

Attachment

Operational Policy Letters To Be Deleted

<u>OPL#</u>	<u>Date</u>	<u>Subject</u>
OPL001	03/03/95	Waiver of Beneficiary Copayment
OPL005	03/27/95	Financial Responsibility of Emergency Services
OPL006	04/12/95	Subcontractor Compliance with Medicare Rules
OPL012	12/15/94	Retroactive Payment Adjustments
OPL013	05/22/95	Retroactive Payment Adjustments (clarification)
OPL016	06/09/95	Military Treatment Facilities & VA Hospitals (MTF/VA)
OPL017	03/17/95	National Medicare Coverage of Lung Transplants
OPL018	06/01/95	Appeal Right for Premature Hospital Discharge
OPL021	07/07/95	Impact of 1994 Amendments on Antiduplication Statute
OPL029	09/07/95	National Medical Coverage of Lung Transplants – Clarification
OPL031	11/20/95	Calculating the 50/50 Rule
OPL049	02/12/97	Medicare Managed Care Plan's Benefits and Coverage of Certain Surgical Interventions for Treatment of Breast Cancer
OPL054	07/24/97	Change in the Definition of an Institution for the Purposes of Adjusting Payments to Risk Contracting Managed Care Organizations
OPL055	09/05/97	Balanced Budget Act of 1997
OPL059	12/19/97	Reporting Requirements for Medicare Health Plans in 1998: Health Plan Employer Data and Information Set Measures (HEDIS 3.0/98) and the Medicare Consumer Assessment of Health Plans Study (CAHPS) and <u>Attachments</u> March 20, 1998 <u>Addendum</u> to Operations Policy Letter #59 June 23, 1998 <u>Addendum II</u> to Operation Policy Letter #59
OPL060	07/17/98	Updating of the "Medicare National Marketing Guide" – REPLACED BY JUNE 2000 VERSION – OPL 120
OPL062		Never Released
OPL064	12/24/97	Hospital Encounter Data Requirements from the Balanced Budget Act (BBA) of 1997

OPL066	3/31/98	BBA Transition Issues – 1999 Contract Year (REVISED)
OPL071	5/28/98	Timing of a Notice of Noncoverage (NONC) Issued to a Hospital Inpatient – CLARIFICATION OF EXISTING POLICY
OPL072	9/30/98	Quality Improvement System for Managed Care (QISMC)
OPL078	1/25/99	Reporting Requirements for Medicare Managed Care Organizations In 1999: Health Plan Employer Data and Information Set (HEDIS 1999) Measures that Include the Medicare Health Outcomes Survey (HOS) [Formerly the Health of Seniors Survey] and the Medicare Consumer Assessment of Health Plans Study (CAHPS 2.0H)
OPL079	2/4/99	Update to Medicare Managed Care National Marketing Guide ■ REPLACED BY JUNE 2000 VERSION – OPL 120
OPL080	2/8/99	Coverage for Dialysis Outside the M+C Service Area for Beneficiaries with End Stage Renal Disease (ESRD)
OPL081	2/10/99	M+C Organizations Appeal and Grievance Data Disclosure Requirements
OPL085	3/23/99	Assisted Suicide Not Covered
OPL086	3/26/99	Medicare Coverage of Abortion
OPL087	4/20/99	Use of Special Election Periods for Medicare Beneficiaries in Employer Group Health Plans
OPL089	4/23/99	Contract Year 2000 Medicare + Choice Instructions
OPL091	4/23/99	Multi-Year Benefits under Medicare + Choice (M+C) REPLACED BY OPL 102 !
OPL092	5/4/99	Telecommunications Requirements: Migration of Medicare Manged Care Organizations (MCO) to the Medicare Data Communications Network and the Replacement of the RLINK Software
OPL093	5/4/99	Clarification of Policy Regarding the Collection of Information On Race and Ethnicity
OPL094	5/11/99	Updating of the “Medicare Managed Care National Marketing Guide” - REPLACED BY JUNE 2000 VERSION – OPL 120
OPL095	6/21/99	Capacity Limit / “Age-In” Reserved Vacancy Guidelines and Open/ Closed Enrollment Rules for an M+CO’s Plan(s)
OPL097	6/21/99	Managed Care Organizations’ Direct Access to the Plan Information Control System (PICS)
OPL098	7/1/99	Effective Dates for Medicare + Choice (M+C) Special Election Periods (SEPs)
OPL099	7/7/99	Medicare + Choice (M+C) Marketing Time Lines

OPL100	8/9/99	Medicare + Choice Enrollment and Disenrollment Policies NOTE: 1/27/2000 <u>OPL 113</u> replaces Sections 3.3.1 – 3.3.3. of OPL 100
OPL102	9/23/99	Multi-Year Benefits under Medicare + Choice (M+C) – Replacement OPL
OPL104	10/25/99	Questions and Answers Regarding Transition from Section 1876 Risk to Medicare + Choice Enrollment and Disenrollment Policies Replaces OPL 83
OPL106	11/10/99	Final Verification Review of Medicare Managed Care Marketing Materials – REPLACED BY OPL 120
OPL107	11/30/99	Contract Year 2000 Mid-Year Benefit Enhancements to M+C Plans
OPL108	12/01/99	REVISED Model Evidence of Coverage and Disclosure Information
OPL109	12/07/99	Data Elements Required to Complete the Medicare + Choice (M+C) Enrollment Form
OPL110	12/22/99	Standard Reporting Requirements for Medicare Managed Care Organizations in 2000: Health Plan Employer Data and Information Set (HEDIS 2000) Measures that Include the Medicare Health Outcomes Survey (HOS) and the Medicare Consumer Assessment of Health Plans Study (CAHPS 2.0H), and Disenrollment Rates
OPL111	1/6/2000	Changes in Effective Dates for Medicare+Choice Open Enrollment Periods – REPLACED BY <u>OPL 113</u>
OPL113	1/27/2000	Changes in Effective Dates for Medicare+Choice Open Enrollment Periods – REPLACES OPL 111
OPL114	1/27/2000	Reporting Appeal and Quality of Care Grievance Aggregate Data to Beneficiaries Upon Request
OPL116	3/1/2000	Quality Improvement System for Managed Care (QISMC) Year 2000 National Project on Community-Acquired Pneumonia
OPL117	3/3/2000	Medicare+Choice (M+C) Bonus Payment
OPL118	3/29/2000	Changes to Medicare Coverage Policies Affecting Medicare+Choice Organizations (M+CO)
OPL119	5/9/2000	Instructions for Assignment of Unique Provider Identification Numbers (UPINs) for Medicare+Choice Organization (M+CO) Providers for Physician Encounter Data Collection – Replaced by OPL127
OPL120	6/8/2000	June 2000 Revised National Marketing Guide
OPL121	6/8/2000	Important Information for Renewing Medicare+Choice (M+C) Contracts for CY 2001
OPL122	6/22/2000	Clarification of Medicare+Choice (M+C) Eligibility Policy for Individuals with End State Renal Disease (ESRD) Who Have Reached Kidney Transplants

OPL123	6/22/2000	Use of Special Election Periods (SEP) for Medicare Beneficiaries in Employer Group Health Plans (EGHP)	
OPL125	09/14/2000	Reconciliation of Calendar Year Payments Based on Changes in Risk Adjustor Factors / Enhanced Monthly Membership Reporting – Replaced by OPL126	
OPL127	11/22/2000	New Instructions for Submission of Unique Physician Identification Numbers (UPINs) for Medicare+Choice Organization (M+CO) Providers for Physician Encounter Data Collection – Replaces OPL 119	
OPL128	11/22/2000	Hospital Outpatient Department Encounter Data Requirements from the Balanced Budget Act of 1997 (BBA) - DRAFT OPL Pending OMB Approval	
OPL129	OPL129	11/22/2000	1) Year 2001 National Project on Congestive Heart Failure (CHF) for Medicare + Choice Organizations (M+CO); and 2) Extra Payment in Recognition of the Costs of Successful Outpatient CHF Care
OPL130	12/12/2000	Model Medicare+Choice Plan Evidence of Coverage and Disclosure Information. Effective January 1, 2001 through December 31, 2001	
OPL131	01/24/2001	Standard Reporting Requirements for Medicare Managed Care Organizations in 2001: Health Plan Employer Data and Information Set (HEDIS 2001) Measures that Include the Medicare Health Outcomes Survey (HOS) and the Medicare Consumer Assessment of Health Plans Study (CAHPS 2.0H)	
OPL132	04/27/2001	Important Information for Renewing Medicare+Choice (M+C) Contracts for CY2002, Qs & As for OPL #132 and Marketing Issues,	
OPL135	12/20/2001	Operational Policy Letter #: 2001.135 – (Coverage of Clinical Trials for CY 2002)	