CMS Manual System	Department of Health & Human Services
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services
Transmittal 320	Date: FEBRUARY 8, 2008
	Change Request 5778

SUBJECT: Jurisdiction 3 Part A Merge

I. SUMMARY OF CHANGES: This Change Request provides instructions for combining the six Jurisdiction 3 Part A workloads currently processing at the EDC into one CICS region.

NEW / REVISED MATERIAL EFFECTIVE DATE: *May 1, 2008

IMPLEMENTATION DATE: May 1, 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: 320 Date: February 8, 2008 Change Request: 5778

SUBJECT: Jurisdiction 3 Part A Merge

EFFECTIVE DATE: May 1, 2008

IMPLEMENTATION DATE: May 1, 2008

I. GENERAL INFORMATION

A. Background: As the J3 MAC (Part A) became operational, each of the six state segments processed its claims separately. In order to provide more efficient processing, the six current J3 Part A workloads that process at the EDC will be combined into one CICS region processing claims for the states of Montana, Utah, Arizona, South Dakota, North Dakota and Wyoming. This will allow for simpler maintenance, consistent check writing jurisdiction-wide, as well as a variety of other efficiencies.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement		Responsibility (place an "X" in each applicable column)					able				
		A /	D M	F I	C A	D M	R H		hared- Maint			OTHER
		B M A C	E M A C		R R I E R	E R C	H I	F I S S	M C S	V M S	C W F	
5778.1	The EDC shall be required to set up test environments (both CICS and batch) for merge testing of workloads into one CICS region.											EDC
5778.2	The EDC shall be required to provide a contact throughout the implementation period.											EDC
5778.3	The EDC shall be required to provide testing support for the merge.											EDC
5778.4	The EDC shall be required to run merge jobs as appropriate.											EDC
5778.5	The Part A shared system shall provide support for the merge.							X				
5778.6	Noridian shall provide project management, testing and other services to successfully support these merges.	X										
5778.7	Noridian shall continue to process and report	X										

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A	D M E	_	C A R R I	D M E R C	R H H I	F I S	Systematiners V M S		OTHER
		C	C		R			S			
	upon the workload using the appropriate MAC workload numbers following the production region merge.										
5778.8	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 Services Ins. Corp. (WPS). The CMS will notify all parties as soon as its instructions are final.	X		X				X		X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A /	D M	F	C A	D M	R H			Syste		OTHER
		B M A C	E M A C		R R I E R	E R C	H	F I S S	M C S	V M S	C W F	
	None											

IV. SUPPORTING INFORMATION

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

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

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

V. CONTACTS

Pre-Implementation Contact(s): <u>Steven.Felsenberg@cms.hhs.gov</u>

Post-Implementation Contact(s): <u>Steven.Felsenberg@cms.hhs.gov</u>

VI. FUNDING:

A. For Fiscal Intermediaries, Carriers, and Regional Home Health Intermediaries (RHHIs): No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC):

The Medicare 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 (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.