

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

Transmittal No.	Manual/Subject/Publication No.
24	<ul style="list-style-type: none"> Introduction Provider Involvement in Policy-Making Physician Consultation in Medical Policies Consultation in Development of Credentialing Policies Written Information on Physician Participation Interference With Health Care Professionals' Advice to Enrollees Prohibited Provider Anti-Discrimination Provider Participation Notice of Reason for Not Granting Participation Confirmation of Eligibility for Participation in Medicare Excluded and Outpatient Physical Therapy and Opt-Out Provider Checks Credentialing, Monitoring, and Recredentialing Suspension, Termination, or Nonrenewal of Physician Contract Institutional Provider and Supplier Certification Physician Incentive Plans Requirements and Limitations Disclosure of Physician Incentive Plans Provider Indemnification of Medicare+Choice Organization Prohibited Special Rules for Services Furnished by Non-Contract Provider
25	<ul style="list-style-type: none"> Introduction Terminology Rules Governing Premiums and Cost Sharing Monthly Premiums Uniformity of Premiums Segmented Services Area Option Timing of Payments Monetary Inducements Prohibited Submission of Proposed Premiums and Related Information General Rule Information Required for Coordinated Care Plans and Private Fee-For-Service Plans Average Payment Rate Centers for Medicare & Medicaid Services Review Limits on Premiums and Cost-Sharing Amounts Rules for Coordinated Care Plans Rules for Medicare+Choice Private Fee-for-Service Plans Special Rules for Mid-Year (Benefit) Enhancement General Rule Incorrect Collections of Premiums and Cost Sharing Definitions Refund Methods Reduction by Centers for Medicare & Medicaid Services Adjusted Community Rate Process General Information Standard Method Initial Rate Calculation Initial Rate Adjustment by Medicare+Choice Organization Initial Rate Adjustment by Centers for Medicare & Medicaid Services Other Methods for Computing Adjusted Community Rate Special Rule for Centers for Medicare & Medicaid Services Average Payment Rate or Adjusted Community Rate Calculation Centers for Medicare and Medicaid Services Review Sufficiency of Documentation and Periodic Audits Requirement for Additional Benefits—42 Code of Federal Regulations 422.312 Definitions General Information Stabilization Fund Establishment of a Stabilization Fund Limit Per Contract Period Exception to the Limit Per Contract Period Cumulative Limit Interest on and Accounting of Reserved Funds Withdrawal From a Stabilization Fund Criteria for Centers for Medicare & Medicaid Services Approval Basis for Denial Form of Payment Additional Benefits Part B Premium Reduction As an Additional Benefit Additional Health Care Benefits Reduction of Charges to Enrollees for Basic Benefits Additional Supplemental Health Care Benefits and Related Premiums