ATTACHMENT J-4
SPECIFIC MANUAL SECTIONS

http://www.cms.hhs.gov/Manuals/iom/ItemDetail.asp?ItemID=CMS019035

Chapter 1 – Background and Responsibilities
Chapter 2 – Eligibility
Chapter 3 – Agreements
Chapter 4 – Case Review
Chapter 5 – Quality of Care Review
Chapter 6 – Medicare + Choice Organization (M+COs)
Chapter 7 – Denials, Reconsiderations and Appeals
Chapter 8 – Data Management
Chapter 9 – Sanction and Abuse Issues
Chapter 10 – Confidentiality and Disclosure
Chapter 11 – Hospital Payment Monitoring System
Chapter 12 – Communications, Outreach and Program-related Information Activities
Chapter 13 – Management
Chapter 14 – Hospital-Generated Data Reporting
Chapter 15 – Performance Evaluation
Chapter 16 – Health Care Quality Improvement Program

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