

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

[July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
4	Related Activities Through Quality Improvement Organizations, Carrier, Intermediary, and End-Stage Renal Diseases Network Cooperation
5	<ul style="list-style-type: none"> Beneficiary Request for Review of Hospital-Issued Notice of Non-Coverage by a Quality Improvement Organization Intermediary/Carrier Memorandum of Agreement Specifications
6	<ul style="list-style-type: none"> Introduction Memorandum of Agreement With State Agencies Responsible for Licensing/Certification of Providers/Practitioners Statutory and Regulatory Requirements General Requirements Confidential Information Disclosure of Confidential Quality Improvement Organization Information to Officials and Agencies Disclosure of Quality Improvement Organization Information for Research Purposes Disclosure of Quality Improvement Organization Sanction Information Re-disclosure of Quality Improvement Organization Information
7	<ul style="list-style-type: none"> Beneficiary Helpline Language Beneficiary Complaints Physician/Provider Meeting Activities Quality Improvement Organization/Intermediary/Carriers Coordination Activities Background Confidentiality Requirements Report Requirements Distribution Requirements Publications Policy Definition Requirements Disagreements Information Collection Policy Centers for Medicare & Medicaid Services Office of Clinical Standards and Quality Requirement Statutory and Regulatory Requirements—Office of Management & Budget Centers for Medicare & Medicaid Services, Information Collection Approval Process Additional Consideration
8	<ul style="list-style-type: none"> Introduction Review Responsibilities Monitoring Hospital Payment Patterns and Developing Collaborating With Provider and Practitioner Groups Collaborating Efforts With Federal and State Agencies and Other Medicare Contractors
9	<ul style="list-style-type: none"> Scope of Review Complaints That Do Not Meet Statutory Requirements Referral Review Process Notice of Disclosure Final Response to Complaints Disclosure of Quality Review Information to Complaints Corrective Actions Coordination With Other Entities Data Analysis and Reporting Requirements
10	<ul style="list-style-type: none"> Authority Purpose of Quality Improvement Organization Review Quality Improvement Organization Responsibilities Centers for Medicare & Medicaid Services' Role Health Care Quality Improvement Program Hospital Payment Monitoring Program
End Stage Renal Disease (CMS Pub. 100–14)	
1	<ul style="list-style-type: none"> Forward Purpose of the Network Manual Statutes and Regulations End-Stage Renal Disease Network Organization's Manual Revisions Acronyms and Glossary Purpose of End-Stage Renal Disease Network Organization Requirements for End-Stage Renal Disease Network Organization Responsibilities of End-Stage Renal Disease Network Organization Health Care Quality Improvement Program Goals Network Organization's Role in Health Care Quality Improvement Program
2	<ul style="list-style-type: none"> Forward Purpose of the Network Manual Statutes and Regulations