
CMS Manual System

Pub. 100-16 Medicare Managed Care

**Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)**

Transmittal 75

Date: October 28, 2005

SUBJECT: Deletion of MCM Chapter 3 - Marketing.

I. SUMMARY OF CHANGES: This revision replaces Chapter 3 with a link to the CMS web site that provides requirements related instruction to marketing.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 28, 2005



















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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Pub 100-16, Table of Contents

III. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

Chap.	Title	IOM Manual PDF File	Zipped Word File
1	General Provisions	120KB	32KB
2	Enrollment and Disenrollment	914KB	193KB
3	Marketing - This chapter has been replaced by instructions at http://www.cms.hhs.gov/pdps/PrtDPIInMrktngGdlns.asp	Link to web site for CMS marketing instructions for MAs	
4	Benefits and Beneficiary Protections	478KB	110KB
5	Quality Assessment	954KB	125KB
6	Relationships With Providers	250KB	34KB
7	Payments to Medicare + Choice Organizations	1,715KB	158KB
8	Premiums and Cost-Sharing	311KB	59KB
9	Provider-Sponsored Organizations - not yet available		
10	MA Organization Compliance with State Law and Preemption by Federal Law		
11	Contracts With Medicare+Choice Organizations	373KB	65KB
12	Effect of Change of Ownership or Leasing of Facilities During Term of Contract	73KB	13KB
13	Medicare Advantage Beneficiary Grievances, Organization Determinations, and Appeals	566KB	193KB
14	Medicare Contract Determinations and Appeals	81KB	14KB
15	Intermediate Sanctions	75KB	11KB
16	Reserved		
17	Cost Based Payment		

17a	Subchapter A - TEFRA Cost Based Payment Processes and Principles	 145KB	 27KB
17b	Subchapter B - Payment Principles for Cost Based HMOs and CMPs	 266KB	 56KB
17c	Subchapter C - Cost Apportionment for Cost Based HMOs and CMPs	 61KB	 12KB
17d	Subchapter D - Medicare Cost Plan Enrollment and Disenrollment Instructions	 382KB	 55KB
17f	Subchapter F - Benefits and Beneficiary Protections	 316KB	 50KB
18	Health Care Prepayment Plans		
18a	Subchapter A - Cost-Based Payment Process and Principles	 226KB	 33KB
18b	Subchapter B - Payment Principles for Cost Based HMOs and CMPs	 356KB	 50KB
18c	Subchapter C - Cost Apportionment for HCPPs	 146KB	 21KB
19	The Enrollment and Payment User's Guide - This chapter has been replaced by instructions at http://www.cms.hhs.gov/healthplans/systems/Guides.asp	 Link to web site for CMS Plan Communication User's Guide	
20	Managed Care and M+C Systems Business Requirements - This chapter has been replaced by instructions at http://www.cms.hhs.gov/healthplans/systems/Guides.asp	 Link to web site for CMS Enrollment and Payment Guide	