

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-10 Medicare Quality Improvement Organization	Centers for Medicare & Medicaid Services (CMS)
Transmittal 21	Date: August 7, 2015

SUBJECT: QIO Manual Chapter 6 – “Medicare + Choice Organizations (M+COs)”

I. SUMMARY OF CHANGES: The purpose of this transmittal is to delete the chapter addressing “Medicare + Choice Organizations (M+COs)” from the QIO Manual.

EFFECTIVE DATE: August 7, 2015

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

IMPLEMENTATION DATE: August 7, 2015

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

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

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS: 0