CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 191

Department of Health &

Human Services

(DHHS)

Centers for Medicare &

Medicaid Services

(CMS)

Date: NOVEMBER

3, 2005

Change Request

4165

SUBJECT: Noridian North Dakota/South Dakota Carrier Number Issue

I. SUMMARY OF CHANGES: Separate South Dakota's Part B claims workload which is processed with North Dakota's Part B claims under carrier number 00820. South Dakota's Part B claims shall be processed under carrier number 00889.

NEW/REVISED MATERIAL

EFFECTIVE DATE: *April 01, 2006

IMPLEMENTATION DATE: April 03, 2006

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 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification Attachment

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

Attachment – One-Time Notification

Pub. 100-20 Transmittal: 191 Date: November 3, 2005 Change Request 4165

SUBJECT: Noridian North Dakota/South Dakota Carrier Number Issue

I. GENERAL INFORMATION

A. Background:

Noridian processes the North Dakota and South Dakota workloads together under carrier number 00820 (ND). These claims workloads are combined throughout the MCS processing system. However, when the workloads are reported in the CROWD system for report 1565, Noridian manually enters it in their system and reports the South Dakota workload under 00889.

With the implementation of PECOS, CMS noticed that Noridian was not using their two assigned contractor numbers. This needs to change for the implementation of the J3 Medicare Administrative Contractor (MAC). In order for crossover claims to be properly reported separate workloads for enrollment need to exist for North Dakota and South Dakota. PECOS, UPIN registry and MCS shall work together to do a conversion of the South Dakota providers that are currently under the North Dakota carrier number, which shall be changed to the South Dakota carrier number of 00889. These system modifications for all three systems shall be done at the same time. In addition, all other CMS systems that are affected by this workload separation shall be updated to report the South Dakota 00889 carrier number.

B. Policy: Section 911 MMA allows for the establishment of the MACs under Medicare Contracting Reform. The separation of the South Dakota from the North Dakota claims workload is necessary to implement the Medicare Administrative Contractor (MACs) in jurisdiction 3.

II. BUSINESS REQUIREMENTS

[&]quot;Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)									
		F	R	С	D	Shared System	Other				
		I	Н	ar	M	Maintainers					
			Н	r	E						
			I	ie	R						
				r	C						

[&]quot;Shall" denotes a mandatory requirement

				FI SS	M C S	V M S	C W F	
4165.1	Noridian shall make changes where necessary to accommodate the separation of the North Dakota/South Dakota workloads.							Noridian
4165.2	In all CMS supplied pricing data, contractors shall recognize carrier # 00889 as the new number for South Dakota. The 02 locality code shall not be changed.			X	X		X	
4165.3	MCS shall be modified to add the South Dakota carrier number 00889 to all provider file records and claims transactions and any other records that reflect the provider identifier.				X			
4165.4	COBC shall be modified to reflect the South Dakota carrier number 00889.							COBC
4165.5	PECOS shall be modified to reflect the South Dakota carrier number 00889.							PECOS

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)						the		
		F I	R H H I	C ar r ie r	D M E R	Sha Mai	red S ntain	yster	n	Other
						F I SS	M C S	V M S	C W F	
4165.6	UPIN shall be modified to reflect the South Dakota carrier number 00889.									UPIN
4165.7	CROWD shall be modified to reflect the South Dakota carrier number 00889.									CROWD
4165.8	CAFM shall be modified to reflect the South Dakota carrier number 00889.									CAFM
4165.8.1	The Carrier number 00889 shall be used in CAFM to report the South Dakota part B workload.									CAFM

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C ar r ie r	D M E R C	Shared System Maintainers			Other	
						F I SS	M C S	V M S	C W F	
4165.9	All other CMS systems that are affected by the separation of the North Dakota/South Dakota workloads shall be modified to reflect the 00889 carrier number for South Dakota.									Other

 $^{^*}$ Please note that CWF has already implemented changes to reflect the South Dakota Carrier number 00889 in the CWF CR 24413, R20053LP release.

III. PROVIDER EDUCATION:

_	Requirements	Responsibility ("X" indicates the			tes the					
Number		columns that apply)					_			
		F		C	D		red S		m	Other
		I	Н	a		Maintainers				
			Н	r		F	M	V	С	
			I	r	R	I		M		
				i	C	S	S	S	F	
				e		S	ט	3	1.	
				r		3				
4165.10	Noridian shall inform the affected providers about			X						Noridian
	the change in Medicare carrier numbers by posting									
	this entire instruction or a direct link to this									
	instruction on their Web site. If any additional									
	education is needed for the submission of the carrier									
	number on HIPAA transactions Noridian shall									
	provide the necessary education.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: None

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: The Carrier Number 00889 shall be used in CAFM to report the South Dakota part B workload.

E. Dependencies: None

F. Testing Considerations: None

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date: April 1, 2006
Implementation Date: April 3, 2006
Implementation Contact(s): Sandra Clarke, sandra.clarke2@cms.hhs.gov; (410) 786-6975

Post-Implementation Contact(s): Sandra Clarke; sandra.clarke2@cms.hhs.gov; (410) 786-6975

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

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