
PROGRAM MEMORANDUM INTERMEDIARIES/CARRIERS

Department of Health
and Human Services

Health Care Financing
Administration

Transmittal No. AB-00-62

Date: JUNE 2000

CHANGE REQUEST (SEE BELOW)

SUBJECT: Rescinding Change Requests Numbers 1001, 1108, 1116, and 1163

The following Change Requests have been rescinded and should not be implemented at this time. We will issue further instructions at a later date, with new transmittal numbers.

CR 1001 - Transmittal Number A-99-49, dated November 1999--Proper Reporting and Acceptance of Non-covered Charges and Related Revenue Codes

CR 1116 - Transmittal Number AB-00-42, dated May 2000--Claims Processing Instructions for the Medicare Coordinated Care Demonstration

CR 1163 - Transmittal Number AB-00-36, dated May 2000--Transfer of Initial Medicare Secondary Payer (MSP) Development Activities to the Coordination of Benefits (COB) Contractor

The following Change Request has also been rescinded and should not be implemented at this time. We will issue further instructions at a later date, with a new transmittal number, to ensure payment.

CR 1108 - Transmittal Number A-00-26, dated May 2000--Payment of SNF Claims for Beneficiaries Disenrolling from Terminating M+C Plans Who Have Not Met the 3-Day Stay Requirement.

NOTE: Transmittal Number A-99-49 has been printed and should be discarded immediately. Transmittals A-00-26, AB-00-36, and AB-00-42 were released via e-mail, but were not printed. These three numbers are canceled and will not be used in the future. They are being removed from HCFA's website.

The *implementation date* of this Program Memorandum (PM) is immediately.

The *effective date* of this PM is immediately.

This PM should be discarded July 1, 2002.

Contractors should contact the appropriate regional office with any questions.

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