

<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 255</b>	<b>Date: DECEMBER 22, 2006</b>
	<b>Change Request 5419</b>

**Subject: Provider Migration**

**I. SUMMARY OF CHANGES:** FISS will be required to create programming to separate (split) providers from one contractor's electronic records, e.g., claims, financial, etc. and merge them into another contractor's files. The first "split/merge" will occur for Federally Qualified Health Centers (FQHCs) and will follow on an ongoing basis for most Part A provider types as MACs are implemented.

**New/Revised Material**

**Effective Date: February 1, 2007**

**Implementation Date: February 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:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

**IV. ATTACHMENTS:**

**One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

<b>Pub. 100-20</b>	<b>Transmittal: 255</b>	<b>Date: December 22, 2006</b>	<b>Change Request: 5419</b>
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**SUBJECT: Provider Migration**

**Effective Date:** February 1, 2007

**Implementation Date:** February 1, 2007

## I. GENERAL INFORMATION

**A. Background:** On July 31, 2006, the first Part A/Part B Medicare Administrative Contract was awarded to Noridian Administrative Services (NAS). This contract is the first of 15 to be awarded to fulfill requirements of the Medicare Contracting Reform provisions of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

One of the major drivers in configuring the new jurisdictional environment is the notion that Medicare Administrative Contractors (MACs) will have jurisdiction over all providers in their jurisdictions; the elimination of provider nomination under Part A allowed this to occur. The only exception to this rule is the chain organization wherein the home office bills for its “branches” which may be located outside a MAC’s jurisdiction.

The Centers for Medicare & Medicaid Services (CMS) plan to migrate all Part A providers to the appropriate jurisdiction after the completed implementation of each MAC. This movement of providers will involve the movement of all files, electronic and paper. This Change Request pertains to the FISS process of splitting the workload for these providers.

**B. Policy: N/A**

## II. BUSINESS REQUIREMENTS

*Use “Shall” to denote a mandatory requirement*

Number	Requirement	Responsibility (place an “X” in each applicable column)														
		A	D	F	C	D	R	M	H	Shared-System Maintainers				OTHER		
		/	M	I	A	M	R	E	H	R	I	F	M	V	C	
		B	E		R	R	E	H	I	C		I	C	M	W	
		M	M		I	C						S	S	S	F	
		A	A		E											
		C	C		R											
5419.1	FISS shall create programming to separate (split) providers from one contractor’s electronic records, e.g., claims, financial, etc. and merge them into another contractor’s files.  Note: The first “split/merge” will occur for Federally Qualified Health Centers (FQHCs) and will follow on an ongoing basis for most Part A provider types as MACs are implemented											X				

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R R I C	R H H I	Shared-System Maintainers				OTHER
		M A C	M A C		I E R			F I S S	M C S	V M S	C W F	
5419.2	HIGLAS shall provide programming that allows for the movement of financial records. This requirement for HIGLAS needs to be in place by January 1, 2008.											X

### III. PROVIDER EDUCATION

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R R I C	R H H I	Shared-System Maintainers				OTHER
		M A C	M A C		I E R			F I S S	M C S	V M S	C W F	
5419.3	Noridian Administrative Services 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

**A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use the space below: N/A**

## V. CONTACTS

**Pre-Implementation Contact(s):** [Edward.Lain@cms.hhs.gov](mailto:Edward.Lain@cms.hhs.gov) 410-786-0848

**Post-Implementation Contact(s):** [Edward.Lain@cms.hhs.gov](mailto:Edward.Lain@cms.hhs.gov) 410-786-0848

## VI. FUNDING

**A. For Carrier or Fiscal Intermediary Contractors, use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

**B. For Medicare Administrative Contractors (MAC), use only one of the following statements:**

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 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.