
Medicare

Rural Health Clinic and Federally Qualified Health Centers Manual

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 37

Date: SEPTEMBER 11, 2002

REFER TO CHANGE REQUEST

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents - Chapter I 100 - 136	1-1 – 1-2 (2 pp.) -----	1-1 – 1-2 (2 pp.) 1-3 – 1-20 (18 pp.)

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

Chapter 1, General Information About the Program, §§100 - 136, 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
Hospital Insurance (HI) - A Brief Description	104	2 - §10
Supplementary Medical Insurance (SMI) -- A Brief Description	106	2 - §40
Assignment of Responsibilities	108	1 - §30
Role of CMS	108.1	1 - §30
Role of CMS ROs	108.2	1 - §30
Role of the Public Health Service	108.3	1 - §30
Role of SSA	108.4	1 - §30
Role of Part A Intermediaries	108.5	1 - §40
Role of Part B Carriers	108.6	1 - §50
Role of Peer Review Organizations (PROs)	108.7	1 - §60.1
Role of State Agencies	108.8	1 - §30.3
Discrimination Prohibited	118	1 - §20.2
Fraud and Abuse--General	120	1 - §20.3
Definition and Examples of Fraud	120.1	1 - §20.3.1
Definition and Examples of Abuse	120.2	1 - §20.3.2
Responsibility for Combating Fraud, Waste, and Abuse	120.3	1 - §20.3

Provider Participation in Medicare

Definition of Provider	122	5 - §10
Definition of Physician	123	5 - §70
Definition of Supplier of Services	124	5 - §90.1
Participation of Health Maintenance Organizations (HMOs)	126	5 - §80

Disclosure of Information

Disclosure of Health Insurance Information - General	130	6 - §10, 6 - §170
Disclosure of Health Insurance Information to a Beneficiary or In Connection With A Claim	132	6 - §170.1
Disclosure to the Beneficiary or His/Her Authorized Representative	132.1	6 - §170.6
Disclosure to Contractors	132.2	6 - §170.2
Disclosure to Third Parties for Proper Administration of the Health Insurance Program	132.3	6 - §170.3
Disclosure to Third Parties for Other Than Program Purposes	132.4	6 - §170.4
Disclosure of Claims Payment Information in Alcohol and Drug Abuse Cases	132.5	6 - §170.5
Disclosure of Itemized Statement to an Individual for Any Item or Service Provided	132.6	6 - §170.6

	Old Section	New Chapter Section
Disclosure of Information About Providers by CMS	134.....	6 - §140, 6-170.7
Medicare Reports.....	134.1.....	6 - §170.8
Disclosure of Medicare Statistics.....	134.2.....	6 - §170.9
Other Information That May Be Disclosed	134.3.....	6 - §170.10
 Cost to a Provider That Requests Information Available to the Public.....	
	136.....	6 - §170.11