
CMS Manual System

Pub. 100-16 Medicare Managed Care

Department of Health &
Human Services (DHHS)
Centers for Medicare &
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I. SUMMARY OF CHANGES: Sections 90.2 through 90.8 and Appendices 8 and 9 should not have been issued in Revision 45. This revision deletes those sections and appendices.

CLARIFICATION – EFFECTIVE DATE: Not Applicable

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
D	13/90.2 - Special Procedures for Expediting Reconsiderations Involving Certain Provider Settings (SNF, HHA, and CORF)
D	13/90.3 - Meaning of Valid Delivery
D	13/90.4 - Important Medicare Message of Non-Coverage (Advance Termination Notice)
D	13/90.5 - Detailed Explanation of Non-Coverage
D	13/90.6 – When to Issue the Important Medicare Message of Non-Coverage
D	13/90.7 - When to Issue the Detailed Explanation of Non-Coverage
D	13/90.8 - Requesting Immediate Quality Improvement Organization (QIO) Review of Provider Service Terminations
D	13/Appendix 8 - Sample Notice - Important Medicare Message of Non-Coverage
D	13/Appendix 9 -Detailed Explanation of Non-Coverage

III. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

Medicare Managed Care Manual

Chapter 13 - Medicare+Choice Beneficiary Grievances, Organization Determinations, and Appeals

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