

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 334</b>	<b>Date: MAY 2, 2008</b>
	<b>Change Request 5842</b>

**SUBJECT: New Contractor Numbers for the J.12 Medicare Administrative Contractor Part A and Part B Workloads for the States of Delaware, Maryland, New Jersey, Pennsylvania, and the District of Columbia.**

**I. SUMMARY OF CHANGES:** 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 12 states of Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania. This change needs to be made because certain applications require separate contractor numbers for each state. Claims for the states of Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania will be processed by Highmark, Riverbend, Empire, and TrailBlazer Health Enterprises, LLC using the contractor numbers and effective dates listed below. Note that providers in the former Mutual of Omaha workload currently doing business with Wisconsin Physicians Service (WPS) will continue to do business with WPS - CMS is in the process of determining how to best transition these providers to the appropriate MACs.

**New / Revised Material**

**Effective Date: Please see effective dates listed in the General Information/Background section of the One Time Notification Attachment.**

**Implementation Date: July 7, 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: 334	Date: May 2, 2008	Change Request: 5842
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**SUBJECT: New Contractor Numbers for the J.12 Medicare Administrative Contractor Part A and Part B Workloads for the States of Delaware, Maryland, New Jersey, Pennsylvania, and the District of Columbia.**

**Effective Date:** See below

**Implementation Date:** July 7, 2008

## 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 12 for the Part A and Part B workloads in the states of Delaware, Maryland, New Jersey, Pennsylvania, and the District of Columbia when those areas become live in Jurisdiction 12. These changes need to be made because certain applications require separate contractor numbers for each state. Part A and Part B claims for those states will be processed by the Jurisdiction 12 MAC using the contractor numbers and effective dates listed below.

<u>PART A</u>	<u>MAC Workload No.</u>	<u>Effective Date</u>	<u>Current Contractor No.</u>
Delaware	12101	11/14/2008	00308
District of Columbia	12201	08/01/2008	00366
Maryland	12301	08/01/2008	00366
New Jersey	12401	09/01/2008	00390
Pennsylvania	12501	08/01/2008	00363

<u>PART B</u>	<u>MAC Workload No.</u>	<u>Effective Date</u>	<u>Current Contractor No.</u>
Delaware	12102	07/11/2008	00902
District of Columbia	12202	07/11/2008	00903
Maryland	12302	07/11/2008	00901
New Jersey	12402	11/14/2008	00805
Pennsylvania	12502	12/12/2008	00865

The Delaware Part A workload is currently processed in the same CICS region also used to process the New York and Connecticut Part A workload. The instructions pertaining to the splitting of that production region, the handling of all three state's workloads and their transition to the J 13 MAC are covered by CR 5843 and will not be repeated in this CR.

The Delaware Part A workload is currently processed by:

National Government Services  
400 South Salina Street  
Syracuse, NY 13202

The District of Columbia, Maryland and Pennsylvania Part A workload is currently processed by:

Highmark Medicare Services  
120 Fifth Avenue  
Pittsburg, PA 15222

The New Jersey Part A workload is currently processed by:

Riverbend Government Benefits Administrator  
801 Pine Street  
Chattanooga, TN 37402

The Delaware, Maryland, and the District of Columbia Part B workload is currently processed by:

Trailblazer Health Enterprises, LLC  
8330 LBJ Freeway  
Dallas, TX 75243

The New Jersey Part B workload is currently processed by:

National Government Services  
400 South Salina Street  
Syracuse, NY 13202

The Pennsylvania Part B workload is currently processed by:

Highmark Medicare Services  
1800 Center Street  
Camp Hill, PA 17089

The following applications or entities will need to accommodate the new MAC workload numbers for both testing and production: BESS, CAFM, CERT, CMIS, the CMS BALTIMORE DC, COBA, CROWD, CSAMS, CWF, DCS, ECRS, FISS, HCIS, HIGLAS, IRIS, LOLA, NGD, the NPI crosswalk, OSCAR, PECOS, PIMR, PORS, PS&R, the PSC, PSOR, PULSE, REMAS, REMIS, STAR and the Expert Claims Processing System or ECPS (which was formerly known as SuperOp).

In the event the MAC transition needs to be delayed, the CMS will provide as much notice as possible to the above system owners, but no less than five business days prior to the planned effective date. The above listed systems will need to be able to accommodate such a delay in the start of the MAC transition.

Finally, the CMS is studying how best to transition to the applicable MACs the workload covered by contractor workload number 52280, which was formerly processed by Mutual of Omaha and is currently processed by Wisconsin Physicians Service (WPS). The CMS will notify all parties as soon as its instructions are final.