

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 791

Department of Health & Human Services (DDHS)

Centers for Medicare & Medicaid Services (CMS)

Date: DECEMBER 23, 2005

Change Request 4193

SUBJECT: Revision to Chapter 31 - Addition of Hospice Data HIPAA 270/271 Eligibility

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services (CMS) is making changes to its information Technology infrastructure to address standards for Medicare beneficiary eligibility inquiries.

NEW/REVISED MATERIAL

EFFECTIVE DATE: January 23, 2006

IMPLEMENTATION DATE: January 23, 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
R	31/10.2/Eligibility Extranet Workflow

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:

Business Requirements
Manual Instruction

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

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4193.1	<p>A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 23, 2006</p> <p>Implementation Date: January 23, 2006</p> <p>Pre-Implementation Contact(s): Kim Suhr Kim.Suhr@cms.hhs.gov(410)786-1023</p> <p>Post-Implementation Contact(s): Kim Suhr Kim.Suhr@cms.hhs.gov(410)786-1023</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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