

How to Use Medicare and Medicaid Guide

How to Use the Medicare and Medicaid Guide

The CCH Medicare and Medicaid Guide provides information on the programs established by Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act. Reporting covers all aspects of these two federal laws. The material covered includes not only the federal laws, regulations, and subsidiary material issued by the various federal agencies responsible for the administration of these programs, but also federal court decisions and decisions of various administrative agencies, reports to Congress on Medicare and Medicaid from the Government Accountability Office and the HHS Office of Inspector General, and other pertinent materials.

What a print and internet subscription includes

Print subscribers receive information about the Medicare and Medicaid programs via weekly Reports. This current information is coordinated with the basic contents of the loose-leaf Guide. Internet subscribers have access to the same weekly updated information as well as the latest cases and rulings in the Daily Document Updates (DDU) publication.

A print subscription includes the following:

Loose-leaf volumes

Subscribers receive six loose-leaf volumes containing more than 9,000 pages of text, explanations, policy decisions, etc., arranged by topic and indexed for continuing reference. The Guide groups together major topics in separate divisions, identified by guide cards with printed “tabs” indicating the topics treated in each division.

The subject divisions, their order, and the volumes in which they are located, are as follows:

Volume 1

Finding Lists: Volume 1 contains aids for locating information in the subject divisions, organized by type: Medicare finding lists, Medicaid finding lists, PRRB finding lists.

Finding Lists (Medicare)

- HHS Departmental Appeals Board Decisions
- GAO Reports
- HCFA/CMS Rulings
- Program Memoranda
- Office of Inspector General Reports
- Operational Policy Letters
- Pamphlets—Special Reports
- Medicare Case Table

Medicaid (Finding Lists)

- Topical Index
- Case Table
- Finding Lists

Finding Lists (PRRB)

- Topical Index of PRRB Decisions
- PRRB Cross-Reference Table
- PRRB Decisions by Provider Name

Medicare Part A Coverage

- Entitlement to Part A Benefits—Inpatient Hospital Services—Extended Care Services—Home Health Services—Hospice Services

Medicare Part B Coverage

- Eligibility, Enrollment, and Period of Coverage—Benefits

Part B Payments

- General Limits and Payment Rules—Reasonable Charge Payment Method—Other Payment Rules
- Physician Fee Schedule

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Medicare Exclusions

- National and Local Coverage Determinations—Exclusions from Coverage

Prospective Payment Systems

- Inpatient Hospital PPS—Outpatient Hospital PPS—Critical Access and Other Excluded Hospitals—Inpatient Rehabilitation Facility PPS—Outpatient Rehabilitation Facility PPS—Long-Term Care Hospital PPS—Psychiatric Hospital PPS—End-Stage Renal Disease Program—Ambulatory Surgical Center Rates—Hospice Reimbursement—Home Health PPS—Skilled Nursing Facility PPS

Volume 2

Cost Reports

- Allowable Costs
- Cost Apportionment—Cost Finding
- PIP—Due Dates—Cost Limits
- Composite Payments
- End-Stage Renal Disease
- Appeals—Audits
- Provider-Based Physicians

Cost Reporting

- Instructions and Forms
- Billing Instructions
- Form CMS-1450

Volume 3

Billing Instructions

- Form CMS-1500
- Billing Instructions

Miscellaneous Forms

- Medicare
- Claims Filing—Refunds—Limitation of Liability

Medicare

- Provider Agreements—Conditions of Participation

HIPAA

- Medical Data Privacy

Medicare

- Administration—Appeals—Miscellaneous

Medicare—Medicaid

- Fraud and Abuse—Stark—False Claims Act

- Medicare Part C

- Medicare Advantage

Medicare Part D

- Medicare Prescription Drug Plans

Medicaid

- Eligibility
- Medical Care and Services
- Payment to Providers
- Administration and Financing

Volume 4

- Medicaid State Plan Summaries
- Medicare Laws
- Medicaid Laws
- Related Public Laws

Volume 5

- Regulations: Medicare and Medicaid
- Medicare Coverage Lists

Volume 6

The divisions in Volume 6 hold full text documents and index them with reference to the topical divisions in Volumes 1 through 3:

Current Developments Indexes and Finding Lists

- Finding Lists
- Topical Index

Current Developments Documents

- Reports and Other Documents
- PRRB and CMS Administrator Decisions
- Other Administrative Decisions
- CMS Manual Revisions Transmittals
- Federal Register Adopted Regulations
- Federal Register Proposed Regulations
- Federal Register Notices and Other Issuances
- Cases
- The final tab in Volume 6, Last Filing Instruction, is convenient storage for the current filing instruction.

Medicare and Medicaid Guide Finding List Tools Comparison

Subscribers to the internet version of the Medicare and Medicaid Guide can locate comparable print Finding List materials under several menu lines. The chart below provides details on where the information and/or finding lists are located.

Print Volume and Description	Internet
<p>Volume 1: Medicare Departmental Appeals Board Decisions (DAB) GAO Reports HCFA/CMS Rulings Program Memoranda OIG Reports OIG Advisory Opinions OIG Special Advisory Bulletins Operational Policy Letters Pamphlets and Special Reports Medicare Case Table</p>	<p>Explanations and Annotations Menu ine HCFA/CMS Rulings Program Memoranda</p> <p>Reports and Other Documents—Separate Menu Lines on the internet GAO Reports OIG Reports OIG Advisory Opinions</p> <p>Administrative Decisions—Separate Menu Line</p> <p>HCFA/CMS Rulings CMS Administrator Decisions HHS Departmental Appeals Board Decisions (DAB) PRRB Decisions Medicare Appeals Board</p> <p>Program Memoranda and Other CMS Transmittals—Separate Menu Line Program Memoranda Manual Transmittals</p>
<p>Volume 1: Medicaid GAO Reports HCFA Administrator Decisions HCFA Hearing Officer Recommendations CMS Letters HHS DAB HHS Grant Appeals Board Decisions Miscellaneous Communications OIG Reports Program Memorandums, State Medicaid Agencies State Medicaid Manual-selected sections</p>	<p>Located in the Medicare Finding Lists</p>
<p>Volume 1: PRRB Finding Lists Topical Index Cross-Reference Table Decisions (75D1—78-D40) Decisions (1979—1999) Decisions (2000-2007)</p>	<p>Explanations and Annotations Menu line for 2000-2007. Remainder are under the Administrative Decisions—Separate Menu line on the Internet</p>
<p>Volume 6: Current Developments Finding Lists CMS Manual Transmittals: Internet Only and Paper Based Federal Register Issuances</p>	<p>Federal Register Issuances—Separate Menu line on the internet</p>

The Medicare and Medicaid Guide on the Internet Research Network

All of the content that is available in print is also available on CD and on the CCH Internet Research Network® (IRN). Accessing the CCH Medicare and Medicaid Guide through the IRN provides you with so much more information. Among the added documents and features are:

Customers who use the Guide on the IRN have the benefit of CCH Smart Relate®, which provides links between all related explanations and primary source documents. For example, if you looked at a new Final rule via CCH Smart Relate, with a click of a link you will access a list of all related official text documents, laws, regulations, and CCH Explanations.

Durable Medical Equipment Manuals and Newsletters for each of the Jurisdictions A_D are included.

Finally, the Guide is supplemented via the DDU's daily as new official text documents are added. Using the "Daily Document Update" link online allows you to check each day what is new in the program. For your further convenience, you can sign up for our Tracker program. Using Tracker, we will send you an e-mail each day that a document that is of interest to you has been added to our database. The e-mail provides a summary of the document and a link to the full text.

IRN subscribers can add on all reported cases and rulings in full text of the archived official text information from 1969 through 1996. Included in the Archive Rulings and other documents are all the special pamphlets issued to print subscribers.

In addition, with some IRN subscriptions, you have access to all the CMS Manuals, both the Paper Based and the Internet Only Manuals, as well as Archive CMS Manuals from 2000 forward.

IRN subscribers have the annual Master Medicare Guide with links to both the explanations and official text documents in the Guide.

Local Coverage Determinations are included in full text.

Internet Tools are available to speed research as well as locate documents.

DRG and APC tables are available in Excel or RTF format to allow for downloading and/or exporting to a user's desktop.

Quick Links allow the researcher to locate topics and/or sub-topics of interest. Subscribers select a Category, then select the Topic and Sub-topic of interest. One or more links will display at the bottom of the page. Most links connect to topical discussions written by CCH editors with links to relevant documents. Some links connect directly to source material on the selected topic.

Users of the Guide on the IRN also have the benefit of CCH Smart Relate®, which provides cross-references between all related explanations and documents. For example, if you looked at a new Final rule via CCH Smart Relate, with a click of a link you will access a list of all related official text documents, laws, regulations, and CCH explanations.

Contents of the subject divisions are identical for the print and CD or internet subscribers; however, the arrangement is different for the electronic media.

Medicare explanatory divisions in the print are located under the menu item Explanations and Annotations for the CD and/or internet subscribers.

CCH editors arrange all the explanatory material that appears in the first three print volumes by topic and subtopic. The Editors assign a separate paragraph (§) number to each subtopic, and provide an explanation, based on the material collected, for each of these subtopics. The explanations are based on the law, regulations, and official materials issued by the federal government, and are presented in an understandable manner. The explanatory text contains citations to the sources used and are followed by annotations summarizing relevant documents, most of which have been reported in full text in previous Reports.

Explanations of Medicare Parts A, B, C, and D, including eligibility and coverage information, are found throughout Volumes 1 and 3 of the Guide. The last subject division in Volume 1 covers the various prospective payment systems (PPS) that determine reimbursement for different Medicare providers.

The focus of Volume 2 of the Guide is on Medicare's retrospective cost-based system. These divisions are organized around Part 1 of the Provider Reimbursement Manual (PRM). Each section of the PRM is in full text and treated as a separate subtopic. Most chapters of the PRM are preceded by the applicable regulations, and each section is followed by a source note tracing the history of the section and by annotations giving the substance of rulings, court decisions, Provider Reimbursement Review Board decisions, etc., on the same subtopic. There is a line in small type at the end of each of these annotations, identifying the source of the annotation and giving the paragraph number (§) where the material was first reported in the Guide.

The next division is an overview of Part II of the Provider Reimbursement Manual, which consists of the Medicare provider cost reporting forms and the instructions for completing them. The next three divisions relate to the forms used by providers for billing purposes. Instructions from CMS manuals for completing these forms are included in this division.

Medicaid explanatory divisions in the print are located under the menu item Explanations and Annotations for the CD and/or Internet subscribers.

The Medicaid program is explained in Volumes 3 and 4. The Medicaid finding lists are in Volume 1. Medicaid fraud and abuse information is in Volume 3, Medicaid laws are in Volume 4, Medicaid regulations are in Volume 5, and Medicaid current developments are in Volume 6.

The first four of these Medicaid divisions describe such topics as eligibility, coverage groups, services covered, payment rules, and program structure. In Volume 4, the Medicaid State Plan division summarizes the variations in state Medicaid programs.

Medicare-Medicaid Law and Regulations sections in the print are located under the menu item *Laws and Regulations for the CD and/or Internet subscribers*.

Volume 4 includes the full text of the Social Security Act pertaining to the Medicare and Medicaid programs. Volume 5 contains the relevant regulations. Extensive historical notes are provided for the sections of law included, and source notes are given for the regulations.

Current Reports CD and internet subscribers have access to Report Letter Summaries from 1997 forward. Hyperlinks are added to allow the researcher access the cited full text document.

Current Reports, consecutively numbered and issued 50 weeks per year, contain updates to the explanations and the full text of recently published documents related to the Medicare and Medicaid programs. The information in each Report is coordinated with the contents of the loose-leaf Guide and arranged so new pages may replace existing pages or be added to the contents of the Guide. In addition, each Report begins with a summary (Report Letter) of the new developments and instructions for the filing of new pages, as well as news stories covering the significant Medicare and Medicaid related events of the week. Documents that are included in each Report appear in the Current Developments divisions, with appropriate references to paragraphs where earlier materials on the same topic appear in the subject matter divisions. Anything that is added to the print Guide each week also is added to the internet versions of the Guide.

Special Reports and Extra Editions are sent to CD and internet subscribers in print as well as being available within DDUs as they are issued.

In addition to the regular weekly Reports, or as part of a regular Report, subscribers with the texts (including Congressional Committee Reports) of federal legislation, regulations, and reports concerning Medicare or Medicaid.

Using the print Guide and current reports

Research Tools

The CCH Medicare and Medicaid Guide contains a number of research tools for locating pertinent material. These are, principally, the Topical Indexes, the Finding Lists, and the Table of Contents—all identified on the guide card “tabs”.

The basic approach is from the Topical Indexes to the subject matter divisions and from the subject matter divisions to the annotations, where paragraph references lead to the full text of current items in the Current Developments division. This “topical approach” involves two basic steps (note that each subject division begins with a detailed table of contents and that the topics of interest can be located easily by using the table of contents):

What to do first ...

The first step is to locate the topic in which you are interested in one of the “Topical Indexes” in Volume 1. There are three separate

Topical Indexes, one relating to Medicare, one to Medicaid, and one to PRRB decisions. In all the Topical Indexes, you will find each topic listed alphabetically, with paragraph (¶) number references to the particular item being researched.

As you read the explanatory material at the indicated paragraphs, be sure to review the annotations that follow.

You should always try to reduce your research topic to its essentials—a key word or words—before consulting the appropriate index. Appropriate cross-references direct you to the main index entry.

What to do next ...

After looking at the explanations and related annotations, check for new developments by consulting the finding list division for Current Developments in Volume 6, which contains the Topical Index to Current Developments. Other finding aids in this division are a list of pamphlets currently sent to subscribers.

Topical Index to Current Developments—Like the Medicare and Medicaid Indexes in Volume 1, the Topical Index to Current Developments is arranged by topic, and references are to Guide ¶ numbers. The entries will refer you to paragraph numbers in the Current Developments divisions. There also will be references to special reports (pamphlets) that have been issued to cover new laws, regulations, etc.

If you know the name of a court decision, you can locate the full text of the case through the Case Table.

References are to paragraph numbers

Paragraph numbers arrange the contents of each volume and of the current Reports. They are enclosed in brackets [ex. ¶6001] to distinguish them from official law, regulations, and manual section numbers, which are always included with official texts. These numbers, preceded by a paragraph sign (¶), designate each topic and subtopic. Paragraph numbers also appear on the outside corner at the bottom of each page. References throughout the Guide are paragraph numbers rather than page numbers.

Page numbers appear at the top outside corner of each page. Page numbers establish the sequence of pages in the volume and are used primarily for the filing of new pages in the Guide.

Internet Research Checklist

Browsing a publication/database

1. Click on the Publication/Database title.
2. Keep clicking on subsequent menu headings until you get to a document.

Searching for words or phrases

1. On a library tab, click the checkbox next to the item(s) you want to search (be sure to include any Current Developments).
2. Type your search terms in the box on the navigation bar.

3. Click the Search Tools button and verify or change the default settings:

- Search Method
 - Maximum number of results returned (9999 is largest number that CCH will return)
 - Sort by Relevancy (disabling will display results in publication order, as viewed in menu screens)
 - Automatically incorporate synonyms using CCH Thesaurus
- Results display option
 - Search by Date (for date-specific documents such as decisions and rulings)
 - Search in a Part of a Document (such as case-name)
 - Document Type

4. Click the Search button.

Searching for a citation (document reference number)

1. On a library tab, click the checkbox next to the item(s) you want to search.
2. Click the Find by Citation button.
3. Find appropriate citation format and type the citation into the box(es).
4. Click the Search button to the left of that format.

Finding related documents

- Click the last menu topic (small blue links at top of document) to view all nearby documents.
- If available – Click a ‘Smart Relate’ button to view related documents.

Starting a new search - Click Clear Search

Navigating

1. Between documents in publication order – Use ‘Nearby Documents’ commands: Previous or Next
2. Between search results – use ‘Search Results’ commands: Previous or Next
3. Back to Search Results List – Use ‘Search Results’ command: Back to Search Results
4. To your first key word within a document – First Search Term

Using the CD or Internet Guide

In addition to using the same tools available in the print guide, topical index, explanation references, and current developments, you have other time saving features.

Daily Document Updates provides a linkable list of the documents reported within the last 90 days. As new documents are added to Daily Document Updates, links to these documents can be delivered to you through your e-mail each day via the Medicare and Medicaid Tracker program. From the My CCH tab, you can sign up for and customize the Tracker program.

What’s New contains links to the past 9 report letters.

Interactive Charts for DRG tables allow you to create a customize chart for specific DRG topics. Smart Relate allows researchers to move from a CCH paragraph to related documents.

Smart Relate buttons look like this.

[Laws & Regulations](#)
[CMS Manual Links - subscribers only](#)
[Current Developments](#)

Searching using Boolean connectors narrows a search to ensure that the documents retrieved are more relevant to the issue.

Find by Citation permits researchers to quickly locate specific documents including CCH paragraphs, Cases and/or Agency documents, and manual sections using the document identification number or cite.

Hierarchy of Primary Source Documents in the Medicare and Medicaid Guide

Law (USC)

Medicare and Medicaid Laws documents contain the full text of Social Security Act Titles II, XI, and XVIII, pertaining to Medicare, and Titles IV, XVI, XIX, pertaining to Medicaid. The role of the law is to set the broad outline of who is eligible to receive benefits distributed from the monies collected from the income of taxpayers and how health care providers are reimbursed for the services they render. The law takes precedence over all other documents including regulations and court decisions. The only time a law would be in question is if the Supreme Court determined that it was in conflict with the U.S. Constitution either by its language or by its application.

Regulation (CFR)

The Centers for Medicare and Medicaid Services (CMS) is responsible for writing regulations that let affected parties know how they are to comply with the law. The process of getting regulations approved (or promulgated) is very lengthy both from a resource standpoint and approval standpoint. All proposed regulations must be published in the Federal Register and every citizen and/or interested group may comment on them. Once all comments are received, the regulations in their final form are finalized. Unlike the IRS for example, CMS does not write its regulations as a 1 to 1 correspondence to a Law section. In order to determine what regulation interprets what law section, the user would need to be within the explanations and note the authority cited. A Finding List exists for both proposed and finalized Federal Register Documents. In many cases, subscribers to the Guide in all media receive a separate pamphlet containing the Regulations; for example, the PPS Rates.

Court Decisions

The mission of the court is to determine if the law was correctly interpreted and applied to the facts of the case. All levels of federal courts are reproduced in all media of the Guide. Court decisions are equal to the law in significance and above the regulations in authority. Subscribers to the print have cases in Volume 6. CD and internet subscribers have all reported cases from 1997 to present.

An archive of cases reported from 1969 through 1996 is available as an add-on for CD and/or internet subscribers.

CMS Manuals

The purpose of each Manual is to provide direction to the user regarding compliance with laws and regulations. Each Manual has a specific audience and the purpose of the manual is explained in the forward. The Internet Research Network (IRN) has the full text of both the previous CMS Paper Based Manuals for historic purposes and the current CMS Internet Only Manuals. Subscribers to the CD and/or internet have the option of subscribing to the full text of all CMS Manuals: Paper Based, Internet Only, and the archive manuals back to 2000. Transmittals are used to communicate new or changed policies, and/or procedures that are being incorporated into a specific Centers for Medicare & Medicaid Services (CMS) program manual. The transmittal cover page summarizes what is changed.

Administrative Decisions

From a cost and time standpoint, CMS and providers would prefer to resolve issues on an administrative rather than judicial level. The categories of decisions listed below are reproduced in the Guide in all media. These decisions carry less weight than do the law/regulations/manuals; however, they are binding upon the parties involved and may be valid from a precedent standpoint. Included in the Decisions in the loose-leaf Guide are those in Volume 6. CD and Internet subscribers have access to all those issued from 1997 forward and they have the option to purchase those issued from 1969 through 1996.

CMS Rulings

CMS rulings are decisions of the Administrator that serve as precedent final opinions, orders, and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, and related matters. CMS rulings are binding on all components: the Provider Reimbursement Review Board, the Medicare Geographic Classification Review Board, the Appeals Council, and Administrative Law Judges who hear Medicare appeals. These Rulings promote consistency in interpretation of policy and adjudication of disputes.

CMS Administrator Decisions

CMS Administrator decisions arise from appeals of decisions of the Provider Reimbursement Review Board (PRRB), and usually involve issues related to provider cost reports. These decisions are the highest level of administrative appeal for cost reports; further appeals are brought before the U.S. District Courts. These decisions also include reviews of decisions made by the Medicare Geographic Classification Review Board (MGBRC).

HHS Departmental Appeals Board Decisions

The Departmental Appeals Board (DAB) review is the level of administrative review available to parties after the administrative law judge (ALJ) hearing decision or dismissal order has been issued, but before judicial review is available. The DAB is authorized to review

ALJ dispositions and may affirm, reverse, or modify such decisions or dismissals. The Medicare Appeals Council (MAC) is a ruling body within the DAB's Medicare Operations Division (MOD) that provides the final administrative review requested by beneficiaries, suppliers, or providers appealing ALJ decisions related to the denial of payment of claims for items and services under the Medicare program. The DAB provides impartial independent review of disputed decisions related to the Medicare and Medicaid programs and other programs under HHS. Generally, the DAB issues the final decision for HHS, which may be appealed to the federal court. Medicare and Social Security Administration regulations govern the DAB appeals process, depending upon the type of case being heard.

Provider Reimbursement Review Board Decisions

The Provider Reimbursement Review Board (PRRB) is an independent body that hears and decides disputes between a provider and an intermediary when at least \$10,000 is under dispute. Most PRRB Decisions involve the government's disallowance of payments that arise based on provider cost reports.

CCH Explanations

For a subscriber to understand how all the primary source documents work together, it is necessary for him/her to begin with the CCH Explanations. The reason for this approach is CCH Editors pull together all relevant primary source documents related to a given topic. The authority is cited within the text of the explanation. At the end of the explanation are the annotations with complete citations to the underlying authority.

Search Examples

Locate the procedures for obtaining Medicare reimbursement for outpatient ESRD (End Stage Renal Disease).

Print	Internet
Access the Topical Index in Volume 1.	Log into the Internet Research Network and place a check mark in the Explanation and Annotations menu line.
Review the entries under ESRD.	Using Boolean as the search method, type reimbursement w/par outpatient w/par end stage renal disease as the search expression. The search returned 23 documents.
Retrieve Volume 2 and go to the ESRD Table of Contents. Paragraph 7598 addresses the issue.	Change the display to Table of Contents hits only. Expand the topics and review the documents under Reimbursement for ESRD and Transplant Services.
	Save the 2 paragraphs (7598 and 7598B) to a research folder or save to a separate file, or e-mail to another user for review.

Locating changes to regulation 42 CFR §1001.1.

Print	Internet
Retrieve Volume 1 Table of Contents to locate the Volume that contains the Regulations. It is Volume 5.	Log into the Internet Research Network (IRN).
Retrieve Volume 5 and, using the regulation citations along the bottom of the page, locate the Regulation.	Place a checkmark in the laws and regulations menu box.
The Regulation is at page 25,601 and paragraph 22,188.20.	Click on Find by Citation and enter the citation. Then click on Search.
Locate the end of the Regulation and the .01 source notes for the specific Federal Register (FR) that occurred during the time of the transaction in question. It is 57 FR 3298.	Once the document is on the screen, scroll to the bottom of the document to review the .01 Source for the history of regulatory changes, and specifically those that occurred during the time of the transaction in question.
Retrieve Volume 6 and go to the Table of Contents for the Federal Register documents. This Federal Register cite was reported at paragraph 39,799. The Federal Register tab's finding list for adopted regulations shows this was in the 1992-1 Transfer binder.	Highlight the FR citation you want to review and click on Find by Citation; the Quick Link Box will contain the citation and retrieve the document.
Retrieve the Transfer Binder and review the paragraph.	Review the documents, save them to a Research Folder for later access, or e-mail/save to a file.

For how many days will Medicare cover nursing home stays for post-hospitalization stays in SNFs (skilled nursing facilities)?

Print	Internet
Retrieve Volume 1 and go to the Topical Index.	Log into the Internet Research Network.
Locate the entry for SNF and the subtopic duration of covered stays.	Place a checkmark in the Explanation and Annotations menu line.
Go to paragraph 1389 in Volume 1.	Use Boolean as the search method and go to Search Tools and turn off relevance.
Retrieve Volume 6 and go to the Cumulative Index to determine if any new documents have been reported.	Type SNF w/par post hospital w/par stay. This search retrieved 10 documents. Open document 5, Duration of Covered Extended Care Services.
	In addition to the explanation, additional research can be done by following the Smart Relate links.

CCH® Reimbursement ToolKit

The complete, one-stop shop for forecasting Medicare reimbursement.

Designed to assist health care reimbursement professionals with forecasting their Medicare reimbursement from CMS, the CCH Reimbursement ToolKit offers the ultimate cost-effective way to supplement or audit expensive contract management tools and billing systems. It also provides an impressive, time-saving alternative to complex Microsoft Excel® spreadsheets. And, unlike free or inexpensive calculators available on the Web, CCH updates the information used by the calculators on a weekly basis, so you enjoy peace of mind knowing you're using current data.

The CCH Reimbursement ToolKit provides seven separate calculators. The calculators, accessed via the Internet, link directly to related laws, regulations, and final rules, so you can examine the rationale behind the calculations. In addition, reports of each calculation are generated with the ability to save, print, or e-mail. And, each calculator features a wider geographic location drop-down pick list to accommodate longer names. The ToolKit also provides information from 2004 through 2008.

Calculators

Inpatient Prospective Payment System:

- The hospital-specific DRG payment rate for the beneficiary's case.
- Whether the case qualifies for an outlier payment, and, if it qualifies, what the outlier payment will be.
- The ability to simply enter a Provider Number for faster and easier calculations.
- Wage Index Data, which now includes blended wage values for superior accuracy.

Outpatient Prospective Payment System (enhanced to calculate up to 100 codes at one time):

- The hospital-specific payment amount for each HCPCS and APC classification assigned to the beneficiary's case.
- Whether the case qualifies for an outlier payment, and, if it qualifies, what the outlier payment will be.
- The ability to simply enter a Provider Number for faster and easier calculations.
- Wage Index Data, which now includes blended wage values for superior accuracy.

Long-term Care Hospital Prospective Payment System:

- The LTCH specific LTC-DRG payment rate for the beneficiary's case.
- Whether the case qualifies for a high-cost outlier and/or short-stay outlier payment, and, if it qualifies, what the outlier payment will be.

Inpatient Rehabilitation Facility Prospective Payment System:

- The IRF specific payment rate for each case.
- If the case qualifies for transfer per diem payment.
- Whether the case qualifies for an outlier payment, and, if it qualifies, what the outlier payment will be.

Physician Fee Schedule

- Enhanced to calculate up to 100 codes at one time:
- The Medicare payment amount under the Physician Fee Schedule (80% of the lesser of the doctor's actual charge or fee schedule amount).
- A service's eligibility for the Health Professional Shortage Area Bonus.

- For each calendar year, a service's eligibility for the Physician Scarcity Area Bonus.

Skilled Nursing Facility Prospective Payment System Calculator:

- The SNF's specific RUG payment rate for each beneficiary's case.
- Whether the case qualifies for an adjustment under either the Balanced Budget Refinement Act of 1999 (BBRA) or the Benefits Improvement and Protection Act of 2000 (BIPA).

Inpatient Psychiatric Facility Prospective Payment System:

- Hospital-specific DRG payment rate for each case.
- Whether the case qualifies for an outlier payment, and, if it qualifies, what the outlier payment will be.

Where applicable, the calculators will also determine whether or not a case qualifies for outlier payment and determine that outlier payment rate. You can print, save, or e-mail reports generated by the calculators. In addition, laws, regulations, and final rules on which the calculations are based are linked from the CCH Medicare and Medicaid Guide to the calculators.

Specifications

- Internet: Updates as needed.

Related CCH Products

Among the CCH loose-leaf Reporters and other publications are several that contain helpful information for dealing with problems faced by hospitals, nursing homes, and others with a stake in Medicare-Medicaid programs, including their accounting and other advisers. Below is a list of some of these Reporters and publications.

Physicians' Guide to Medicare

The Physicians' Medicare Guide is an easy-to-read, easy-to-use summary of Medicare rules applicable to physicians and their billing departments. This one-volume Reporter contains Medicare coverage rules, physician payment rules (including the full Physician Fee Schedule), potential Medicare penalties, QIOs, payment rules for laboratories and suppliers, claims filing, and appeals procedures.

Social Security taxes and benefits

Social Security taxes and benefits under federal laws are in CCH's Unemployment Insurance Reporter. Unemployment benefits and taxes under federal law and state unemployment compensation systems are also fully covered.

Books and pamphlets on related topics

Master Medicare Guide. This annual one-volume publication includes all the Medicare-related explanations contained in the six-volume loose-leaf product. The focus of this publication is on the basic information a health care provider will need to participate in the Medicare program in a given year. The book includes helpful examples, a review of the previous year's significant law and regulation changes, and a provider-specific index.

Medicare Explained. Medicare Explained summarizes the Medicare program in some detail, focusing primarily on topics of interest to beneficiaries, providers, physicians, and suppliers. The annual update includes law and other program changes that took place during the previous year.

Medicare and Medicaid Benefits. This pocket-size pamphlet provides a brief explanation of the Medicare program and summarizes parts of the Medicaid program of interest to beneficiaries.

Social Security Explained. Social Security Explained summarizes the Social Security program, including taxation, cover-

age, and benefits. It is updated annually, and includes the latest Social Security tax and benefit tables.

Social Security Benefits Including Medicare. This pocket-size pamphlet is published semi-annually and gives a brief easy-to-read explanation of the Social Security and Medicare programs. It also includes the latest Social Security tax and benefit tables and the current Medicare cost-sharing amounts.

Training Contacts

For hospitals and corporations, sign up for training on the internet versions of Medicare & Medicaid Guide by going to <http://bctraining.cch.com/webinars/>

For legal professionals, view currently scheduled sessions and register for hands-on, over-the-phone training by going to <http://business.cch.com/legalprotraining>.

To request training for a specific product/date/time, please send an e-mail to cchlegaltraining@cch.com (including your name, firm name, city/state, and product information).

Introducing the first end-to-end Charge Description Management (CDM) tool

– *CCH ChargeMaster Pro* –

A comprehensive solution that allows you to take control and truly manage your CDM by combining a specialized, hands-on education program, a full line-by-line review of your current charge structure plus the only desktop software application that lets you customize its operation to meet your own organization's needs. With *CCH ChargeMaster Pro* you gain the confidence and skill to take control of your CDM data, optimize reimbursement and ensure compliance!

Education + Evaluation+ Efficiency = Empowerment

Here is how *CCH ChargeMaster Pro* works to bring you the one complete solution:

- **Education** – Lecture plus hands on training that empowers your team to master CDM administration. Your current CDM becomes part of your intensive classroom experience as you work with your own codes to gain the

skill necessary to implement changes to your chargemaster on a routine basis.

- **Evaluation** – Our experts provide a full line-by-line item review of your organizations' codes to determine the accuracy of descriptions as they relate to the services, supplies and pharmaceuticals offered.
- **Efficiency** – *CCH ChargeMaster Pro* is the first desktop CDM management software application that is customized and capable of updating your CDM in a timely, realistic and cost-effective manner. It analyzes every line of code and suggests changes based on current, accurate data as well as top industry expertise.

CCH ChargeMaster Pro helps you to be more efficient and productive on an ongoing basis. By combining Education, Evaluation and Efficiency, you will be Empowered to manage your hospital's CDM. Call or visit ChargeMasterPro.cch.com today to learn more about how this new complete solution will help your hospital to optimize its reimbursement today on an on-going basis!

www.ChargeMasterPro.cch.com
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