

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued
 [April 2003 Through June 2003]

Transmittal No.	Manual/Subject/Publication No.
	Review of Attachment 2, Independent Diagnostic Testing Facility Enrollment Checks Special Consideration Reassignment of Benefits—Form CMS–855R Reassignment of Benefits Statement Attestation Statement Enrolling Certified Suppliers Who Enroll With Carrier Managed Care Organization Application Sectional Instructions for Intermediaries Processing the Application Provider Identification Adverse Legal Actions Practice Location Ownership and Managing Control Information (Organizations) Chain Home Office Information Billing Agency Staffing Company Capitalization Requirements for Home Health Agencies Contact Person Certification Statement Delegated Official Special Processing Situation Community Mental Health Centers Benefit Improvement and Protection Act of 2000 Provisions Community Mental Health Centers Enrollment and Change of Ownership Site Visit Process Deactivation of Billing Numbers for Inactive Community Mental Health Centers State Survey Regional Office Process Changes of Information—New Form CMS–855 Data Change Requirement Procedures for Request for Additional Information, Approval, Denial or Transmission of Recommendations Request for Additional Information Approval and Recommendations for Approval Denials Failure to Sign and/or Date the Application Revocations Time Frame for Application Processing Matrix Verification and Validation of Information Fraud Investigation Database Healthcare Integrity and Protection Data Bank Excluded Parties List System Enrollment of Hospitals, Assignment of Billing Numbers Provider-Based Processing and Changes in Status Web Site File Maintenance and Review
42	• Effectuating Favorable Final Appellate Decisions That a Beneficiary Is Confined To Home
43	• Medical Records Information Reported Electronically
	Electronic Media Claim Flat File Record for End-Stage Renal Disease Argus Filed Descriptions and Formats
Managed Care Manual (Pub. 100–16)	
23	• Introduction General Requirements Basic Rule Services of Noncontracting Providers and Suppliers Types of Benefits Availability and Structure of Plans Terms of Medicare+Choice Plans Multiple Plans in One Service Area Centers for Medicare & Medicaid Services Review and Approval of Medicare+Choice Benefits Requirements Relating To Medicare Conditions of Participation Provider Networks Requirements Relating To Benefits Basic Benefits Additional Benefits Supplemental Benefits—Mandatory Supplemental and Optional Supplemental