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# **CMS Manual System**

## **Pub. 100-16 Medicare Managed Care**

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

**Transmittal 71**

**Date: September 30, 2005**

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**SUBJECT: Deletion of MCM Chapter 19 - The Enrollment and Payment User's Guide, and Chapter 20 - Managed Care and MA Systems Business Requirements.**

**I. SUMMARY OF CHANGES:** This revision replaces the chapters identified above with links to CMS web sites that provide related instructions. Also recent name changes for chapters 1 and 2 are updated, and references to Medicare + Choice are changed to Medicare Advantage in Chapter 13 of the Table of Contents.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: September 30, 2005**

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

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
R	MCM Table of Contents

**III. ATTACHMENTS:**

	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Special Notification</b>

# Medicare Managed Care Manual

## Table of Contents

Chap.	Title	IOM Manual PDF File	Zipped Word File
1	General Provisions	102KB	31KB
2	Medicare Advantage Enrollment and Disenrollment	914KB	193KB
3	Marketing	794KB	114KB
4	Benefits and Beneficiary Protections	439KB	75KB
5	Quality Assessment	954KB	125KB
6	Relationships With Providers	250KB	34KB
7	Payments to Medicare Advantage Organizations	1,715KB	158KB
8	Premiums and Cost-Sharing	311KB	59KB
9	Provider-Sponsored Organizations - not yet available		
10	Reserved		
11	Contracts With Medicare Advantage 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	145KB	27KB

	and Principles		
17b	Subchapter B - Payment Principles for Cost Based HMOs and CMPs	📎 340KB	📎 51KB
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 - <b>This chapter has been replaced by instructions at <a href="http://www.cms.hhs.gov/healthplans/systems/Guides.asp">http://www.cms.hhs.gov/healthplans/systems/Guides.asp</a></b>	📎 Link to web site for CMS Plan Communication User's Guide	
20	Managed Care and MA Systems Business Requirements - <b>This chapter has been replaced by instructions at <a href="http://www.cms.hhs.gov/healthplans/systems/Guides.asp">http://www.cms.hhs.gov/healthplans/systems/Guides.asp</a></b>	📎 Link to web site for CMS Enrollment and Payment Guide	