

Guided Pathways to Medicare Resources

Intermediate Curriculum for Health Care Providers



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INTRODUCTION TO GUIDED PATHWAYS

It is recommended that the learner study the *Guided Pathways to Medicare Resources: Basic Curriculum for Health Care Professionals, Suppliers, and Providers* prior to commencing review of this intermediate-level guide. The basic curriculum provides a fundamental overview of Medicare knowledge, whereas this intermediate curriculum focuses on detailed policies regarding Medicare Fee-for-Service (FFS) policies and requirements for providers who enroll in Medicare using the 855 A form. There is a companion guide entitled *Guided Pathways to Medicare Resources: Intermediate Curriculum for Health Care Professionals and Suppliers* for those who enroll using the 855 B, I, or S forms.

We generally anticipate that most learners will meander through these resources and click on only topics of interest to them, instead of proceeding line-by-line.

This curriculum is directed at the following providers:

- Community Mental Health Center
- Comprehensive Outpatient Rehabilitation Facility
- Critical Access Hospital
- End Stage Renal Disease Facility
- Federally Qualified Health Center
- Home Health Agency
- Hospice
- Hospital
- Indian Health Services Facility
- Outpatient Physical Therapy / Occupational Therapy / Speech Pathology Services
- Religious Non-Medical Health Care Institution
- Rural Health Clinic
- Skilled Nursing Facility



MEDICARE INSTITUTIONAL PROVIDER REQUIREMENTS

Medicare Enrollment for Institutional Providers

Brochure - Medicare Enrollment for Institutional Providers

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/providers.pdf>

This brochure offers an overview of the enrollment process for institutional providers.

Fast Fact:

New providers must also simultaneously contact their local State Survey Agency (SA) when they contact their Medicare FFS contractor to enroll. The survey process is used to determine if a provider meets the requirements for participation in the Medicare Program. Failure to contact the SA or Medicare-approved accreditation organization in a timely manner may delay enrollment into the Medicare Program.

Certification and Compliance

Web page - Certification and Compliance

<http://www.cms.hhs.gov/CertificationandCompliance>

This web page provides an overview of certification and compliance requirements for Medicare.

Travel Tip:

The Social Security Act (the Act) mandates the establishment of minimum health and safety and Clinical Laboratory Improvement Amendments (CLIA) standards that must be met by providers and suppliers participating in the Medicare and Medicaid Programs. These standards are found in the 42 Code of Federal Regulations (CFR). The Secretary of the Department of Health and Human Services (HHS) has designated the Centers for Medicare & Medicaid Services (CMS) to administer the standards compliance aspects of these programs. All providers should be familiar with the certification and compliance requirements for their provider type.

Web page - Conditions for Coverage (CfC) & Conditions of Participation (CoP)

http://www.cms.hhs.gov/CFCsAndCoPs/01_Overview.asp

CMS develops CoP and CfC that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid Programs. This web page is an overview of these conditions.

Community Mental Health Center (CMHC)

Web page - CMHC Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/03_CommunityHealthCenters.asp

This page provides basic information about being certified as a Medicare and/or Medicaid CMHC provider and includes links to applicable laws, regulations, and compliance information.

Comprehensive Outpatient Rehabilitation Facility (CORF)

Web page - CORF Conditions of Participation

http://www.access.gpo.gov/nara/cfr/waisidx_01/42cfr485_01.html

This page provides information on the conditions of participation for specialized providers.

Web page - CORF Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/17_CORFs.asp

This page provides basic information about being certified as a Medicare and/or Medicaid CORF provider and includes links to applicable laws, regulations, and compliance information.

Critical Access Hospital (CAH)

Web page - CAH Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/03_CAHs.asp

This web page outlines the Code of Federal Regulations (CFR) that covers CAH conditions of participation under Medicare.

Web page - CAH Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/04_CAHs.asp

This page provides basic information about being certified as a Medicare and/or Medicaid CAH provider and includes links to applicable laws, regulations, and compliance information.

End Stage Renal Disease Facility (ESRD)

Web page - ESRD Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/13_ESRD.asp

This page provides information about the existing ESRD minimum health and safety rules that all Medicare and Medicaid participating dialysis facilities must meet.

Web page - ESRD Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/05_DialysisProviders.asp

This page provides basic information about being certified as a Medicare and/or Medicaid ESRD provider and includes links to applicable laws, regulations, and compliance information.

Federally Qualified Health Center (FQHC)

Web page - FQHC Certification and Compliance

http://www.cms.hhs.gov/CFCsAndCoPs/10_RHC_FQHC.asp

This page provides basic information about being certified as a Medicare and/or Medicaid FQHC provider and includes links to applicable laws, regulations, and compliance information.

Fact Sheet - FQHC

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual.%20keyword&filterValue=rural&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061827&intNumPerPage=10>

This fact sheet provides information about FQHC designation and covered FQHC services; FQHC preventive primary services that are not covered; FQHC payments; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Home Health Agency (HHA)

Web page - HHA Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/12_homehealth.asp

The existing Conditions of Participation (CoPs) are the minimum health and safety standards that home health agencies (HHAs) must comply with in order to qualify for reimbursement under the Medicare program. This web page outlines the Code of Federal Regulations (CFR) sections that cover HHA under Medicare.

Web page - HHA Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/06_HHAs.asp

This page provides basic information about being certified as a Medicare and/or Medicaid home health provider and includes links to applicable laws, regulations, and compliance information.

Hospice

Web page - Hospice Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/05_Hospice.asp

The existing CoPs are the rules that hospices must meet at this time. They address the manner in which hospices should provide care to their patients. This web page outlines the CFRs that cover Hospice Conditions of Participation under Medicare.

Web page - Hospice Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/07_Hospices.asp

This page provides basic information about being certified as a Medicare and/or Medicaid hospice provider and includes links to applicable laws, regulations, and compliance information.

Hospital

Web page - Hospital Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/06_Hospitals.asp

This web page offers an overview of 42 CFR 482 which contains the minimum health and safety requirements that hospitals must meet to participate in the Medicare and Medicaid Programs.

Web page - Hospital Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/08_Hospitals.asp

This page provides basic information about being certified as a Medicare and/or Medicaid hospital provider and includes links to applicable laws, regulations, and compliance information.

Fast Fact:

Congress passed the Clinical Laboratory Improvement Amendments (CLIA) in 1988 establishing quality standards for all laboratories testing to ensure the accuracy, reliability, and timeliness of patient test results, regardless of where the test was performed. The CLIA regulations are based on the complexity of the test method; thus, the more complicated the test, the more stringent the requirements. CMS offers a CLIA web page at http://www.cms.hhs.gov/CLIA/01_Overview.asp and a fact sheet under the Outreach and Education section of the CMS website.

Inpatient Psychiatric Facility (IPF)

Web page - IPF Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/09_psychhospitals.asp

These CoPs describe the definitions under the standards related to special medical record and special staffing requirements. This web page outlines the CFRs that cover Inpatient Psychiatric Facility (IPF) Conditions of Participation under Medicare.

Web page - IPF Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/13_PRTFs.asp

This page provides basic information about being certified as a Psychiatric Residential Treatment Facility (PRTF) and includes links to applicable laws, regulations, and compliance information.

Inpatient Rehabilitation Facility (IRF)

Web page - IRF Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/16_InpatientRehab.asp

This page provides basic information about being certified as a Medicare and/or Medicaid Inpatient Rehabilitation Facility (IRF) and includes links to applicable laws, regulations, and compliance information.

Outpatient Rehabilitation Facility (ORF)

Web page - ORF Conditions of Participation

http://www.access.gpo.gov/nara/cfr/waisidx_01/42cfr485_01.html

This web page outlines the CFRs that cover Outpatient Rehabilitation Facility (ORF) Conditions of Participation under Medicare.

Web page - ORF Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/15_OutpatientRehab.asp

This page provides basic information about being certified as a Medicare and/or Medicaid provider of outpatient therapy and includes links to applicable laws, regulations, and compliance information.

Religious Non-Medical Health Care Institution (RNHCI)

Web page - Hospital Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/19_RNHCI.asp

This page provides basic information about being certified as a Medicare and/or Medicaid Religious Non-Medical Health Care Institution (RNHCI) provider and includes links to applicable laws, regulations, and compliance information.

Rural Health Clinic (RHC)

Web page - RHC Conditions of Participation

http://www.cms.hhs.gov/CFCsAndCoPs/10_RHC_FQHC.asp

This page provides information on how Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are reimbursed by Medicare. In addition it describes health and safety standards that RHCs and FQHCs must comply with in order to qualify for Medicare reimbursement.

Web page - RHC Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/18_RHCs.asp

This page provides basic information about being certified as a Medicare and/or Medicaid RHC provider and includes links to applicable laws, regulations, and compliance information.

Travel Tip:

Search the Publications section of the Outreach and Education area of the CMS website to find the following fact sheets about RHCs:

- Rural Referral Center Fact Sheet, or
- Medicare Billing Information for Rural Providers, Suppliers, and Physicians.

Skilled Nursing Facility (SNF)

Web page - SNF Conditions of Participation

http://www.access.gpo.gov/nara/cfr/waisidx_01/42cfr483_01.html

This page provides the conditions of participation requirements for states and long term care facilities.

Web page - Nursing Home Certification and Compliance

http://www.cms.hhs.gov/CertificationandCompliance/12_NHs.asp

This page provides basic information about being certified as a Medicare and/or Medicaid nursing home provider and includes links to applicable laws, regulations, and compliance information. In the downloads section there are related nursing home reports and compendia.

Transplant Hospital

Web page - Transplant Hospital

http://www.cms.hhs.gov/CFCsAndCoPs/11_transplantcenter.asp

This web page includes a link to the Final Rule for hospital conditions of participation for transplant centers to perform organ transplants.

MEDICARE REIMBURSEMENT AND COVERAGE

Travel Tip:

The Guided Pathways basic curriculum included a section entitled Part A Reimbursement Information. This section included links to basic information about billing, reimbursement, and cost reports. This intermediate section guides you to more specific topics regarding Part A reimbursement.

Acute Hospital Inpatient Prospective Payment System (IPPS)

Web page - AIPPS

http://www.cms.hhs.gov/AcuteInpatientPPS/01_overview.asp

This page provides information on payments for the operating costs of acute care hospital inpatient stays under Medicare Part A (Hospital Insurance) based on prospectively set rates.

Travel Tip:

Hospitals that are paid under IPPS should review <http://www.cms.hhs.gov/HospitalAcqCond> to read about Hospital-Acquired Conditions (HAC) and Present on Admission (POA) Indicator.

Web-based Training Course (WBT) - Acute Hospital Inpatient Prospective Payment System (IPPS)

http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp

Web-Based Training courses (WBTs) are found on the Medicare Learning Network (MLN) web page; this course provides information on IPPS.

Acute Inpatient PPS Fact Sheet - (IPPS)

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=inpatient&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1192159&intNumPerPage=10>

This fact sheet provides general information about the Acute Inpatient Prospective Payment System (IPPS) including IPPS payment rates and how IPPS payment rates are set.

Web page - Pricer

http://www.cms.hhs.gov/PCPricer/03_inpatient.asp

This page provides Pricer information for IPPS hospitals that provide services to Medicare beneficiaries.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 3

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Section 20 of Chapter 3 provides outlier information on Medicare claims processing for payments under IPPS Medicare Severity Diagnosis Related Group (MS-DRGs).

MLN Matters Article SE0663 Lifetime Reserve Days (LRD)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0663.pdf>

This article provides information on notifying Medicare patients about lifetime reserve days.

Fact Sheet - Medicare Disproportionate Share Hospital (DSH)

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061825&intNumPerPage=10>

This fact sheet provides information about methods to qualify for the Medicare Disproportionate Share Hospital (DSH) adjustment; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and Deficit Reduction Act of 2005; number of beds in hospital determination; and Medicare DSH payment adjustment formulas.

Web page - Approved Transplant Centers

http://www.cms.hhs.gov/ApprovedTransplantCenters/01_overview.asp

This page provides a link to basic information about Medicare approval for organ transplant programs, and includes links applicable laws, regulations, compliance information, and a listing of currently approved programs.

Web page - Organ Procurement

<http://www.cms.hhs.gov/OrganProcurement>

This page provides an organ procurement directory for states by county.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 3

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 3 of this manual provides information on Medicare claims processing for inpatient hospital billing.

Web page - Overview of Medicare Geographic Classification Review Board (MGCRB)
<http://www.cms.hhs.gov/MGCRB>

This page provides basic information on the MGCRB. The Medicare Geographic Classification Review Board (MGCRB) decides on requests of Prospective Payment System (PPS) hospitals for reclassification to another area (urban or in some cases rural) for the purposes of receiving a higher wage index.

Ambulance

Web Page - Ambulance Service Center

<http://www.cms.hhs.gov/center/ambulance.asp>

This page provides information such as coding, billing, and reimbursement of ambulance services, along with enrollment and policy guidance.

Fact Sheet - Ambulance

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=ambulance&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1208452&intNumPerPage=10>

This fact sheet provides general information about the Ambulance Fee Schedule.

Beneficiary Notifications for Institutional Providers

Web page - Hospital-Issued Notice of Noncoverage (HINNs)

http://www.cms.hhs.gov/BNI/05_HINNs.asp

This web page provides an overview and links to HINNs.

Fast Fact:

Hospitals provide Hospital-Issued Notices of Noncoverage (HINNs) to beneficiaries prior to admission, at admission, or at any point during an inpatient stay if the hospital determines that the care the beneficiary is receiving, or is about to receive, is not covered because it is: not medically necessary; not delivered in the most appropriate setting; or is custodial in nature.

Web page - Hospital Discharge Appeal Notice

http://www.cms.hhs.gov/BNI/12_HospitalDischargeAppealNotices.asp

This page discusses informing beneficiaries who are hospital inpatients about their hospital discharge appeal rights.

Web page - Expedited Appeal Notice for Home Health Agencies (HHAs), Skilled Nursing Facilities (SNFs), Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Hospices

http://www.cms.hhs.gov/BNI/06_FFSEDNotices.asp

This web page provides information about an expedited beneficiary review process when providers anticipate that Medicare coverage of the patient's services will end.

Web page - Home Health Beneficiary Notice

http://www.cms.hhs.gov/BNI/03_HHABN.asp

This page provides information on home health advance beneficiary notices of non-coverage which protect beneficiaries from payment liability in certain situations unless they are notified of their potential liability in advance.

Web page - SNF Notices

http://www.cms.hhs.gov/BNI/04_FFSSNFABNandSNFDenialLetters.asp

Skilled Nursing Facilities (SNFs) are required to issue a liability notice before extended care item(s) and/or service(s), are initiated, reduced or terminated and Medicare is not expected to pay. This page provides information on SNF advance beneficiary notices of non-coverage and SNF denial letters.

Web page - Statutory Guidance

http://www.cms.hhs.gov/BNI/14_Statutory%20Guidance.asp

This web page explains applicable laws related to financial liability protections can be found in Title 18 (XVIII) of the Social Security Act and in Title 42 of the Code of Federal Regulations.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 30

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 30 discusses the Financial Liability Protections under the law.

Community Mental Health Center (CMHC)

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 4

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Section 260 of Chapter 4 provides information on billing requirements for CMHCs.

Critical Access Hospital (CAH)

Web Page - CAH Center

<http://www.cms.hhs.gov/center/cah.asp>

This page provides information on payments, certifications, resources, contacts, education, and manuals in relation to CAHs.

Fact Sheet - CAH

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=critical&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061826&intNumPerPage=10>

This fact sheet provides information about eligible CAH providers; CAH designation; CAH payments; reasonable cost payment principles that do not apply to CAHs; election of Standard Method or Optional (Elective) Payment Method; Medicare Rural Pass-Through funding for certain anesthesia services; HPSA Incentive payments; PSA Bonus payments; Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA); and grants to states under the Medicare Rural Hospital Flexibility Program.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 4

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Section 250 of Chapter 4 provides information on the special rules for critical access hospital outpatient billing.

End Stage Renal Disease (ESRD) Facility

Web page - ESRD

<http://www.cms.hhs.gov/home/medicare.asp>

This Medicare page offers an ESRD section.

Clinical Performance Measures (CPM) Project

<http://www.cms.hhs.gov/CPMProject>

This page provides a list of ESRD clinical performance measures and the development process final report.

Training Program - Creating AV Fistulas in All Eligible Hemodialysis Patients – University of Oklahoma

<http://cme.ouhsc.edu/5E016webtropages.htm>

This page provides education to those who provide or direct vascular access placement for hemodialysis patients.

Booklet - Preparing for Emergencies: A Guide for People on Dialysis

<http://www.cms.hhs.gov/MLNProducts/downloads/10150.pdf>

This booklet provides information on receiving emergency vascular access for patients receiving hemodialysis therapy for renal failure.

IOM - Medicare ESRD Network Organizations Manual, Pub 100-14

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019209>

This manual provides information on Medicare ESRD network organizations.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapters 8 and 20

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapters 8 and 20 of this manual include information about processing of ESRD claims.

Calculator - ESRD

http://www.cms.hhs.gov/PCPricer/02e_ESRD_Pricer.asp#TopOfPage

This page provides information on how to calculate Medicare ESRD payments by using a spreadsheet that allows users to enter information to predict reimbursement based on various patient characteristics.

Federally Qualified Health Center (FQHC)

Web page - Federally Qualified Health Center

<http://www.cms.hhs.gov/center/fqhc.asp>

This page provides general information on FQHCs.

FQHC Fact Sheets

<http://www.cms.hhs.gov/MLNProducts/MPUB/list.asp?filtertype=dual&datefiltertype=-1&datefilterinterval=&datafiltertype=2&datafiltervalue=Hospice&filtertype=keyword&keyword=federal&intNumPerPage=10&cmdFilterList=Show+Items>

Searching the MLN Publications provides information on FQHCs for which the provision of primary care services are underserved urban and rural communities.

Home Health Agency (HHA) Prospective Payment System (PPS)

Web page - Home Health PPS

<http://www.cms.hhs.gov/HomeHealthPPS>

This web page provides an overview of the HHA PPS payment methodology. This section contains useful information for understanding and implementing the prospective payment system for home health agencies.

Fact Sheet - Home Health PPS

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=home&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1207023&intNumPerPage=10>

This fact sheet provides information about coverage of home health services and elements of the Home Health PPS.

Fast Fact:

This information is important for all providers that treat beneficiaries who are under an HHA plan of care.

Web page - Outcome & Assessment Information Set (OASIS)

http://www.cms.hhs.gov/OASIS/01_Overview.asp

The purpose of this site is to store and disseminate policy and technical information related to OASIS (the Outcome and Assessment Information Set) data set for use in home health agencies (HHAs), State agencies, software vendors, professional associations and other Federal agencies in implementing and maintaining OASIS.

Pricer

http://www.cms.hhs.gov/PCPricer/05_HH.asp

This page provides the user's manual for the HHA PPS PC Pricer. The manual includes detailed instructions for the use of the PC Pricer software, including field definitions, claims entry instructions and sample screens and reports.

Demonstration Projects

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/list.asp>

This page provides information on the many Medicare demonstration projects that have been conducted in the past and those that continue.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 10

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 10 of this manual provides information on Medicare claims processing for home health agency (HHA) billing.

Hospice

Web page - Hospice Center

<http://www.cms.hhs.gov/center/hospice.asp>

This page provides information for hospice services such as the most current wage index, general provider information, and coding requirements.

Fast Fact:

This information is important for all providers that treat Medicare beneficiaries who are under hospice care for a terminal illness.

Fact Sheet - Hospice Payment System

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=hospice&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1188866&intNumPerPage=10>

This fact sheet provides general information about the Medicare hospice benefit including coverage of hospice services, certification requirements, election periods, and how payment rates are set.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 11

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 11 of this manual provides information on processing hospice claims.

Hospital Outpatient

Web page - Outpatient Prospective Payment System (OPPS)

http://www.cms.hhs.gov/HospitalOutpatientPPS/01_overview.asp

This page discusses the authority for CMS to implement OPPS under Medicare for hospital outpatient services, certain Part B services furnished to hospital inpatients that have no Part A coverage, and partial hospitalization services furnished by community mental health centers.

Fast Fact:

Not only are outpatient hospital services included in the OPPS payment system, but also antigens, vaccines, casts and splints furnished by HHAs; antigens, splints and casts furnished by hospices; and vaccines furnished by CORFs are paid under OPPS.

Fact Sheet - Hospital Outpatient Prospective Payment System

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=outpatient&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1188914&intNumPerPage=10>

This fact sheet provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set.

WBT - Outpatient Code Editor (OCE) course

http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp

This course, found on the Medicare Learning Network (MLN) Educational web page, is useful for physicians, healthcare professionals, and medical administrative staff, to understand the OCE utilized under the Outpatient Prospective Payment System (OPPS) and other payment systems. This course addresses the OCE in the Fiscal Intermediary Standard (or Shared) System (FISS).

Web page - OCE

http://www.cms.hhs.gov/OutpatientCodeEdit/01_Overview.asp

This web page provides an overview about OCE.

Fast Fact:

The 'integrated' Outpatient Code Editor (I/OCE) program processes claims for all outpatient institutional providers including hospitals that are subject to the Outpatient Prospective Payment System (OPPS) as well as hospitals that are NOT (Non-OPPS).

Web page - OPPTS Pricer

http://www.cms.hhs.gov/PCPricer/08_OPPTS.asp

The "Downloads" section of this page contains the logic, rates, wage index, and off-set amounts used by the OPPTS Pricer program to calculate Ambulatory Payment Classification (APC) rates, coinsurance, and deductibles.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 4

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 4 in this manual provides information on processing claims for inpatient hospital Part B and OPPTS.

Fast Fact:

Outpatient clinical laboratory services are paid based on a fee schedule in accordance with Section 1833(h) of the Social Security Act. Copayments and deductibles do not apply to services paid under the Medicare clinical laboratory fee schedule.

Web page - Clinical Laboratory Fee Schedule

<http://www.cms.hhs.gov/ClinicalLabFeeSched>

This web page provides an overview and important links.

Fact Sheet - Clinical Labs

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=clinical&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1209563&intNumPerPage=10>

This fact sheet provides general information about the Clinical Laboratory Fee Schedule, coverage of clinical laboratory services, and how payment rates are set.

Hospital Swing Bed

Web Page - Swing Bed Providers

http://www.cms.hhs.gov/SNFPPS/03_SwingBed.asp

This page provides information on the Social Security Act (SSA) that permits certain small, rural hospitals to enter into a swing bed agreement, under which the hospital can use its beds, as needed, to provide either acute or SNF care.

Fact Sheet - Swing Beds

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1212144&intNumPerPage=10>

This fact sheet reminds providers of the criteria for, and regulations regarding, classification as a Medicare certified swing bed hospital.

Web Page - Rural Hospitals with Swing Beds

<http://www.cms.hhs.gov/SNFPPS/Downloads/sbrural.pdf>

This page provides information on the use of swing beds in rural hospitals.

Transmittal 68

<http://www.cms.hhs.gov/transmittals/downloads/R68CP.pdf>

This transmittal provides information on the changes allowing Critical Access Hospitals (CAHs) to operate up to 25 beds as either acute or swing beds.

Web Page - Provider Reimbursement Board

<http://www.cms.hhs.gov/PRRBReview/downloads/2004D37.pdf>

This page provides information on the review board hearing on whether non acute care swing bed days should be included in the Medicaid proxy for the disproportionate share calculation.

MLN Matters Article SE0606

<http://www.cms.hhs.gov/ContractorLearningResources/downloads/JA0606.pdf>

This article provides information on Medicare certified swing bed hospital services.

Indian Health Services (IHS)

Web page - American Indian/Alaska Native Center

<http://www.cms.hhs.gov/center/ir.asp>

This page provides general information on American Indian/Alaska Native Medicare providers.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 19

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 19 provides information on Medicare enrollment, coverage, and claims processing for IHS.

Bookmark - IHS

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=bookmark&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1209936&intNumPerPage=10>

This bookmark lists the topics covered by the educational products and services of the MLN, the various product types available for Indian Health providers and their staffs, and the web address for the MLN.

Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS)

Web Page - IPF PPS

<http://www.cms.hhs.gov/InpatientPsychFacilPPS>

This page provides information on how IPF PPS payments are determined under the IPF PPS using a base rate with the possibility of various adjustments, of which the Medicare Severity Diagnosis Related Group (MS-DRG) adjustment is one.

MLN Matters Article MM5276

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5276.pdf>

This article provides information from Change Request (CR) 5276 that announces changes to the FY 2007 Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH) & Inpatient Psychiatric Facility (IPF) Prospective Payment System (PPS) based on the Fiscal Year (FY) 2007 IPPS Final Rule. This article also addresses the ICD-9-CM changes that affect the comorbidity adjustment under the IPF PPS.

Fact Sheet - IPF PPS

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=psychiatric&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1190368&intNumPerPage=10>

This fact sheet provides general information about the IPF PPS, how payment rates are set, and the Rate Year update to the IPF PPS.

Web page - IPF PPS Pricer

http://www.cms.hhs.gov/PCPricer/09_inppsy.asp

This page provides information on reimbursement calculations applicable under IPF PPS including all payments, adjustments and outlier adjustments.

Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS)

Web page - IRF PPS

<http://www.cms.hhs.gov/InpatientRehabFacPPS>

This page provides an overview of the history of IRF PPS under Medicare.

Fact Sheet - IRF PPS

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=rehab&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1198140&intNumPerPage=10>

This fact sheet provides information about IRF PPS rates and classification criterion.

Training Manual - IRF Patient Assessment Instrument (IRF-PAI)

<http://www.cms.hhs.gov/InpatientRehabFacPPS/downloads/irfpaimanual040104.pdf>

The purpose of this manual is to guide the user to complete the Inpatient Rehabilitation Facility – Patient Assessment Instrument which is required by CMS for reimbursement under the IRF Prospective Payment System.

Web page – IRF-PAI

http://www.cms.hhs.gov/InpatientRehabFacPPS/04_IRFPAI.asp

This page provides a list of important items associated with the IRF-PAI, along with downloadable software related to the submission of IRF-PAI data.

Web page - IRF PPS Pricer

http://www.cms.hhs.gov/PCPricer/06_IRF.asp

This page provides Pricer information for IRFs.

Long Term Care Hospital Prospective Payment System (LTCH PPS)

Web page - LTCH

http://www.cms.hhs.gov/LongTermCareHospitalPPS/01_overview.asp

This page provides information on the major elements of the LTCH PPS, training material and fact sheets, LTCH PPS regulations, and notices and the LTCH payment system.

Fact Sheet - Long Term Care Hospital: Short-Payment Adjustment Policy Fact Sheet

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=long&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1207758&intNumPerPage=10>

This fact sheet helps Medicare Part A providers better understand the various aspects of the Long Term Care Hospital (LTCH) Prospective Payment System. There are also links to several other Long Term Care fact sheets on this web page.

Training Guide - LTCH

http://www.cms.hhs.gov/LongTermCareHospitalPPS/03_ltch_train.asp

This page contains a link to the Long Term Care Hospital (LTCH) Training Guide to assist providers in the basic understanding of the Medicare LTCH PPS program and implementation.

PowerPoint Presentation - LTCH

http://www.cms.hhs.gov/LongTermCareHospitalPPS/03_ltch_train.asp

This page provides a link to a download for a PowerPoint presentation that contains detailed descriptions and includes specific examples of how to implement some of the more complicated policies of LTCH stays.

Web page - LTCH Pricer

http://www.cms.hhs.gov/PCPricer/07_LTCH.asp

This page provides Pricer downloads for LTCHs under Medicare Part A.

Fact Sheet - LTCH Short-Stay Outliers

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061402&intNumPerPage=10>

This fact sheet helps Medicare Part A providers better understand the various aspects of the Long Term Care Hospital (LTCH) Prospective Payment System. This fact sheet also provides information on LTCH PPS handling on Payments from short-stay outliers.

Fact Sheet - LTCH Interrupted-Stay Outliers

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=interrupt&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061401&intNumPerPage=10>

This fact sheet helps Medicare Part A providers better understand the various aspects of the Long Term Care Hospital (LTCH) Prospective Payment System. This fact sheet also describes what happens when an interrupted stay occurs during an LTCH stay.

Fact Sheet - LTCH High Cost Outliers

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=high%20cost&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061400&intNumPerPage=10>

This fact sheet helps Medicare Part A providers better understand the various aspects of the Long Term Care Hospital (LTCH) Prospective Payment System. This fact sheet also describes high cost outliers.

Fact Sheet - Long Term Care: Updated Final Rule

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=rule&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061403&intNumPerPage=10>

This fact sheet helps Medicare Part A providers better understand the various aspects of the prospective payment system (PPS). This fact sheet also describes significant policy changes that were adopted in the May 11, 2007 LTCH PPS and August 22, 2007 Final Rules.

Outpatient Rehabilitation Facility (ORF) / Comprehensive Outpatient Rehabilitation Facility (CORF)

IOM - Medicare Claims Processing Manual – Pub. 100-04, Chapter 5

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 5 of this manual provides claim processing information for billing ORF services.

Transmittal - R16SOMA - Revisions to Chapter 2, "The Certification Process," Appendix E - "Providers of Outpatient Physical Therapy or Outpatient Speech Language Pathology (OPT/SLP) Services," and Appendix K-- "Comprehensive Outpatient Rehabilitation Facilities

<http://www.cms.hhs.gov/transmittals/downloads/R16SOMA.pdf>

This transmittal updates manual information in Chapter 2 on the certification process for providers of outpatient physical therapy or outpatient speech language pathology.

MLN Matters Article MM3315 - CORF

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3315.pdf>

This article provides information on Medicare CORF providers and outlines key policy changes made in the CORF manual.

Part A Inpatient Benefit Periods

Internet-Only Manual (IOM) - Medicare General Information, Eligibility and Entitlement Manual, Pub. 100-01, Chapter 3

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS050111>

Section 10 of Chapter 3 of this manual provides information on deductibles, coinsurance amounts, and payment limitations for Hospital Insurance (Part A).

Travel Tip:

Many points of interest are in the CMS Manual System, called the Internet-Only Manuals (IOMs); access the publications that comprise the IOM at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> on the CMS website.

Fast Fact:

Pub refers to one of the manuals (publications) in the CMS Internet-Only Manuals (IOM), such as Pub. 100-04, Medicare Claims Processing Manual. When you click on a chapter within a manual, you are then able to edit/search for a term.

IOM - Medicare Benefit Policy Manual, Pub 100-02, Chapter 5

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673>

Chapter 5 of this manual provides information on the Medicare benefit policy that includes instructions about lifetime reserve days.

IOM - Medicare Benefit Policy Manual, Pub 100-02, Chapter 4

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673>

Chapter 4 of this manual provides information on the inpatient psychiatric Medicare benefit policy.

Preventive Services

Guide - Medicare Preventive Services

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=guide&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061419&intNumPerPage=10>

This guide provides information on Medicare's preventive benefits including coverage, frequency, risk factors, billing and reimbursement.

Travel Tip:

CMS has developed a variety of educational and informational resources to help health care professionals learn more about Medicare preventive services. Although most preventive services are covered under Medicare Part B, it is important for institutional providers to understand these services. Most institutional providers may file claims for these services. Search the Outreach and Education section of the CMS website to identify additional resources.

Provider Reimbursement Review Board

Web page - PRRB

<http://www.cms.hhs.gov/PRRBReview>

This page provides basic information on the Provider Reimbursement Review Board. The Provider Reimbursement Review Board is an independent panel to which a certified Medicare provider of services may appeal if it is dissatisfied with a final determination of its FI/MAC or CMS.

Religious Nonmedical Health Care Institution (RNHCI)

Transmittal 35

<http://www.cms.hhs.gov/Transmittals/downloads/R35GI.pdf>

This transmittal provides information regarding claims for beneficiaries with RNHCI elections.

Regulations - Advance Directives in Religious Institutions

<http://www.cms.hhs.gov/QuarterlyProviderUpdates/Downloads/cms1909f.pdf>

This section of the Federal Register provides information on the Final Rule that finalizes the Medicare requirements for coverage and payment of services furnished by RNHCIs, the conditions of participation that these institutions must meet before they can participate in Medicare, and the methodology used to pay these institutions and monitor expenditures for services they furnish.

MLN Matters Article MM3529, Coverage of Items and Services Furnished in the Home

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3529.pdf>

This article provides information on implementation of coverage of RNHCI items and services furnished in the home.

IOM - Medicare Claims Processing Manual, Pub 100-04, Chapter 25

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 25 of this manual provides information on how to complete and process the Form CMS-1450 data set.

Remittance Advice (RA)

Web page - Health Payment and Remittance Advice

http://www.cms.hhs.gov/ElectronicBillingEDITrans/11_Remittance.asp

This web page includes information about the Electronic Remit Advice (ERA) and Standard Paper Remit (SPR).

Web page - Remark Codes

<http://www.cmsremarkcodes.info/RemarkCodesMenu.aspx>

This page is used to assist users of REMARKS. REMARKS is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).

Travel Tip:

CMS offers a guide titled [Understanding the Remittance Advice \(RA\): A Guide for Medicare Providers, Physicians, Suppliers, and Billers](#) which you may access under the Outreach and Education area on the CMS website.

Rural Health Clinic (RHC)

Web page - Rural Health Center

<http://www.cms.hhs.gov/center/rural.asp>

This web page provides links to important RHC information.

Fact Sheet - RHC

<http://www.cms.hhs.gov/MLNProducts/MPUB/list.asp?filtertype=dual&datefiltertype=-1&datefilterinterval=&datafiltertype=2&datafiltervalue=Hospice&filtertype=keyword&keyword=rural&intNumPerPage=10&cmdFilterList=Show+Items>

Searching MLN for “rural” identifies several facts sheets of interest. This page provides information on RHCs which were established to address the inadequate supply of physicians who serve Medicare and Medicaid beneficiaries.

Skilled Nursing Facility (SNF) Prospective Payment System (PPS)

Web page - SNF PPS

<http://www.cms.hhs.gov/SNFPPS>

This page provides information on case mix prospective payment for SNFs based on the Balanced Budget Act (BBA) of 1997. This page also provides a download to the SNF Manual.

Federal Regulations

<http://www.cms.hhs.gov/SNFPPS/LSNFF/list.asp>

This page displays Federal Regulations related to Prospective Payment Systems (PPS) and Consolidated Billing for Skilled Nursing Facilities (SNFs).

Fact Sheet - SNF PPS

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual.%20keyword&filterValue=skilled&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1187456&intNumPerPage=10>

This fact sheet provides the elements of the Skilled Nursing Facility Prospective Payment System.

Web page - SNF Consolidated Billing

http://www.cms.hhs.gov/SNFPPS/05_ConsolidatedBilling.asp

This page provides information on consolidated billing for SNFs.

MLN Matters Number: SE0431 - Skilled Nursing Facility Consolidated Billing

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0431.pdf>

This article is intended to remind affected providers that SNFs must submit all Medicare claims for the services its residents receive, except for a short list of specifically excluded services.

MLN Matters Number: SE0432 - Skilled Nursing Facility Consolidated Billing as It Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0432.pdf>

This Special Edition describes SNF Consolidated Billing (CB) as it relates to certain types of exceptionally intensive outpatient hospital services, such as Magnetic Resonance Imaging (MRI) services, Computerized Axial Tomography (CT) Scans, and Radiation Therapy.

MLN Matters Number: SE0433 - Skilled Nursing Facility Consolidated Billing As It Relates to Ambulance Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0433.pdf>

This Special Edition article describes SNF Consolidated Billing as it applies to ambulance services for SNF residents.

MLN Matters Number: SE0434 - Skilled Nursing Facility Consolidated Billing and Erythropoietin (EPO, Epoetin Alfa)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0434.pdf>

This Special Edition describes SNF Consolidated Billing as it applies to Erythropoietin (EPO, Epoetin Alfa) and related services.

MLN Matters Number: SE0435 - Skilled Nursing Facility (SNF) Consolidated Billing as It Relates to Dialysis Coverage

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0435.pdf>

This Special Edition is an informational article that describes SNF Consolidated Billing as it applies to dialysis coverage for SNF residents.

MLN Matters Number: SE0436 - Skilled Nursing Facility Consolidated Billing and Preventive/Screening Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0436.pdf>

This Special Edition is an informational article that describes SNF Consolidated Billing as it applies to preventive and screening services provided to SNF residents.

MLN Matters Number: SE0437 - Skilled Nursing Facility Consolidated Billing as It Relates to Prosthetics and Orthotics

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0437.pdf>

This Special Edition is an informational article that describes SNF Consolidated Billing as it applies to prosthetics and orthotics for SNF residents.

MLN Matters Number: SE0438 - Medicare Prescription Drug, Improvement, and Modernization Act (MMA) – Skilled Nursing Facility Consolidated Billing and Services of Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0438.pdf>

This Special Edition is an informational article that describes SNF Consolidated Billing as it applies to services provided by RHCs and FQHCs.

MLN Matters Number: SE0439 - Skilled Nursing Facility Consolidated Billing as It Relates to Clinical Social Workers (CSW)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0439.pdf>

This Special Edition is an informational article that describes SNF Consolidated Billing as it applies to CSW services furnished to SNF residents during a Part A covered stay.

MLN Matters Number: SE0440 - Skilled Nursing Facility Consolidated Billing as It Relates to Certain Diagnostic Tests

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0440.pdf>

This is an informational article that describes SNF Consolidated Billing as it applies to certain diagnostic tests that include both a technical component (representing the test itself) and a professional component (representing the physician's interpretation of the test).

MLN Matters Number: MM3592 - Skilled Nursing Facility (SNF) Consolidated Billing Service Furnished Under an "Arrangement" with an Outside Entity

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3592.pdf>

This article explains that an "arrangement" between a Medicare skilled nursing facility (SNF) and its supplier is validated not by the presence of specific supporting written documentation but rather by their actual compliance with the requirements governing such "arrangements."

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 6

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Section 10.1 of Chapter 6 provides information on the requirements for Part A billing (including consolidated billing) for SNFs.

Web Based Training Course - Skilled Nursing Facility Consolidated Billing

http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp

This course is geared toward understanding SNF coverage, reimbursement, and the services included under consolidated billing.

Web page - SNF Minimum Data Set (MDS)

http://www.cms.hhs.gov/MinimumDataSets20/01_Overview.asp

This page provides technical information related to the MDS version 2.0 resident assessment instrument.

Web page - Pricer

http://www.cms.hhs.gov/PCPricer/04_SNF.asp

This page provides information on the SNF user's manual giving detailed instructions for the use of the PC Pricer software, including field definitions, claims entry instructions, and sample screens and reports.

IOM - Medicare Claims Processing Internet-Only Manual, Pub. 100-04, Chapter 7

<http://www.cms.hhs.gov/Manuals/iom/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912>

Chapter 7 of this manual provides information regarding SNF Part B billing including inpatient Part B and outpatient fee schedule billing information.

Quick Reference Chart - SNF Spell of Illness

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=snf&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1192882&intNumPerPage=10>

This reference chart provides Medicare claims processing information related to SNF spells of illness.

Specialty Hospitals

Web page - Specialty Hospital Issues

http://www.cms.hhs.gov/PhysicianSelfReferral/06_specialty_hospital_issues.asp

This page provides information regarding physician referrals to specialty hospitals in which they have an ownership or investment interest.

Recommendations on Physician-Owned Specialty Hospitals

<http://www.cms.hhs.gov/reports/downloads/RTCPhysSpecHospPt2.pdf>

This page provides information on recommendations for administrative or statutory changes relative to specialty hospitals.

Study on Physician-Owned Specialty Hospitals

<http://www.cms.hhs.gov/reports/downloads/RTCPhysSpecHosp.pdf>

This page provides information on the study for physician-owned specialty hospitals required in section 507(c) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

IMPROVING PATIENT QUALITY

Web page - Quality Initiatives

<http://www.cms.hhs.gov/QualityInitiativesGenInfo>

This page provides basic information on the quality initiatives that promote ongoing CMS strategies to improve the quality of care provided to beneficiaries.

Web page - Quality Improvement Organization (QIO)

http://www.cms.hhs.gov/QualityImprovementOrgs/01_overview.asp

This page provides basic information on the requirements for QIOs, including their mission to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

Web page - End-Stage Renal Disease (ESRD) Quality Improvement Initiative

<http://www.cms.hhs.gov/ESRDQualityImproveInit>

This page provides information on the ESRD quality improvement initiative and how it supports quality improvement efforts among providers and makes available quality information that will enable beneficiaries to participate in making health care decisions.

Web page - Home Health Quality Initiative

<http://www.cms.hhs.gov/HomeHealthQualityInits>

This page provides information on the home health quality initiatives.

Web page - Hospital Quality Initiative

<http://www.cms.hhs.gov/HospitalQualityInits>

This page provides a basic overview of the hospital quality initiatives.

Web page - Nursing Home Quality Initiative

<http://www.cms.hhs.gov/NursingHomeQualityInits>

This page provides consumer and provider information on the quality of care in nursing homes and discusses quality measures that are provided at the Nursing Home Compare website at <http://www.Medicare.gov> and allows consumers, providers, States and researchers to compare information on nursing homes that are Medicare or Medicaid certified.

MEDICARE SERVICES – Miscellaneous

Clinical Trials

Web page - Clinical Trials

<http://www.cms.hhs.gov/ClinicalTrialPolicies>

This page provides overview on clinical trails and how they are research and designed to evaluate the safety and effectiveness of medical care.

Health Care Cost Report Information System

Web page - Hospital Cost Report

http://www.cms.hhs.gov/CostReports/02_HospitalCostReport.asp

This page provides information on the hospital cost report.

Fast Fact:

Medicare certified institutional providers should read this section.

Web page - Skilled Nursing Facility (SNF) Cost Report

http://www.cms.hhs.gov/CostReports/03_SkilledNursingFacility.asp

This page provides information on the SNF cost report.

Web page - End Stage Renal Facility (ESRD) Cost Report

http://www.cms.hhs.gov/CostReports/04_RenalFacility.asp

This page provides information on the ESRD cost report.

Web page - Hospice Cost Report

http://www.cms.hhs.gov/CostReports/05_Hospice.asp

This page provides information on the hospice cost report.

Web page - Home Health Agency (HHA) Cost Report

http://www.cms.hhs.gov/CostReports/06_HomeHealthAgency.asp

This page provides information on the HHA cost report.

Medicare Payment Advisory Commission (MedPAC)

Web page - MedPAC

<http://www.medpac.gov>

This page provides information on the Medicare Payment Advisory Commission (MedPAC), which is an independent Federal body advising Congress on Medicare issues.

Medicare Approved Facilities

Web page - Medicare Approved Facilities

<http://www.cms.hhs.gov/MedicareApprovedFacilitie>

This page provides basic information on Medicare approved facilities who meet the minimum standards to ensure the safety of beneficiaries and have the ability to provide complex services such as carotid artery stenting, VAD destination therapy, bariatric surgery, certain oncologic PET scans in Medicare-specified studies, and lung volume reduction surgery.

Medicare Demonstrations

Web page - Medicare Demonstrations

<http://www.cms.hhs.gov/DemoProjectsEvalRpts>

This page provides a basic overview of Medicare demonstrations projects used to test and measure the effect of potential program changes.

Medicare Enrollment Reports

Web page - Medicare Enrollment Reports

<http://www.cms.hhs.gov/MedicareEnrpts>

This site contains various Medicare enrollment tables. There are national and state enrollment trends, state enrollment by aged, disabled and all, as well as county level enrollment.

Medicare Fee-for-Service Statistics

Web page - Medicare Fee-for-Service Statistics

<http://www.cms.hhs.gov/MedicareFeeforSvcPartsAB>

This page provides information on Medicare Fee-for-Service Statistics for Medicare Parts A and B.

Medicare-Medicaid Relationship

Brochure - Medicare-Medicaid Relationship

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=brochure&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061407&intNumPerPage=10>

This brochure describes situations in which Medicare beneficiaries who have low incomes and limited resources may also receive help from the Medicaid Program. For such persons who are eligible for full Medicaid coverage, the Medicare health care coverage is supplemented by services that are available under their State's Medicaid program.

Medicare Program Rates & Statistics

Web page - Medicare Program Rates & Statistics

<http://www.cms.hhs.gov/MedicareProgramRatesStats>

This page provides information on the operations of Medicare, Medicaid, and the health care industry including a brief summary of the Medicare and Medicaid programs including information on benefits and financing, health care indicators, market basket indices for health care providers, and the average Medicare trust fund interest rates.

Sustainable Growth Rates & Conversion Factors

Web page - Sustainable Growth Rates & Conversion Factors

<http://www.cms.hhs.gov/SustainableGRatesConFact>

This page provides information from the MedPAC report estimating the Sustainable Growth Rate (SGR) and estimated conversion factor applicable to Medicare payments for physicians' services for the following year and the data underlying these estimates.

Telehealth

Web page - Telehealth

<http://www.cms.hhs.gov/Telehealth>

This page provides an overview of telehealth services.

MLN Matters Article MM4204 - List of Medicare Telehealth Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4204.pdf>

This article provides a list of Medicare telehealth services and adds registered dietitian and nutrition professionals to list the practitioners eligible to furnish and receive payment for telehealth.

Fact Sheet - Guidelines for Teaching Physicians, Interns, and Residents

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1186870&intNumPerPage=10>

This fact sheet provides information about payment for physician services in teaching settings, general documentation guidelines, and evaluation and management documentation guidelines.

Fact Sheet - Section 1011: Federal Reimbursement of Emergency Health Services
Furnished to Undocumented Aliens

<http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS063878&intNumPerPage=10>

This fact sheet describes available funding, eligibility and enrollment services to undocumented aliens as detailed in Section 1011 of the Medicare Modernization Act of 2003 (MMA).