

ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued  
[July 2003 through September 2003]

Transmittal No.	Manual/Subject/Publication No.
30	<ul style="list-style-type: none"> <li>Obligations of Deemed Medicare and Medicaid Organizations</li> <li>Oversight of Accrediting Organizations</li> <li>Application Requirements</li> <li>Reporting Requirements</li> <li>Informal Hearing Procedures</li> <li>Reasonable Cost-Based Payments—General</li> <li>Reasonable Cost Payments</li> <li>Bill Processing</li> <li>Principles of Payments</li> <li>Budget and Enrollment Forecast</li> <li>Interim Per Capita Rate</li> <li>Interim Payment for Health Care Prepayment Plans</li> <li>Electronic Transfer of Funds</li> <li>Payment Report</li> <li>Interim and Final Cost and Enrollment Report</li> <li>Adjustment of Payments</li> <li>Final Cost Report</li> <li>Final Settlement Process for Medicare Health Care Prepayment Plans</li> <li>Final Settlement Payment for Medicare Health Care Prepayment Plans</li> <li>Recovery of Overpayment</li> <li>Interest Charges for Medicare Overpayments/Underpayments</li> <li>The Basic Rules</li> <li>Definition of Final Determination</li> <li>Rate of Interest</li> <li>Accrual of Interest</li> <li>Waiver of Interest</li> <li>Rules Applicable to Partial Payments</li> <li>Exception to Applicability</li> <li>Nonallowable Interest Cost</li> <li>Centers for Medicare &amp; Medicaid Services' General Payment Principles</li> <li>Medicare Payments to Health Care Prepayment Plans</li> <li>Prudent Buyer Principle</li> <li>Allowable Costs</li> <li>Costs Not Reimbursable Directly to the Health Care Prepayment Plans</li> <li>Deductible and Coinsurance</li> <li>Hospice Care Costs</li> </ul>
31	<ul style="list-style-type: none"> <li>Medicare as Secondary Payer</li> <li>Overview of Enrollment and Payment Process</li> <li>Purpose of the Chapter</li> <li>Medicare+Choice Organization Data Processing Responsibilities</li> <li>Centers for Medicare &amp; Medicaid Services' Group Health Plan System</li> <li>Enrollment/Disenrollment Requirements and Effective Dates</li> <li>General</li> <li>Enrollments</li> <li>Cost-Based Medicare+Choice Organizations Only</li> <li>Medicare+Choice Organizations Only</li> <li>Disenrollments</li> <li>Cost-Based Medicare+Choice Organizations Only</li> <li>Medicare+Choice Organizations Only</li> <li>Cost-Based Medicare+Choice Organizations Only—Employer Group Health Plan</li> <li>Retroactive Enrollment</li> <li>Medicare Membership Information</li> <li>The Centers for Medicare &amp; Medicaid Services' Medicare+Choice Organizations Only Interface Submitting Medicare Membership Information to Centers for Medicare &amp; Medicaid Services</li> <li>Submission of Enrollment/Disenrollment Transaction Records</li> <li>Submission of Correction Transaction Records</li> <li>Health Insurance Claim Number</li> <li>Transaction Type Code and the Prior Commercial Indicator</li> <li>Transaction Type Codes</li> <li>Prior Commercial Months Field</li> <li>Special Status Beneficiaries—Medicare+Choice Organizations</li> <li>Special Status Beneficiaries</li> <li>Special Status—Hospice</li> <li>Special Status—End-Stage Renal Disease</li> <li>Special Status—Institutionalized</li> <li>Special Status—Medicaid/Medical Assistance Only</li> <li>Special Status—Working Aged</li> <li>When to Submit "Special Status" Information (Medicare+Choice Organizations Only)</li> <li>Other Medicare Membership Information</li> </ul>