	
		09302	VI	
10	A	10101	AL	10001
		10201	GA	
		10301	TN	
	B	10102	AL	10002
		10202	GA	
		10302	TN	
11	A	11501	NC	11001
		11201	SC	

Jurisdiction	Workload Type	Workload Number	State	Roll- up
	B	11301	VA	11002
		11401	WV	
		11502	NC	
		11202	SC	
		11302	VA	
		11402	WV	
12	A	12101	DE	12001
		12201	DC	
		12301	MD	
		12401	NJ	
		12501	PA	
	B	12102	DE	12002
		12202	DC	
		12302	MD	
		12402	NJ	
		12502	PA	
13	A	13101	CT	13001
		13201	NY	
	B	13102	CT	13002
		13292	NY (GHI)	
		13282	NY (HealthNow)	
		13202	NY (Empire)	
14	A	14101	ME	14001
		14201	MA	
		14301	NH	
		14401	RI	
		14501	VT	
	B	14102	ME	14002
		14202	MA	
		14302	NH	
		14402	RI	
		14502	VT	
15	A	15101	KY	15001
		15201	OH	
	B	15102	KY	15002
		15202	OH	
DMAC A		16003	RAD	00811
DMAC B		17003	RBD	00635
DMAC C		18003	RCD	00885
DMAC D		19003	RDD	05655
Home Health and Hospice				
6	HHH D	06004	AKR	

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	C A R R I E R	R H H I	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
6259.39	Contractors 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 must be included in your next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								

IV. SUPPORTING INFORMATION

Section 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:

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

V. CONTACTS

Pre-Implementation Contact(s): Ken Marshall at 410-786-3318, Scott Levine at 212-616-2337, or Steve Felsenberg at 410-786-2693.

Post-Implementation Contact(s): Ken Marshall at 410-786-3318, Scott Levine at 212-616-2337, or Steve Felsenberg at 410-786-2693.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or 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):*

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