

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-01 Medicare General Information, Eligibility, and Entitlement</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 123</b>	<b>Date: May 10, 2019</b>
	<b>Change Request 11218</b>

**SUBJECT: Updates to Publication (Pub.) 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 6, Disclosure of Information**

**I. SUMMARY OF CHANGES:** This Change Request (CR) revises Chapter 6 to delete language in section 60 and add language to refer MACs to use up-to-date information in Pub 100-9, Medicare Contract Beneficiary and Provider Communications Manual, Chapter 6, Section 80. In revising this Chapter, we updated Section 60, deleted 60.1, 60.2, 60.3 and 60.4 and deleted Exhibit D.

**EFFECTIVE DATE: June 11, 2019**

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

**IMPLEMENTATION DATE: June 11, 2019**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	Table of Contents
R	6/60/Disclosure of Information
D	6/60.1/Telephone Requests from Institutional Providers, Physicians, Suppliers, and Other Providers
D	6/60.2/Written Inquiries from Institutional Providers, Physicians, Suppliers, and Other Providers
D	6/60.3/Online Access for Medicare Certified Providers
D	6/60.4/Beneficiary Outreach
D	6/Exhibit D/Disclosure Desk Reference Guide for Call Centers

**III. FUNDING:**

**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:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-01	Transmittal: 123	Date: May 10, 2019	Change Request: 11218
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**SUBJECT: Updates to Publication (Pub.) 100-01, Medicare General Information, Eligibility, and Entitlement, Chapter 6, Disclosure of Information**

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**IMPLEMENTATION DATE: June 11, 2019**

## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) revises Chapter 6 to delete language in section 60 and add language to refer MACs to use up-to-date information in Pub 100-09, Medicare Contract Beneficiary and Provider Communications Manual, Chapter 6, Section 80. In revising this Chapter, we updated Section 60, deleted 60.1, 60.2, 60.3 and 60.4 and deleted Exhibit D.

**B. Policy:** There is no new policy associated with this CR.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11218.1	Contractors shall note the revisions made to Pub 100-01, chapter 6, section 80.	X	X	X	X						

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Lakisha Callands-Eze, 410-786-2049 or lakisha.callands@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: 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.

**ATTACHMENTS: 0**

# Medicare General Information, Eligibility, and Entitlement

## Chapter 6 - Disclosure of Information

Table of Contents  
*(Rev.123, Issued: 05-10-19)*

Transmittals for Chapter 6

*60 - Disclosure of Information*

*Exhibit D - Disclosure Desk Reference Guide for Call Centers*

**60 – Disclosure of Information**

***(Rev.123, Issued: 05-10-19, Effective: 06-11-19, Implementation: 06-11-19)***

*For more information related to disclosure of PII and PHI, please refer to Pub. 100-9, Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 6, section 80.*