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Medicare Claims
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Hospital Inpatient
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Medicare Claims Processing Manual

8 Disenrollment
Guidance (Chapter 2 of
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Care Ma 10 -
Definitions The
following definitions
relate to topics
addressed in this
guidance: Application
Date - For paper
enrollment forms and
other enrollment
request mechanisms,
the application date is
the date the
enrollment request is
initially received by

**Chapter 3 -
Eligibility,
Enrollment and
Disenrollment - CMS**
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Enrollment and Disenrollment.
 Updated: August 19, 2011 (Revised: November 16, 2011, August 7, 2012, August 30, 2013, August 30, 2014, July 6, 2015, September 1, 2015, September 14, 2015, December 30, 2015, May 27, 2016, August 25, 2016, June 15, 2017 & July 31, 2018)
 This guidance update is effective for contract year 2019. All enrollments with an effective date on

Medicare Prescription Drug Benefit Manual

Guidance for Medicare Administrative Contractors (MACs), Comprehensive Error Rate Testing (CERT), and Recovery Auditors. This chapter outlines the requirements of contractors to analyze

claims to determine provider compliance with Medicare coverage, coding, and billing rules and take appropriate corrective action when providers are found to be non-compliant.

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Care ... 3. A letter is
sent to enrollees to
remind them to get
their flu shot. The body
of the ... Medicare
Claims Processing
Manual – Chapter 3 –
Inpatient ... – CMS

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1 While Medicare
Advantage “plans” are
specific benefit
packages offered by a
Medicare Advantage
“organization,” in this
chapter, “plan” is used
both to refer to the MA

plan and to the MA
organization offering
the

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Guidelines - CMS**

The update to the CY
2021 guidance is now
available below with
the file names: CY2021
MA Enrollment and
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Guidance and CY2021
Cost Plan Enrollment
and Disenrollment
Guidance. All
enrollments with an
effective date on or
after January 1, 2021,
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accordance with the
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form.

**Medicare Managed
Care Eligibility and
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Chapter 11 - Medicare
Advantage Application

Procedures and
Contract Requirements
(PDF) Chapter 12 -
Effect of Change of
Ownership (PDF)
Chapter 13 - Medicare
Managed Care
Beneficiary Grievances,
Organization
Determinations, and
Appeals Applicable to
Medicare Advantage
Plans, Cost Plans, and
Health Care
Prepayment Plans
(HCPPs), (collectively
referred to as Medicare
Health Plans) (PDF)

100-16 | CMS

An OASIS-D Guidance
Manual Errata, updated
01-25-2019 has been
posted to the
Downloads section,
below. This Errata
document includes
corrections to the final
version of the OASIS-D
Guidance Manual
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December 20, 2018.
Final OASIS-D
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Tab 3: OASIS-C
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Chapter 3 – OASIS Item
Guidance. OASIS
Coordinators'
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Services RM-144.
CHAPTER 3 – OASIS
ITEM GUIDANCE.
Chapter 3 contains
item-specific guidance
for each OASIS item.
Item-specific guidance
is no longer contained
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