

# CMS Manual System

## Pub 100-05 Medicare Secondary Payer

Transmittal 51

Department of Health &  
Human Services (DHHS)

Centers for Medicare &  
Medicaid Services (CMS)

Date: MAY 26, 2006

Change Request 5049

**SUBJECT: Medicare Secondary Payer Recovery Contractor (MSPRC) New Contractor Number**

**I. SUMMARY OF CHANGES:** Contractor number 79001 has been created for use by the MSPRC in the course of meeting their requirements contained in the statement of work.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: October 01, 2006**

**IMPLEMENTATION DATE: October 02, 2006**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
N/A	

### III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

### IV. ATTACHMENTS:

One-Time Notification

*\*Unless otherwise specified, the effective date is the date of service.*



Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	national summary totals and financial reports to Congress.								

**III. PROVIDER EDUCATION**

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	None.								

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions:** None

X-Ref Requirement #	Instructions

**B. Design Considerations:** None

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces:** None

**D. Contractor Financial Reporting /Workload Impact:** None

**E. Dependencies:** None

**F. Testing Considerations:**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<b>Effective Date*:</b> October 1, 2006 <b>Implementation Date:</b> October 2, 2006 <b>Pre-Implementation Contact(s):</b> Tina Merritt, (410) 786-5233 <b>Post-Implementation Contact(s):</b> Tina Merritt	<b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b>
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