

CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Executive Guidance Number 0076	Date: October 2, 2007
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PROGRAM AREA: Medicare Fee-For-Service

SUBJECT: New Numbers for All MAC Jurisdictions

APPLIES TO: All Providers

I. SUMMARY OF DOCUMENT: This informational Change Request (CR) is to notify all interested parties that the Centers for Medicare and Medicaid Services (CMS) will assign new numbers for all MAC jurisdictions.

New / Revised Material

Effective Date: Cutover dates of MAC segments

Implementation Date: Earliest cutover date for a MAC segment is December 1, 2007

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Liz Richter/(410)786-0550/CMM
Agency POC	Ken Marshall/(410)786-3318/CMM/MCMG/DCOM

IV. TYPE (Check appropriate boxes for type of guidance)

<input type="checkbox"/>	Audit Guide
<input checked="" type="checkbox"/>	Change Request
<input type="checkbox"/>	HPMS
<input type="checkbox"/>	Joint Signature Memorandum/Technical Director Letter
<input type="checkbox"/>	Manual Transmittal/Non-Change Request
<input type="checkbox"/>	State Medicaid Director Letters
<input type="checkbox"/>	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment – One-Time Notification

Pub. 100-20	Transmittal:	Date:	Change Request: 5651
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SUBJECT: New Numbers for All MAC Jurisdictions.

Effective Date: Cutover dates of MAC segments

Implementation Date: Earliest cutover date for a MAC segment is 12/01/07

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to notify all interested parties that the Centers for Medicare & Medicaid Services (CMS) will assign new 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.

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

indicator	indicator	future to	Type*
	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

<u>0</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
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Number Table: Jurisdiction 5

Jurisdiction Number	05000	
Part A/Part B (Roll-up) Number	05001	05002

Workload Number				
Iowa	05101	IAA	05102	IAB
Kansas	05201	KSA	05202	KSB
Missouri	05301	MOA	05302	MOB
Nebraska	05401	NEA	05402	NEB

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

Jurisdiction	Workload Type	Workload Number	State	Roll- up	Earliest Allowable Cut over Date
1	A	01101	CA	01001	6/01/08
		01201	HI		6/01/08
		01301	NV		6/01/08
	B	01102	CA	01002	5/01/08
		01202	HI		2/01/08
		01302	NV		2/01/08
2	A	02101	AK	02001	2/01/08
		02201	ID		5/01/08
		02301	OR		5/01/08
		02401	WA		2/01/08
	B	02102	AK	02002	2/01/08
		02202	ID		5/01/08
		02302	OR		2/01/08
		02402	WA		2/01/08
3	A	03101	AZ	03001	Completed
		03201	MT		Completed
		03301	ND		Completed
		03401	SD		Completed
		03501	UT		Completed
		03601	WY		Completed
	B	03102	AZ	03002	Completed
		03202	MT		Completed
		03302	ND		Completed
		03402	SD		Completed
		03502	UT		Completed
		03602	WY		Completed
4	A	04101	CO	04001	5/01/08
		04201	NM		5/01/08
		04301	OK		3/01/08
		04401	TX		5/01/08
	B	04102	CO	04002	2/01/08
		04202	NM		3/01/08
		04302	OK		3/01/08

Jurisdiction	Workload Type	Workload Number	State	Roll- up	Earliest Allowable Cut over Date
		04402	TX		5/01/08
5	A	05101	IA	05001	5/01/08
		05201	KS		3/01/08
		05301	MO		5/01/08
		05401	NE		12/01/07
	B	05102	IA	05002	2/01/08
		05202	KS		3/01/08
		05302	MO		3/01/08
		05402	NE		3/01/08
6	A	06101	IL	06001	3/01/09
		06201	MN		5/01/09
		06301	WI		3/01/09
	B	06102	IL	06002	5/01/09
		06202	MN		5/01/09
		06302	WI		5/01/09
7	A	07101	AR	07001	2/01/08
		07201	LA		3/01/08
		07301	MS		3/01/08
	B	07102	AR	07002	2/01/08
		07202	LA		2/01/08
		07302	MS		5/01/08
8	A	08101	IN	08001	3/01/09
		08201	MI		5/01/09
	B	08102	IN	08002	3/01/09
		08202	MI		5/01/09
9	A	09101	FL	09001	3/01/09
		09201	PR/VI		5/01/09
	B	09102	FL	09002	3/01/09
		09202	PR/VI		5/01/09
10	A	10101	AL	10001	2/01/09
		10201	GA		5/01/09
		10301	TN		3/01/09
	B	10102	AL	10002	2/01/09
		10202	GA		2/01/09
		10302	TN		3/01/09
11	A	11101	NC	11001	5/01/09
		11201	SC		5/01/09
		11301	VA		12/01/08
		11401	WV		12/01/08
	B	11102	NC	11002	3/01/09

Jurisdiction	Workload Type	Workload Number	State	Roll- up	Earliest Allowable Cut over Date
		11202	SC		5/01/09
		11302	VA		3/01/09
		11402	WV		5/01/09
12	A	12101	DE	12001	6/01/08
		12201	DC		2/01/08
		12301	MD		2/01/08
		12401	NJ		2/01/08
		12501	PA		2/01/08
	B	12102	DE	12002	6/01/08
		12202	DC		6/01/08
		12302	MD		6/01/08
		12402	NJ		5/01/08
		12502	PA		5/01/08
13	A	13101	CT	13001	6/01/08
		13201	NY		6/01/08
	B	13102	CT	13002	5/01/08
		13202	NY		3/01/08
14	A	14101	ME	14001	3/01/09
		14201	MA		3/01/09
		14301	NH		3/01/09
		14401	RI		2/01/09
		14501	VT		3/01/09
	B	14102	ME	14002	5/01/09
		14202	MA		5/01/09
		14302	NH		5/01/09
		14402	RI		2/01/09
		14502	VT		5/01/09
15	A	15101	KY	15001	6/01/09
		15201	OH		6/01/09
	B	15102	KY	15002	6/01/09
		15202	OH		5/01/09
DMAC A		16003	RAD	00811	completed
DMAC B		17003	RBD	00635	completed
DMAC C		18003	RCD	00885	completed
DMAC D		19003	RDD	05655	completed
Home Health and Hospice					
6	HHH D	06004	AKR		12/01/08
11	HHH C	11004	ALR		12/01/08
14	HHH A	14004	CTR		12/01/08
15	HHH B	15004	ILR		3/01/09

The following systems shall reflect the new contractor number: BESS, CAFM, CERT, CMIS, COBA, CROWD, CSAMS, CWF, DCS, ECRS, FISS, HCIS, HIGLAS, IRIS, LOLA, MPaRTS, National Claims History, NGD, OSCAR, PECOS, PIMR, PORS, PS&R, PSOR, PULSE, REMAS, REMIS, STAR, VMS, WIC, and all free billing software.

B. Policy: N/A

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 M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5651.1	CWF, FISS, MCS, and the Medicare systems listed in requirements 5.2 through 5.36 shall be modified to reflect the new contractor number as CMS issues instruction to do so. This is for planning and programming purposes.							X	X		X	
5651.1.1	CWF, FISS, MCS and the Medicare systems listed in requirements 5.2 through 5.36 shall be able to implement the new contractor number when notified by CMS.							X	X		X	
5651.2	CAFM shall be modified to reflect the new contractor number.											CAFM
5651.3	CERT shall be modified to reflect the new contractor number.											CERT
5651.4	CMIS shall be modified to reflect the new contractor number.											CMIS
5651.5	CROWD shall be modified to reflect the new contractor number.											CROWD
5651.6	CSAMS and PIES shall be modified to reflect the new contractor number.											CSAMS PIES
5651.7	DCS shall be modified to reflect the new contractor number.											DCS
5651.8	ECRS shall be modified to reflect the new contractor number.											ECRS
5651.9	NPI Crosswalk Contractor shall modify the system to accept the new contractor number.											NPI
5651.10	MPaRTS shall be modified to reflect the new contractor number.											MPaRTS
5651.11	NGD shall be modified to reflect the new contractor number.											NGD
5651.12	PIMR shall be modified to reflect the new											PIMR

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	contractor number.											
5651.13	PSOR shall be modified to reflect the new contractor number.											PSOR
5651.14	PULSE shall be modified to reflect the new contractor number.											PULSE
5651.15	REMAS shall be modified to reflect the new contractor number.											REMAS
5651.16	REMIS shall be modified to reflect the new contractor number.											REMIS
5651.17	IRS Datamatch files for the workload shall be sent on separate files from the Part A workload to the appropriate contractor.											CMS
5651.18	VIPS shall modify SuperOp with the new contractor number as appropriate.											VIPS
5651.19	COBA/COBC shall be modified to reflect the new contractor number.											COBA COBC
5651.20	The individual PSCs shall make any necessary modifications if needed to reflect the new contractor number.											PSC
5651.21	LOLA shall be modified to reflect the new contractor number.											LOLA
5651.22	STAR shall be modified to reflect the new contractor number.											STAR
5651.23	HCIS shall be modified to reflect the new contractor number.											HCIS
5651.24	BESS shall be modified to reflect the new contractor number.											BESS
5651.25	All free billing software shall be upgraded to reflect the new contractor number.	X										NAS MAC
5651.26	PECOS shall be modified to reflect the new contractor number.											PECOS
5651.27	Quality Call Monitoring shall be modified to reflect the new contractor number.											QCM
5651.28	PORS shall be modified to reflect the new contractor number											PORS
5651.29	OSCAR shall be modified to reflect the new contractor number.											OSCAR
5651.30	The Contractor shall work with the CMS HDC to modify its records to reflect the new contractor number.							X	X			
5651.31	PS&R shall be modified to reflect the new contractor number							X				PS&R
5651.32	Part B pricing files (i.e. Purchase diagnostic, ambulance) and zip code files	X			X			X	X			PRICING AND ZIP

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B	D M E	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER	
								F I S S	M C S	V M S	C W F		
	shall be modified to reflect the new contractor number.												CODE
5651.33	IRIS shall be modified to reflect the new contractor number												IRIS
5651.34	WIC shall be modified to reflect the new contractor number												WIC
5651.35	HIGLAS can use the contractor number or rollup number or in certain situations not use either number												HIGLAS
5651.36	CWF ELGE module shall be modified to reflect the new contractor number											X	CWF ELGE
5651.37	STC shall be modified to reflect new contractor number												STC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B	D M E	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER	
								F I S S	M C S	V M S	C W F		
5651.38	Contractor will inform providers about the change in the Medicare contractor numbers. The contractor shall post this information on their Web site and include information about the number change in a listserv message. Contractors are free to supplement this education with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X											

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. Contractor Financial Reporting/Workload Impact: The Jurisdiction workload shall be reported using the new contractor number.

V. CONTACTS

Pre-Implementation Contact(s): Edward.Lain@cms.hhs.gov or 410-786-0848 or Ken.Marshall@cms.hhs.gov or 410-786-3318

Post-Implementation Contact(s): Edward.Lain@cms.hhs.gov or 410-786-0848 or Ken.Marshall@cms.hhs.gov or 410-786-3318

VI. FUNDING:

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.

For Title XVIII contractors: N.A.