J9 Transition Update

SPECIAL EDITION FOR MAC J9 PROVIDERS

FIRST COAST SERVICE OPTIONS INC.

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Welcome to the MAC J9 Jurisdiction

First Coast Service Options Inc. (FCSO) will assume its new role as the Medicare administrative contractor for Jurisdiction 9 (MAC J9) on March 1, 2009. We would like to take this opportunity to welcome you to our family of providers and to offer you a brief introduction of our company.

Our mission is strongly linked to both the Medicare program and the beneficiaries it serves. We provide quality Medicare administrative services for more than 3.7 million beneficiaries in Florida and the 85,000 health care providers who care for them. Our services include claims processing, customer service, provider audit and reimbursement, provider enrollment, and comprehensive education and outreach activities.

Everything we do is guided by our company values: the right things, the right way. As a result, we have built our prestigious reputation as one of the nation's largest and most trusted Medicare administrators since the program's inception in 1966. The Centers for Medicare & Medicaid Services (CMS) has now entrusted FCSO with the combined administration of Part A and Part B Medicare claims payment and associated services in Florida, Puerto Rico, and the U.S. Virgin Islands.

J9 transition

- To ensure the transition for our new providers is a smooth one, we are not only working closely with outgoing contractors (Triple-S and COSVI) who have served you in the past, we also are creating new provider resources to help guide you during the transition process. This is the first in a series of four bulletins that will be delivered to you during the transition period. Each month, we'll include important changes and events affecting providers like you.
- We have also created a new J9 transition Web site (*www.fcso.com/transition*) to offer providers additional assistance and information. We encourage you to visit the site often to view special monthly bulletins, learn about upcoming teleconferences and webcasts, and to subscribe to J9 e-mail updates.

LCD consolidation requirements applicable to J9

One of the most important changes resulting from the transition to the MAC environment is the required consolidation of local coverage determinations (LCDs). In accordance with the MAC statement of work (SOW) requirements, this consolidation applies to existing LCDs of outgoing contractors (OGCs) within its jurisdiction and requires that:

- LCDs shall not be revised during the consolidation process
- The most clinically appropriate LCD should be selected from existing LCDs on a single topic
- Proposed consolidated LCDs must be submitted to CMS for approval (at least 30 days prior to provider notice)
- Provider notice must be initiated at least 45 days prior to the first day after the transition period ends for the first segment (referred to as the segment cutover date). The segment cutover dates for J9 are as follows: Florida Part B, February 1, 2009; Florida Part A, February 13, 2009; and U.S. Virgin Islands and Puerto Rico Parts A&B, March 1, 2009.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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Welcome to the MAC J9 Jurisdiction (continued)

Final consolidated LCDs will be posted to the J9 transition Web site

FCSO is committed to assisting its providers not only with understanding the final consolidated J9 LCDs but also with preparing to implement them after the segment cutover dates. To facilitate this process, FCSO submitted its list of proposed consolidated LCDs to CMS for approval in October 2008. As a direct result, providers throughout the J9 jurisdiction will have the added advantage of an extended LCD-notice period:

- Florida (Part B) -- 60-day notice (approximately)
- Florida (Part A) -- 70-day notice (approximately)
- Puerto Rico (Parts A & B) -- 90-day notice (approximately)
- U.S. Virgin Islands (Parts A & B) -- 90-day notice (approximately)

In addition, once approved, the list of final consolidated LCDs will be published on the J9 transition Web site (www.fcso.com/transition) during the first week of December 2008. This extended notice period will allow providers the opportunity to thoroughly review the new J9 LCDs and to fully prepare for their implementation.

Changes affecting Electronic Data Interchange (EDI)

During the transition, COSVI and Triple-S trading partners will need to migrate to the FCSO gateway and should be aware of changes to elements in the HIPAA 837 claims transaction requirements. Trading partners are also required to make changes to billing software, update contractor numbers, and schedule a test with FCSO's EDI team. Further instructions will be provided to our trading partners on how to schedule a test with the FCSO EDI team. To prevent disruptions in claim payments, providers also should check with their information technology department and/or vendors to ensure that required changes are made to billing software and are tested with FCSO.

In order to facilitate the EDI J9 transition process, FCSO will:

- Provide free software: PC-ACE Pro32
- Offer dedicated EDI customer support
- Mail welcome letters to trading partners in November 2008
- Assign user IDs and passwords

Offer early boarding, beginning December 4, 2008, allowing migration to FCSO gateway prior to cutover date. After December 4, new EDI submitters will need to enroll with FCSO.

New Electronic Fund Transfer (EFT) form required

To avoid disruption of electronic payments after cutover, CMS requires providers to complete a new EFT agreement form, CMS-588, and submit it to FCSO within 30 days of receipt. For your convenience, FCSO will mail a cover letter and EFT form (with a key section of the form pre-populated) beginning December 1, 2008. If a completed EFT agreement form has not been received by January 15, 2009, a second communication will be issued.

Note: Those providers who wish to continue to receive Medicare payments by check are not required to submit an EFT agreement form.

Educational events

The following is a list of upcoming FCSO teleconferences and seminars targeting the J9 transition. Watch for details of these events to be posted on the J9 transition section of *www.fcso.com/transition/.*

Event	Date	Time (Atlantic Time)	Location
Transition Teleconference Part A*	12/16/2008	2-3:30 p.m.	PR
Transition Teleconference Part A	12/16/2008	5-6 p.m.	USVI
Transition Teleconference Part B	12/17/2008	11-12:30 p.m.	USVI
Transition Teleconference Part B*	12/17/2008	5-6:30 p.m.	PR
Transition Teleconference Part A*	1/27/2009	2-4:30 p.m.	PR
Transition Teleconference Parte A	1/27/2009	11-12:30 p.m.	USVI
Transition Teleconference Part B*	1/28/2009	5- 6:30 p.m.	PR
Transition Teleconference Part B	1/28/2009	11-12:30 p.m.	USVI
Transition Teleconference Part A*	2/16/2009	2-3:30 p.m.	PR
Transition Teleconference Part A	2/16/2009	11-12:30 p.m.	USVI
Transition Teleconference Part B*	2/17/2009	5-6:30 p.m.	PR
Transition Teleconference Part B	2/17/2009	5-6:30 p.m.	USVI
Navigating FCSO Web site webcast Part A/B*	2/19/2009	5-6:30 p.m.	PR
Navigating FCSO Web site webcast Part A/B	2/20/2009	11-12:30 p.m.	USVI
Post cutover Teleconference Part A*	3/18/2009	2-3:30 p.m.	PR
Post cutover Teleconference Part A	3/18/2009	11-12:30 p.m.	USVI
Post cutover Teleconference Part B*	3/19/2009	5-6:30 p.m.	PR
Post cutover Teleconference Part B	3/19/2009	11-12:30 p.m.	USVI
Navigating FCSO Web site webcast Part A/B*	3/20/2009	5-6:30 p.m.	PR
Navigating FCSO Web site webcast Part A/B	3/20/2009	11-12:30 p.m.	USVI

* Delivered in Spanish

FCSO recommends the following steps for providers to stay inform about the J9 transition:

- Visit the J9 transition section of *www.fcso.com/transition/*
- Check your mail and other communications from FCSO.
- Signup for automatic J9 e-mail updates and receive the latest transition information. To subscribe to the J9 transition listserve go to *http://www.floridamedicare.com/Home/107867.asp*.
- Review these special monthly bulletins
- Review the frequently asked questions (FAQs) at *www.fcso.com/transition/FAQ/*
- Participate in upcoming FCSO teleconferences and seminars
- Review new consolidated local coverage determinations (LCDs)

We look forward to providing you with the highest quality of service. If you have any questions regarding FCSO or the J9 transition process, please e-mail us at *J9Transition@fcso.com*.

Preparing for a transition from an FI/carrier to a Medicare administrative contractor

CMS has issued the following MLN Matters article. Information for Medicare Fee-for-Service Health Care Professionals.

Provider types affected

This article is relevant to all fee-for-service physicians, providers, and suppliers that submit claims to fiscal intermediaries (FIs), carriers or regional home health intermediaries (RHHIs) for services provided to Medicare beneficiaries. Providers already billing Medicare administrative contractors (MACs) have already transitioned and need not review this article.

Impact on providers

This article is intended to assist all providers that will be affected by Medicare administrative contractor (MAC) implementations. The Centers for Medicare & Medicaid Services (CMS) is providing this information to make you aware of what to expect as your FI or carrier transitions its work to a MAC. Knowing what to expect and preparing as outlined in this article will minimize disruption in your Medicare business.

Background

Medicare Contracting Reform (or section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003) mandates that the Secretary for Health & Human Services replace the current contracting authority to administer the Medicare Part A and Part B Fee For Service (FFS) programs, contained under Sections 1816 and 1842 of the Social Security Act, with the new Medicare administrative contactor authority. Medicare Contracting Reform requires that CMS conduct full and open competitions, in compliance with general federal contracting rules, for the work currently handled by FIs and carriers in administering the Medicare fee-for-service program.

When completed there will be 15 new MACs processing Part A and Part B claims. Each MAC will handle roughly the same volume of work. Because of this, the MACs will vary in geographic size but not necessarily in the amount of work they handle. This should result in greater consistency in the interpretation of Medicare policies.

MAC implementation milestones definitions

There are specific milestones in the cutover from carrier or FI work to MAC. In this article, providers are advised to be aware of, and to take specific action, relative to the milestones defined below:

Award – this is the point at which a MAC is announced as having won the contract for specific FI or carrier work.
Cutover – This is the date on which carrier or FI work ceases and MAC work begins. Cutover is often done in phases by State-level jurisdictions.

Pre - award

If you are in a jurisdiction where a new MAC has not yet been awarded, you can remain current with updates on Medicare contracting reform by visiting *http://www.cms.hhs.gov/medicarecontractingreform/* on the CMS Web site.

Post- award

Once the award to the MAC is made, you should immediately begin to prepare for the cutover. The following are recommendations to help you in this effort:

- **Pay attention** to the mail you receive from your outgoing Medicare contractor and your new MAC--you will be receiving letters and listserv messages about the cutover from both. These letters should include discussions on what, if any, impact the cutover will have on your payment schedule, issuance of checks, impact on paper and electronic claims processing, electronic fund transfers, etc.
- **Sign up for your new MAC's listserv**. While in many cases the list of providers that were in the jurisdiction of the outgoing Medicare contractor will be shared with the incoming MAC that may not always be the case. Getting on the MAC listserv distribution will ensure that you receive news as it happens concerning the implementation.
- **Access and bookmark the MAC's Web site and visit it regularly**. The MAC will have a new Web site that will have general information, news and updates, information on the MAC's requirements of providers, copies of newsletters and information on meetings and conference calls that are being conducted by the MAC.
- **Review the Frequently-Asked Questions (FAQs) on the MAC's Web site**.
- **Participate in the MAC's advisory groups and "Ask the Contractor" meetings**. Every MAC will be conducting conference calls to give providers the opportunity to ask questions and have open discussion. Take advantage of the opportunity to communicate with the new MAC.
- **Review the MAC's local coverage determinations (LCDs)** as they may be different from the outgoing contractor LCDs. The MAC must provide education on LCDs. Providers should monitor MAC communications and Web site for information regarding potential changes to the LCDs.

One Month Prior to Cutover

- **Complete and return your Electronic Funds Transfer (EFT) agreements**. CMS requires that each provider currently enrolled for EFT complete a new CMS-588 for the new MAC. (If your new MAC is the same entity as your current FI/carrier, then a new EFT agreement is not needed.) This form is a legal agreement between you and the MAC that allows funds to be deposited into your bank account. It is critical for the MAC to receive these forms before any payments are issued. Complete the CMS-588 and get it to the MAC to ensure that there is no delay or disruption in payment. We encourage you to do this no later than 60 days prior to cutover. Contact your MAC with any questions concerning the agreement.

Preparing for a transition from an FI/carrier to a MAC (continued)

- The CMS-588 form can be found at *http://www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf* on the CMS Web site.
- You are encouraged to submit the agreements no later than 60 days prior to the planned cutovers. To do so, you will need to note the mailing address for the form, which is available on the MAC's Web site. Your contractor may also provide instructions on its Web site on accurately completing the form.

- Your new MAC may also request you to execute a new Electronic Data Interchange (EDI) Trading Partner Agreement as well. If so, be sure to complete that agreement timely. Some helpful information on such agreements is available at *http://www.cms.hhs.gov/EducationMaterials/downloads/TradingPartner-8.pdf* on the CMS Web site.
- Some (not all) MAC contractors may assign you a new EDI submitter/receiver and logon IDs as the cutover date approaches. Review your mailings from the MAC and/or their Web site for information about assignment of new IDs and whether you have to do anything to get those IDs. The MAC Electronic Data Interchange (EDI) staff will send these Submitter IDs and passwords to you in hardcopy or electronically. You don't need to do anything to get the new IDs, however, if you do receive a new ID and password, CMS strongly suggests that you contact the incoming MAC to test these IDs. Since there may be a different Electronic Data Interchange (EDI) Platform, it is critical to consider testing to minimize any disruption to your business at cutover.
- Contact your claims processing vendor and clearinghouse to ensure that they are aware of all changes affecting their ability to process claims with the new MAC. Ask your vendor, "Are you using the new contractor number or ID of the new MAC, submitter number and logon ID?"; "Have you tested with the MAC?"
- Because the contractor number is changing, your EDI submissions need to reflect the new MAC number at cutover.
- Be aware that some MACs may offer participation in an "early boarding" process for electronic claims submission and/or electronic remittance advice (ERA). This will enable submitters the ability to convert to the new MAC prior to cutover. If you are currently receiving ERAs, you will continue to do so after cutover. As mentioned previously, some MACs may assign a new submitter/receiver ID and password -- watch for and document them for use after cutover to the MAC.

Cutover weekend

- Be aware that in certain situations, CMS will have the outgoing Medicare contractor release claims payments a few days early in preparation for implementation weekend. Providers will be notified prior to the cutover date if they will receive such payments. While the net payments are the same, providers will experience increased total payments followed by no payments for a two-week period.
- Be aware that providers may also experience system "dark days" around cutover weekends. Providers will be notified by the MAC or outgoing contractor if a dark day(s) is planned for the MAC implementation. During a dark day, the Part A provider will have limited EDI processing and no access to Fiscal Intermediary Standard System (FISS) to conduct claim entry or claim correction, verify beneficiary eligibility and claim status. Those providers who currently bill carriers may also experience some limited access to certain functions, such as beneficiary eligibility and claims status on dark days.
- Be aware that some Interactive Voice Response (IVR) functionality may also be unavailable during a dark day.

Post-cutover

- The first 1-2 weeks may be extremely busy at the MAC. The outgoing Medicare contractor will have the "in-process" work delivered to the new MAC shortly after cutover. It takes a week in most cases to get that workload into the system and distributed to staff.
- The new MAC will likely have new mailing addresses and telephone numbers or will transition the outgoing contractor toll free number for use.
- Be prepared that you may experience longer than normal wait times for customer service representatives and lengthier calls the first few weeks after implementation. The telephone lines are always very busy immediately following cutover. The MAC's staff will carefully research and respond to new callers to be certain that there are no cutover issues that have not been discovered.
- **Learn how to use the MAC's IVR**. The MAC IVR software and options may be different from the outgoing FI or carrier. A new IVR can take time to learn. Most calls are currently handled by IVR. If users are unfamiliar and resort to calling the Contact Center Representative (CSR) line, the result is a spike in volume of calls to (CSRs) that are difficult to accommodate.
- Check the MAC's outreach and education event schedule on the MAC's and outgoing contractor's Web sites. It is recommended that you have staff attend some of the education courses that may be offered by the MAC.
- Be aware that there may be changes in faxing policies (e.g., for medical records).
- Be aware that you may experience changes in remittance advice (RA) coding. While the combination of codes used on the RA is often directed by CMS, there may be payment situations where the codes used on the RA are at the discretion of the contractor. In addition, some contractors may have their own informational codes that they use on paper RA for some payment situations.

CMS post-cutover monitoring

Post-cutover is the CMS-designated period of time beginning with the MAC's operational date. During the post-cutover period, CMS will monitor the MAC's operations and performance closely to ensure the timely and correct processing of the workload that was transferred. The post-cutover period is generally three months, but it may vary in length depending on the progress of the implementation.

Additional Assistance

There are three attachments at the end of this article to assist you in keeping informed of the progress of the cutover as well as documenting important information:

- Attachment A is a summary of what you need to do and information you will need

Preparing for a transition from an FI/carrier to a MAC (continued)

- Attachment B may be used to track communications offered by the MAC, such as training classes and conferences, and your staff participation, and
- Attachment C may be used to assist you in tracking major MAC milestones.

Additional information

The following *MLN Matters* article provides additional information about the MAC implementation process:

- MM5979: "Assignment of Providers to Medicare Administrative Contractors" located at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5979.pdf* on the CMS Web site.

If you have questions, please contact your Medicare carrier, FI, A/B MAC, and/or RHHI, at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS Web site.

The toll-free number for First Coast Service Options, Inc. Medicare Part B Customer Service Center is 1-866-454-9007.

Attachment A

Timeline and checklist for preparing for MAC implementation

Checklist item	Input
Scheduled Award Date:	
Actual Award Date:	
MAC Contractor:	
MAC Contractor Number:	
MAC Mailing Address:	
MAC Scheduled Dark Days	
MAC Web site:	
MAC Contact Center Number: 1-800-	
MAC EDI Mailing Address:	

90 days before cutover

1. Visit MAC Web site and bookmark for future use
2. Join the MAC Listserv
3. **Monitor:**
   - LCDs Published by the new MAC; compare current LCD's that affect your practice's services.
4. **Review:**
   - Provider enrollment status for all providers, update as needed.
   - Pay-to address information for practice/providers, update as needed.
5. **Contact:**
   - Your Practice Management/Billing software vendor to determine if your system will be able to send & receive data to/from the new MAC.
   - Claims Clearinghouse (if used) to confirm they are or will be able to send and receive data to/from the new MAC.

75 days before cutover

1. Continue to check the MAC's Web site and/or Listserv for outreach programs, educational and informational events, and conference calls.
2. Check your state's Medical Society or local provider organization Web site for MAC transition information, MAC Coordinators.

60 days before cutover

1. If needed, submit CMS Form 588 – EDI form(s) to the new MAC
2. Consider registering for Electronic Remittance Advice (ERA) enrollment, if you are not already enrolled.
3. Download or request a sample Remittance Advice (RA). RA codes are standard but use of codes may vary across contractors.

45 days before cutover

1. Monitor current carrier/FI claim submissions and follow-up any open or unanswered claims that are more than 30 days past submission date.
2. Begin staff training on the MAC transition, covering locations, LCDs, telephone and fax numbers and other changes.
3. Verify readiness of software vendor, clearinghouse(s) and other trading partners.

30 days before cutover

1. Continue to monitor current carrier/FI claim submissions and follow-up any open or unanswered claims that are more than 30 days past submission date.
2. New EDI Submitter ID number and password should be received.
3. New ERA enrollment confirmation should be received.
4. Submit test electronic claims.
5. Address and resolve any electronic claim issues within 10 business days.
6. Begin daily monitoring of e-mail from the MAC Listserv.

15 days before cutover

1. Continue to monitor current carrier/FI claim submissions.
2. Verify EDI and ERA connections are operational.

Preparing for a transition from an FI/carrier to a MAC (continued)

3. Collect and record all MAC telephone and fax numbers for: General Inquiry Customer Service, Provider Enrollment, Provider Relations, EDI and ERA.
4. Place test calls and become familiar with the MAC IVR query system.
5. Continue daily monitoring of the MAC Listserv.

10 days before cutover

1. Address any existing open items.
2. Continue daily monitoring of the MAC Listserv.

5-10 days after cutover

1. Begin submitting claims to the new MAC.
2. Continue daily monitoring of the MAC listserv.
3. Monitor and follow up on the MAC Open Item list.

30 days after cutover

1. Electronic payments should be arriving by now.
2. Payments for paper claims may be arriving by now.

Attachment B

Schedule of MAC contractor training classes

Scheduled date	Title of class	Attendee(s)

Schedule of MAC conferences

Scheduled date	Conference subject	Attendee(s)

Attachment C

Important MAC implementation dates

Event	Date
MAC dark days	
Cutoff date for claims submissions	
Last date for outgoing contractor will make payment	
Last date outgoing contractor will have telephone/customer service	
Last day outgoing contractor will send file to bank	
Date MAC will accept electronic claims	
Date MAC will accept paper claims	
Date bill/claim cycle begins	
First anticipated MAC payment date	
Date MAC begins customer service	

Preparing for a transition from an FI/carrier to a MAC (continued)

MLN Matters number: SE0837
Related Change request (CR) Number: N/A
Related CR release date: N/A
Related CR transmittal number: N/A
Effective date: N/A
Implementation date: N/A

Disclaimer - This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Consolidation of MAC J9 local coverage determinations

The Centers for Medicare & Medicaid Services announced September 12, 2008, that First Coast Service Options (FCSO) had been awarded the Medicare Administrative Contractor Jurisdiction 9 (MAC J9) contract. This news means FCSO will be responsible for the combined administration of Part A and Part B Medicare claims payment and related duties in Florida, Puerto Rico and the U.S. Virgin Islands beginning March 1, 2009. FCSO has also subcontracted with Triple-S, Inc., an outgoing Medicare contractor in San Juan, Puerto Rico. As part of the FCSO team, Triple-S will perform certain Part A and Part B provider customer service functions, among others, in Puerto Rico.

FCSO's top priority is to ensure a smooth transition to health care providers by communicating early and often about changes resulting from any new MAC J9 contract requirements. One such change is the consolidation of MAC J9 Local Coverage Determinations (LCDs). During the initial MAC transition period, the incoming contractor is required to consolidate LCDs that were in place under the existing Medicare Part A Fiscal Intermediaries (FIs) and Medicare Part B Carriers. In the case of the MAC J9 contract, this includes consolidation of existing FCSO, Triple S and Cooperativa De Seguros De Vida (COSVI) LCDs.

An LCD, as established under Section 522 of the Benefits Improvement and Protection Act (BIPA), is a decision made by an FI, Carrier or MAC whether to cover a particular medical service or procedure and under what circumstances it would be considered medically reasonable and necessary in accordance with Section 1862(a)(1)(A) of the Social Security Act.

During the consolidation process, the MAC contractor must adopt the most clinically appropriate LCD from the existing LCDs on a single topic. Incoming MAC contractor decisions regarding the most clinically appropriate LCD are reviewed against National Coverage Determinations by CMS. Once CMS reviews the final consolidated MAC LCDs, the incoming MAC must provide a minimal notice to the provider community. This notice must be initiated at least 45 days prior to the end of the transition period for the first segment (referred to as the segment cutover date). The segment cutover dates for J9 are as follows:

Segment	Cutover Date
Florida – Part B	February 1, 2009
Florida – Part A	February 13, 2009
Puerto Rico and US Virgin Islands – Part A and B	March 1, 2009

Once each segment cutover date has passed, the MAC is required to implement consistent claims processing edits across the jurisdiction based on these consolidated LCDs. The majority of these edits involves diagnosis to procedure code relationships, but may also include other type editing such as frequency edits.

The usual draft LCD comment period, as required under Pub 100-08, Chapter 13, does not apply during LCD consolidation. However, the incoming MAC has the discretion to involve the provider community during this process. With its commitment to early and frequent communication, FCSO would like to engage the provider community in Florida, Puerto Rico and the U.S. Virgin Islands to the extent possible during the limited transition period allowed for MAC J9. This involvement includes meetings with providers, including the existing Carrier Advisory Committee (CAC) members and other key Part A and Part B stakeholders throughout the new MAC jurisdiction. FCSO will accept comments on consolidated

LCDs during the transition period; however, as per the MAC requirements, revisions are not permitted until

after the transition period has ended (referred to as post cutover). The comments received during the transition period will be evaluated and addressed in potential LCD revisions after the applicable J9 cutover dates.

Due to the relatively large number of existing Part A and Part B FCSO LCDs, FCSO understands the significant impact that LCD consolidation will have upon Puerto Rico and the U.S. Virgin Islands. Therefore, FCSO anticipates release of the final consolidated LCDs on or around 12/01/2008, pending CMS review. This accelerated notice timeframe will allow approximately 60 days notice for Florida Part B providers, over 70 days notice for Florida Part A providers and 90 days notice for the Puerto Rico and the U.S. Virgin Island Part A and Part B provider communities. This extended notice period will give additional time to the J9 provider communities to better understand the consolidated J9 LCDs and prepare for post cutover system implementation of those LCDs. FCSO is committed to assisting providers and key stakeholders throughout the jurisdiction in understanding the implications of J9 LCD consolidation, thereby reducing unexpected and/or negative impacts, to the extent possible.

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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♦ ATTENTION BILLING MANAGER ♦