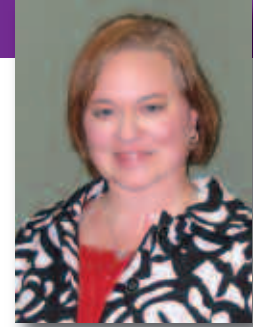


# Medicare Administrative Contractor (MAC): Have You Met Yours?



By Bethany Wylie, CPC, CPMA

Medicare has decided to reorganize its Part A and Part B Carriers into one distribution center that will process both sets of claims. These new organizations will be known as Medicare Administrative Contractors (MACs). This change is being made to group the states into more equal sections by the amount of Medicare enrollees.

All providers will be affected by this except for one specialized group: those that are Qualified Chain Providers (QCP). These are providers associated with 10 or more hospitals under common ownership with 500 Medicare beds, or five or more hospitals under common ownership with 300 beds. These providers will continue to work and bill the same way with no changes.

Another group, called Specialty Service Providers, are those that fall into several categories due to the different types of providers and patients serviced. These are grouped by their different categories into corresponding MAC Jurisdictions (Table).

All providers must send claims to the MACs in their home base state unless they are a Qualified Chain Provider (QCP) or in one of the Medicare Specialty Service groups. The specialty groups and all other providers are

broken down into the 15 different jurisdictions. Once the changeover occurs in each jurisdiction, all past and present business is handled by the new MAC.

Each jurisdiction has chosen its new MAC and has begun publishing a "go live" schedule, in a process that began in January 2006. Tennessee is in jurisdiction 10 and goes live under MAC Jurisdiction 10 with Part-A claims on August 3, 2009, and Part-B claims on September 1, 2009. Medicare has chosen Cahaba, GBA as the MAC for Tennessee; also in Jurisdiction 10 with Tennessee will be Georgia and Alabama, which already employ Cahaba as their Part A and Part B claims processor. Cahaba has asked that Tennessee providers go to its website, [www.Cahabagba.gov](http://www.Cahabagba.gov), and get used to the layout; it also asks that each provider sign up on its listserv that works synonymously with the current Cigna Listserv. Cahaba does not call this product Listserv; instead, Cahaba shows this service as "E-mail Updates." There is a link on the top of the home page that has J10 as a header. This section contains all the update articles for the Tennessee conversion from Cigna Medicare Services to Cahaba.

Providers must also fill out and submit a new Medicare EFT form (588) at least 30 days prior

to the conversion; otherwise, payments may be suspended. These guidelines would establish a deadline of July 17, 2009, for Part A and August 14, 2009, for Part B. The Medicare 588 EFT form is a standard Medicare form that allows electronic payments for Medicare services to come to a group and/or provider's bank account directly from Cahaba, GBA. There is a guide on how to fill this form out on the Cahaba website under the J10 tab.

Providers currently receiving paper checks from Cigna Medicare may need to contact Cahaba immediately. Those with a combined staff of less than 10 employees need to obtain a small practice waiver; this waiver will prevent your practice from having to make this transformation. Practices with more than 10 employees must contact Cahaba, as they will be required to begin utilizing the EFT program. It may be that your practice never went through the revalidation process, which makes the EFT practice mandatory. The revalidation process was made mandatory by Medicare in order to load providers in their PACOS system. If you have not revalidated your provider or group, you must do so immediately.

Do not wait until close to the deadline to submit your forms – you do not want to your forms held up due to a mass influx from providers/groups across the region. If you need the Medicare EFT form or have any questions, please contact Doctors Management; we are willing to help TMA members get the correct resources. Contact us at [credentialing@drsmgmt.com](mailto:credentialing@drsmgmt.com). ■

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**Table. Specialty Service Provider Groups and Corresponding MAC Jurisdictions.**

| Specialty Service or Demonstration                             | MAC Jurisdiction |
|--|------------------|
| Centralized Billing for Mass Immunizers                        | 4                |
| Indian Health Services   | 4                |
| Low Vision Demonstration                                       | 5,10,11,13, 14   |
| Rural Community Hospital Demonstration                         | 1,2,4, 5         |
| Veterans Affairs Medicare Equivalent Remittance Advice Project | 4                |
| Chiropractic Services Demonstration                            | 4, 5             |
| Home Health Third Party Liability Demonstration Project        | 14               |
| Medicare Adult Day Care Demonstration                          | 11,14, 15        |
| Independent Organ Procurement Organization                     | 10               |
| Religious Non-medical Health Care Institution (RNHCI)          | 10               |
| Histocompatibility   | 10               |