CMS Manual System	Department of Health & Human Services (DHHS)
Pub. 100 Introduction	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1	Date: OCTOBER 1, 2003

I. SUMMARY OF CHANGES:

The attached manual instruction announces the transition from the old paper-based manuals to the new Internet-only manual system. This transition is effective October 1, 2003. The Online CMS Manual System is a replica of the official record copy maintained by the Office of Strategic Operations and Regulatory Affairs, Division of Issuances.

NEW/REVISED MATERIAL - EFFECTIVE DATE: Not Applicable

II. CHANGES IN MANUAL INSTRUCTIONS:
   (R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	Introduction

III. ATTACHMENTS:

	Business Requirements
x	**Manual Instruction**
	Confidential Requirements
	One-Time Notification

NOTE: Normally, red italic font identifies new material. However, because this release is a new manual, normal text font is used for the initial release.

CMS MANUAL SYSTEM

INTRODUCTION
(Rev. 1, 10-01-03)

Effective October 1, 2003, CMS will transition from a paper-based manual system for its manual instructions to a Web-based system. The process includes the streamlining, updating, and consolidating of CMS' various program instructions into an electronic Web-based manual system for all users. The new system is called the online CMS Manual System and is located at http://www.cms.hhs.gov/manuals.

The Online CMS Manual System is a replica of the official record copy. The official record copy is an electronic copy that is maintained by the Office of Strategic Operations and Regulatory Affairs, Division of Issuances, and is the official source document for the Agency. This document takes precedence over the Web-based Internet-only manuals, if there are discrepancies noted. As we update the program manual instructions, we will move that material into the new CMS Manual System and eliminate the corresponding material from the outgoing paper-based manuals. We will continue this phase-out/phase-in process until all manual instructions are included in the CMS Manual System. In the meantime, you should check both sets of manuals for current policy and procedures.

The current practice of issuing program memoranda (PMs) will be discontinued after September 30, 2003, and be replaced with one of four new vehicles/templates created to communicate program instructions and update the Web-based manual. The new vehicles to communicate program instructions and update the new Internet-only manuals are (1) manual revisions, (2) one-time notification, (3) business requirement, or (4) confidential requirement templates. The Office of Strategic Operations and Regulatory Affairs (OSORA), Division of Issuances, will continue its current policy of communicating advanced program instructions to the regions and contractor community every Friday. A transmittal sheet will accompany all program instructions communicated by OSORA. In addition, the transmittal sheet will identify changes pertaining to a specific manual, requirement, or notification.

The new online CMS Manual System is organized by functional area, (e.g., eligibility, entitlement, claims processing, benefit policy, program integrity). The functional orientation of the new manual eliminates significant redundancy within the manuals and streamlines the updating process, thus making CMS program instructions available in a more timely and accessible fashion.

Specifically, the CMS Manual System will include the following functional areas:

Pub. 100   Introduction
Pub. 100-01--Medicare General Information, Eligibility, and Entitlement
Pub. 100-02--Medicare Benefit Policy

Pub. 100-03--Medicare National Coverage Determinations
Pub. 100-04--Medicare Claims Processing
Pub. 100-05--Medicare Secondary Payer
Pub. 100-06--Medicare Financial Management
Pub. 100-07--Medicare State Operations
Pub. 100-08--Medicare Program Integrity
Pub. 100-09--Medicare Contractor Beneficiary and Provider Communications
Pub. 100-10--Medicare Quality Improvement Organization
Pub. 100-11--Reserved
Pub. 100-12--State Medicaid
Pub. 100-13--Medicaid State Children's Health Insurance Program
Pub. 100-14--Medicare End Stage Renal Disease Network Organization
Pub. 100-15--Medicare State Buy-In
Pub. 100-16--Medicare Managed Care
Pub. 100-17--Medicare Business Partners Systems Security
Pub. 100-18--Medicare Business Partners Security Oversight
Pub. 100-19--Demonstrations
Pub. 100-20--One-Time Notification

However, the initial release will include Pub. 100, Pub 100-02, Pub 100-03,
Pub. 100-04, Pub. 100-05, Pub 100-09, Pub 100.15 and Pub 100-20. The remaining
publications are either published or will be published on a phase-in approach.

The table below identifies what current paper-based manuals were used to construct the
new Internet-only manuals. It is just a cursory overview. A detailed crosswalk is being
developed to guide you from a specific section of the old manual to where the
information now appears in the new manuals. In addition, the Internet-only manual will
have a crosswalk to show how the information in each section was derived.

Paper-Based Manuals	Internet-Only Manuals
Pub. 06--Medicare Coverage Issues Pub. 09--Medicare Outpatient Physical Therapy Pub. 10--Medicare Hospital Pub. 11--Medicare Home Health Agency Pub. 12--Medicare Skilled Nursing Facility Pub. 13--Medicare Intermediary Manual, Parts 1, 2, 3, and 4 Pub. 14--Medicare Carriers Manual, Parts 1, 2, 3, and 4 Pub. 21--Medicare Hospice Pub. 27--Medicare Rural Health Clinic and Federally Qualified Health Center Pub. 29--Medicare Renal Dialysis Facility	Pub. 100-01--Medicare General Information, Eligibility, and Entitlement Pub. 100-02--Medicare Benefit Policy Pub. 100-03--Medicare National Coverage Determinations Pub. 100-04--Medicare Claims Processing Pub. 100-05--Medicare Secondary Payer Pub. 100-06--Medicare Financial Management Pub. 100-08--Medicare Program Integrity Pub. 100-09--Medicare Contractor Beneficiary and Provider Communications

Program Memoranda Pub. 60A--Intermediaries Pub. 60B--Carriers Pub. 60AB--Intermediaries/Carriers **NOTE:** Information derived from Pub. 06 to Pub. 60AB was used to develop Pub. 100-01 to Pub. 100-09 for the Internet-only manual.	
Pub. 19--Medicare Peer Review Organization	Pub. 100-10--Medicare Quality Improvement Organization
Pub. 07--Medicare State Operations	Pub. 100-07--Medicare State Operations
Pub. 45--State Medicaid	Pub. 100-12—State Medicaid Pub. 100-13--Medicaid State Children's Health Insurance Program
Pub. 81--Medicare End Stage Renal Disease Network Organizations	Pub. 100-14--Medicare End Stage Renal Disease Network Organizations
Pub. 24--Medicare State Buy-In	Pub. 100-15--Medicare State Buy-In
Pub. 75--Health Maintenance Organization/ Competitive Medical Plan Pub. 76--Health Maintenance Organization/ Competitive Medical Plan (PM) Pub. 77--Manual for Federally Qualified Health Maintenance Organizations	Pub. 100-16--Medicare Managed Care
Pub. 13--Medicare Intermediaries Manual, Part 2 Pub. 14--Medicare Carriers Manual, Part 2	Pub. 100-17--Business Partners Systems Security
Pub. 13--Medicare Intermediaries Manual, Part 2 Pub. 14--Medicare Carriers Manual, Part 2	Pub. 100-18--Business Partners Security Oversight
Demonstrations (PMs)	Pub 100-19 -- Demonstrations
Program instructions that impact multiple manuals or have no manual impact.	Pub 100-20 --One-Time Notification

Effective October 1, 2003, if a business requirement impacts a CMS program instruction contained in one of the manuals, the corresponding manual will also be updated and communicated along with the business requirement. This information will be reflected on the transmittal sheet, which accompanies all changes to the manual.