

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued

[July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
3	<ul style="list-style-type: none"> Revision to the End-Stage Renal Disease Organizations Manual Purpose of End-Stage Renal Disease Network Organization Requirements for End-Stage Renal Disease Network Organizations Responsibilities of End-Stage Renal Disease Network Organizations Goals Network Organization's Role in Health Care Quality Improvement Program Organizational Structure Establishing the Network Computer Board of Directors Other Committees Network Staff Required Administrative Reports/Activities Quarterly Progress and Status Reports Annual Report Semi-Annual Report of Network Operating Costs New End-Stage Renal Disease Patient Orientation Package Activities Internal Quality Control Program Internal Quality Control Program Requirements
Managed Care Manual (CMS Pub. 100–16)	
26	<ul style="list-style-type: none"> Alternate Employer Group Enrollment Election Optional Employer Group Medicare+Choice Enrollment Election Request Submitted via Internet Request Signature and Data Effective Dates Notice Requirements Optional Employer Group Medicare+Choice Disenrollment Election Medigap Guaranteed Issue Notification Requirements General Rule Effective Date Researching and Acting on a Change of Address Clarified the Notice Requirements for Out of Area Permanent
27	<ul style="list-style-type: none"> Noncontracted Provider Appeals Storage of Appeal Case Files by the Independent Review Entity Representative Filing on Behalf of the Enrollee Storage of Hearing Files
28	<ul style="list-style-type: none"> Streamlined Marketing Review Process Introduction Marketing Review Process Guidelines for Advertising Material Guidelines for Advertising (Pre-Enrollment) Material Guidelines for Beneficiary Notification Materials Model Annual Notice of Change General Guidance on Dual Eligibility Guideline for Outreach Program Submission Requirements Centers for Medicare & Medicaid Services' Review/Approval Process Model Direct Mail Letter Summary of Benefits for Medicare+Choice Organizations Referral Programs Allowable Actions for Medicare+Choice Organizations Specific Guidance About the Use of Independent Insurance Agents Answers to Frequently Asked Questions About Promotional Marketing of Multiple Lines of Business
29	<ul style="list-style-type: none"> Introduction Quality Assessment and Performance Improvement Program Administration of the Quality Assessment and Performance Improvement Program Medicare+Choice Organizations Using Physician Incentive Plans Health Information System Quality Assessment and Performance Improvement Centers for Medicare & Medicaid Services' Directed Special Projects Reporting Time Frames Communication Process Quality Assessment and Performance Improvement Process for Centers for Medicare & Medicaid Services' Multi-Year Quality Assessment and Performance Improvement Program Project Approvals Evaluation of Quality Assessment and Performance Improvement Program Projects The Medicare+Choice Deeming Program Terminology General Rule