

Medicare

Skilled Nursing Facility Manual

Transmittal 374

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: SEPTEMBER 11, 2002

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents - Chapter 1 100 - 193	1-1 – 1-2 (2 pp.) -----	1-1 – 1-2 (2 pp.) 1-5 - 1.40 (35 pp.)
A106.1 Amendment Supplement	-----	No Page Number

NEW/REVISED MATERIAL--*EFFECTIVE DATE: October 26, 2002*

Chapter 1, General Information About the Program, §§100-193, have been moved to the Medicare General Information, Eligibility, and Entitlement Manual, which can be found at Internet address: <http://www.cms.hhs.gov/manuals>.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER I
GENERAL INFORMATION ABOUT THE PROGRAM

NOTE: All of Chapter I has been moved to the new CMS Manual System, in the Medicare General Information, Eligibility, and Entitlement Manual (CMS Pub. 100-1). The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old Section	New Chapter Section
<u>Administration of Medicare Program</u>		
Introduction.....	100.....	1 - §20
Financing the Program.....	102.....	1 - §20.1
Discrimination Prohibited.....	104.....	1 - §20.2
Assignment of Responsibilities--General	108.....	1 - §30
Role of CMS	108.1.....	1 - §30.1
Role of HSQ RO	108.2.....	1 - §30.1
Role of the Social Security Administration (SSA)	108.3.....	1 - §30.1
Role of CMS ROs	108.4.....	1 - §30.1
Health Insurance Benefits Advisory Council (HIBAC)	110.....	Deleted
State Agencies.....	112.....	1 - §30.3
Role of Part A Intermediaries	120.....	1 - §40
Role of Part B Carriers.....	125.....	1 - §50
Participation of Health Maintenance Organizations (HMOs)	126.....	5 - §80
Role of Professional Standards Review Organizations (PSROs)	127.....	1 - §70
<u>Provider Participation in Medicare</u>		
Definition of Provider.....	130.....	5 - §10
Term of Agreement with SNFs.....	132.....	5 - §10.4
Advance Directive Requirements	132.1.....	5 - §10.1.9
Admission of Medicare Patients for Care and Treatment.....	134.....	5 - §10.2
Election of Intermediary	140.....	1 - §30.1
Termination of Provider Participating	142.....	5 - §10.6
Voluntary Termination by the SNF	142.1.....	5 - §10.6.1
Involuntary Termination by CMS.....	142.2.....	5 - §10.6.2
Expiration and Renewal-Nonrenewal of SNF Term Agreements	142.3.....	5 - §10.6.3
Determining Payment for Services Furnished After Termination, Expiration, or Cancellation	142.4.....	5 - §10.6.4
Change of Provider Ownership.....	145.....	5 - §10.6.5
Institutional Planning and Budget.....	146.....	1 - §60
<u>Hospital Insurance</u>		
Hospital Insurance--A Brief Description	155.....	1 - §10.1
Posthospital Extended Care Services.....	155.1.....	1 - §10.1
Inpatient Hospital Services	155.2.....	1 - §10.1
Posthospital Home Health Services	155.3.....	1 - §10.2

CHAPTER I
GENERAL INFORMATION ABOUT THE PROGRAM

	Old Section	New Chapter Section
<u>Supplementary Medical Insurance</u>		
Supplementary Medical Insurance - A Brief Description.....	160.....1 - §10.3	
Benefits.....	160.1.....1 - §10.3	
Basis for Payment.....	160.2.....1 - §10.4	
Annual Part B Deductible and Coinsurance	160.3.....1 - §20.2 - §20.3	
Special Carryover Rule for Expenses Incurred Prior to 1981.....	160.4.....	
Exceptions to Part B Deductible and Coinsurance	160.5.....3 - §20.4	
<u>Beneficiary Entitlement to Hospital Insurance Benefits</u>		
Hospital Insurance Entitlement for the Aged (Part A).....	165.....2 - §10.2	
Transitional Provision for the Uninsured.....	165.1.....	
Hospital Insurance for Disability Beneficiaries.....	166.....2 - §10.3	
Hospital Insurance for Persons Needing Kidney Transplant or Dialysis	167.....2 - §10.4	
Hospital Insurance Obtained by Premium Payment	168.....2 - §20.1 - §20.3.2	
Eligibility Requirements	168.1.....2 - §20.1	
<u>Entitlement to Supplementary Medical Insurance Benefits</u>		
Supplementary Medical Insurance Entitlement (Part B)	175.....2 - §40	
When Coverage Ends.....	180.....2 - §40.5	
<u>Disclosure of Information</u>		
Disclosure of Health Insurance Information - General.....	190.....6 - §10, 6 - §170	
Disclosure of Health Insurance Information to a Beneficiary, or in Connection With a Claim	191.....6 - §170.1	
Disclosure to the Beneficiary or His Authorized Representative.....	191.1.....	
Disclosure to Third Parties for Proper Administration of the Health Insurance Program	191.2.....6 - §170.3, 6 - §50	
Disclosure to Third Parties for Other Than Program Purposes	191.3.....6 - §170.4	
Disclosure for Payment of Claims in Alcohol and Drug Abuse Cases	191.4.....6 - §170.5	
Disclosure of Itemized Statement to an Individual for Any Item or Service Provided	191.5.....6 - §170.6	
Disclosure of Information About SNFs by CMS.....	192.....6 - §140.6, 6 - §170.7	
Medicare Reports	192.1.....6 - §170.8	
Disclosure of Medicare Statistics.....	192.2.....6 - §170.9	
Other Information That May be Disclosed	192.3.....6 - §170.10	
Cost to an SNF Which Requests Information Available to the Public	193.....6 - §170.11	