

# MEDICARE PART A BULLETIN

November 10, 1998

General Medicare Bulletin G-356

TO: All Medicare Providers

FROM: Program Relations

SUBJECT: **MEDICARE PART A INFORMATION AND EDUCATION  
RESOURCES FOR CUSTOMER USE AND/OR PURCHASE**

**ATTENTION MEDICARE BUSINESS OFFICE MANAGER:** Please distribute to all appropriate health care facility personnel.

The purpose of this bulletin is to communicate, to Medicare Part A customers, a comprehensive list of Information and Education Resources available for use and/or purchase. As part of our continuous improvement efforts, it is our desire to ensure customers are aware of the many informational resources and educational tools available to assist the Part A provider community. Some of these resources are available for purchase (see attached order form ) other materials are available at no cost through the Bulletin Board System (BBS), Internet (web) sites, and/or automated phone systems.

## **FREE INFORMATION AND EDUCATIONAL RESOURCES AVAILABLE:**

**Bulletin Board System (BBS):** The electronic **Medicare Online Bulletin Board System (BBS)** is available 24 hours a day, seven days a week. All of the information found on the Medicare Online BBS may be viewed online or downloaded (copied) to the user's own computer.

Available information includes: Medicare A and B Bulletins, Updates, HCPCS file, Reason & Revenue Codes (now with a search mode added), Medical Policies, fee schedules, Medigap listings, Unique Physician Identification Number (UPIN) Directory, and Computer-Based Training (CBT) Modules, which are free interactive training programs (see attached flyer).

**Free BBS communication software may be obtained by calling (904)791-8384.**

**Computer Based Training (CBT):** Providers may download and utilize any or all of the eight CBT modules currently available at no cost. These modules are an excellent training aid for your facility, many providers use them as a hiring tool. Modules currently available include:

- |                             |  |
|-----------------------------|--|
| o World of Medicare         | o ICD-9 Coding   |
| o Fraud and Abuse           | o CPT Coding   |
| o HCFA-1450 (UB-92) Billing | o Reject and Denials (PartB)                               |
| o HCFA-1500 Claim Filing    | o Evaluation and Management (E/M) Documentation Guidelines |

**Florida Medicare Internet Site:** As a Medicare contractor, Florida Medicare works directly with the

Health Care Financing Administration (HCFA) in providing training for the provider community on a local and national scale. All of our instructional material meets or exceeds the highest national educational standards set by HCFA.

Florida Medicare is one of the largest Medicare contractors in the country. Since its start in 1966, Florida Medicare has been meeting the needs of the Medicare community with quality specialty-specific training, offering authoritative instruction in the proper billing of Medicare claims. This web site is available to our provider customers, here you can find many hot topics pertaining to the provider community.

The Internet web site address is: **[www.floridamedicare.com](http://www.floridamedicare.com)**

Information that can be obtained from this site include:

- who we are
- computer based training
- seminars
- contacts
- what's new
- related links
- facts answers and questions

**HCFA Information Web Site:** There may be times that you as a provider may want to access the HCFA web site for additional information on transmittals and general Medicare information.

The HCFA web site can be accessed via the Internet at **[www.HCFA.gov](http://www.HCFA.gov)**

Information that can be obtained from this site include:

•**Links to sites with HCFA Laws and Regulations material;**

•**Federal Register Notices and Regulations:** Will link you to the Government Printing Office (GPO) web site which includes the Federal Register, Congressional Bills, Congressional Records, Public Laws and U.S. Code. Balanced Budget Act of 1997.

Information for complete **HCFA Regulations, Laws and Manuals available via download, or for purchase (e.g., via CD-ROM).**

U.S. Government Printing Office

Superintendent of Documents

P.O. Box 371954

Contact: Sales Order and Information Desk (GPO)

(202) 512-1800 Fax (202) 512-2250

**Provider Automated Response Unit (ARU):** The ARU provides customer access to obtain specific information via the ARU, without speaking directly to a Customer Service Representative (CSR). Due to your feedback, the following **new enhancements** will be updated in the **near future**:

- Top Questions and Answers

- Reference Material
- Patient Eligibility
- HMO Information
- Top Reason Codes

The Following are features that are **available now** via the ARU:

- Claim Status (Inquiry); and
- Financial (Check) Information.

### **HOW TO USE THE ARU**

When calling our Customer Service Department (**904/355-8899**), you will be prompted with the following options:

- A. Press “1” to be transferred to the ARU.
- B. Stay on the line and your call will be answered by the next available representative.

The ARU will prompt you for specific information to ensure secured access, such as: “Enter your Medicare provider number.” This will allow inquiry access for both Claim Status and Financial (Check) Information for your facility.

### **Medicare A Xpress (MAX) Telephone Service - (904) 355-8263:**

MAX is a voice message system which is available 24-hours a day, 7-days a week. MAX initially provided the capability to communicate program changes or updates through a Provider Hot line voice mailbox capability. Our added feature allows providers to request copies of Medicare Part A bulletins, via the voice mailbox system. Keep in mind, that Medicare Part A Bulletins are also readily accessible (at no cost) via the Bulletin Board System (BBS).

### **MEDICARE SEMINARS:**

**Medifest:** The Medifest training program is structured to provide modular training on Medicare Program topics. The **Medifest** approach offers providers the opportunity to attend a variety of specialty and general interest classes at one location. In addition, these programs will be offered in concert with the Medicare Part B Carrier, the Peer Review Organization (PRO), Medicaid, and the Medicare Fraud Unit. In addition, attendees may visit a free exhibit area, to learn about office automation options available from vendor representatives or speak with Medicare and Medicaid staff about specific questions or issues.

**Symposiums:** Symposiums are designed as an information sharing session regarding Medicare Program Changes. This communication forum’s aim is to promote two-way communication and dialogue between the fiscal intermediary and our provider customers.

## **PUBLICATIONS AVAILABLE FOR PURCHASE:**

### **TRAINING MANUALS**

- Comprehensive Outpatient Rehabilitation Facility (CORF)/Outpatient Rehabilitation Facility (ORF): Provides information on the Health Care Financing Administration (HCFA) guidelines as they pertain to CORF/ORF providers and services.
- Part A Medical Review/AI: Provides information on the Artificial Intelligence (AI) system, the medical applications contained in the AI system and the HCFA regulations that apply. Information is also provided on the Focused Medical Review (FMR), Comprehensive Medical Review (CMR) programs, and the Reconsideration and Review processes.
- Partial Hospitalization Program (PHP): Provides information on HCFA's coverage of the Medicare outpatient partial hospitalization benefit, eligibility, and scope of services. The educational material is designed to inform hospitals and Community Mental Health Center providers only, and includes key billing information.
- Skilled Nursing Facility (SNF): Provides information on the Prospective Payment System as it pertains to skilled nursing facility (SNF) providers and services.
- UB-92 Beginning Billing: Offers an individual review of each of the eighty-six form locators on the UB-92 (HCFA-1450) claim form and billing requirements.

### **OTHER PUBLICATIONS:**

- REASON CODE LISTING:** The Reason Codes list provides comprehensive definitions of the intermediary's locally assigned five-digit reason code messages identifying claims payment, Return to Provider (RTP), Rejects, and/or Denials. The reason code list is now available in CD ROM form, at a cost of \$ 13.95. The CD ROM copy will be updated biannually. In addition, the entire reason code file may be accessed (at no cost) via the Bulletin Board System (BBS) and in the future thru the ARU.
- SUBSCRIPTION FOR MEDICARE PART A BULLETINS:** Medicare makes Part A bulletins available by subscription. The cost of the annual calendar year subscription is \$125, and includes all bulletins published through December 31 of the subscribing year.

Providers serviced by this fiscal intermediary will continue to receive one single free copy of Part A bulletin publications, addressed to the Business Office Manager. In addition, providers are encouraged to copy/reproduce our bulletins for internal distribution within their facilities. In this instance, there is no need to purchase bulletins via subscription. However, some providers have expressed a desire to purchase bulletin subscriptions. These purchased subscriptions may be addressed for direct mailing to specific individuals/areas within a provider facility (e.g., Medical Records, Finance, Distinct-Part Units, clinical staff, etc.). Please complete the attached order form.

As part of our continuous improvement process, a new look is coming to our customer communications. In the very near future, Medicare A will begin publication of a bi-monthly “newsletter,” however the bulletin format will still be utilized for information that must be published to the provider community in a more expeditious manner.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.