

MEDICARE PART A BULLETIN

March 15, 1999

General Medicare Bulletin G-368

To: All Medicare Providers

From: Medicare Program Relations

Subjects: **Heart, Liver, and Lung Transplant Centers in Florida,
Hepatitis C Lookback,
Overpayment Interest Rate,
The Medicare Fraud and Abuse Incentive Reward Program,
and
FREE Medicare Computer Based Training Courses.**

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

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

Heart, Liver, and Lung Transplant Centers in Florida

Below is a list of Medicare-approved heart transplant centers, heart-lung transplant centers, and liver transplant centers in Florida.

Medicare Heart Transplant Centers

<u>Name and Address</u>	<u>Effective Date</u>
Tampa General Hospital-Davis Islands P.O. Box 1289 Tampa, Florida 33601	August 19, 1988
Shands Hospital (University of Florida) Box J-286, JHMHC Gainesville, Florida 32610	January 19, 1990
Jackson Memorial Hospital 1611 N.W. Twelfth Avenue Miami, Florida 33136	September 29, 1995

Medicare Heart-Lung Transplant Centers

<u>Name and Address</u>	<u>Effective Date</u>
University of Florida Shands Transplant Center P.O. Box 100251 Gainesville, Florida 32610-0251	April 7, 1997

Medicare Liver Transplant Centers

<u>Name and Address</u>	<u>Effective Date</u>
Jackson Memorial Hospital 1611 N.W. Twelfth Avenue Miami, Florida 33136	February 15, 1995
Shands Hospital at University of Florida P.O. Box 100251 Gainesville, Florida 32610-0251	June 2, 1995

Hepatitis C Virus Lookback

Hepatitis C virus (HCV) is the most common blood-borne infection in the United States. An estimated four million Americans have been infected with HCV, of whom about 7% may have acquired their infection from blood transfusions. Because HCV is a chronic, often asymptomatic disease that may ultimately have serious health consequences, a nationwide effort is now underway to identify people who may have been infected.

At public meetings held in April and August 1997, the Public Health Service (PHS) Advisory Committee on Blood Safety and Availability discussed improvements in the treatment and management of HCV infection and improvements in testing for the HCV antibody. The Advisory Committee then recommended that, over the next few months, blood establishments and hospitals notify previous recipients of blood components from donors who tested positive for HCV upon a subsequent donation. Following the Department of Health and Human Services acceptance of recommendations from the PHS Advisory Committee, the Food and Drug Administration (FDA) developed industry guidelines for testing, quarantining and notification of HCV. These guidelines were finalized in September 1998 and mark the beginning of a change in the standard of practice for the testing of blood for HCV, the quarantine of blood and blood products, and the notification of patients who may have received HCV infected blood and blood products.

HCFA is currently developing a proposed rule regarding the “HCV lookback” and blood safety issues that will mirror the FDA’s proposed rule and industry guidelines.

The FDA’s current guidelines are entitled Guidance for Industry—Supplemental Testing and the Notification of Consignees of Donor Test Results for Antibody to Hepatitis C Virus (Anti-HCV). These guidelines can be found on the Internet at www.fda.gov/cber/guidelines.htm.

Overpayment Interest Rate

Medicare Part A assesses interest on overpaid amounts which are not refunded in a timely manner. Interest will be assessed if the overpaid amount is not refunded within 30 days from the overpayment demand letter date. The interest rate on overpayments is based on the higher of the private consumer rate (PCR) or the current value of funds (CVF) rate.

Effective February 1, 1999, the interest rate applied to Medicare overpayments is 13.75 percent, based on the new revised PCR.

The following table lists interest rates:

<u>Period</u>	<u>Interest Rate</u>
February 01, 1999 - present	13.75%
October 23, 1998 - January 31, 1999	13.50%
July 31, 1998 - October 22, 1998	13.75%
May 13, 1998 - July 30, 1998	14.00 %
January 28, 1998 - May 12, 1998	14.50%
October 24, 1997 - January 27, 1998	13.875%
July 25, 1997 - October 23, 1997	13.75%
April 24, 1997 - July 24, 1997	13.50%
January 23, 1997 - April 23, 1997	13.625%
October 24, 1996 - January 22, 1997	13.375%

The Medicare Fraud and Abuse Incentive Reward Program

One provision of the Health Insurance Portability and Accountability Act of 1996 instructs the Department of Health and Human Services (DHHS) to establish a program encouraging people to report information on individuals and entities engaging in sanctionable acts or omissions under the Social Security Act, as well as those engaged in other sanctionable fraud and abuse against Medicare. Recently, a program was established allowing payment to individuals who provide information on Medicare fraud and abuse or other sanctionable activities.

Here's how the Medicare Fraud and Abuse Incentive Reward Program works:

The Medicare program will give a monetary reward only for information leading to a minimum recovery of \$100 of Medicare funds from individuals and entities determined to have committed sanctionable offenses.

The information must relate to a specific situation, individual, or entity, and must specify the time period of the alleged activities. It must be relevant material to impose a sanction, and non-frivolous. The Health Care Financing Administration (HCFA) does not give a reward for information relating to an individual or entity that, at the time the information is provided, is already the subject of a review or investigation by HCFA, its contractors, the Office of the Inspector General (OIG), the Department of Justice (DOJ), the Federal Bureau of Investigation (FBI), or any other federal, state, or local law enforcement agency.

Any person is eligible to receive a reward if the person submits the information described previously. The following individuals are ineligible to receive a reward:

- An individual who was or is an immediate family member of, or an officer or employee of DHHS, its contractors or subcontractors, the Social Security Administration (SSA), the OIG, a state Medicaid agency, the DOJ, the FBI, or any other federal, state, or local law enforcement agency at the time he/she came into possession of or divulged information leading to a recovery of Medicare funds;
- Any other federal or state employee, contractor or subcontractor, or a DHHS grantee, if the information submitted came to his/her knowledge during the course of his/her official duties;
- An individual who illegally obtained the information he/she submitted; or
- An individual who participated in the sanctionable offense with respect to which payment would be made.

The amount of the reward will not exceed 10 percent of the amounts recovered in the case, or \$1000, whichever is less.

Individuals who contact the Medicare contractor to report Medicare fraud and abuse are automatically considered for the reward program. Individuals should note that the process may take a significant amount of time, since an investigation could take months or years to complete. However, on completion of an investigation resulting in a recovery of \$100 or more, the individual who qualifies for the reward will be notified by letter.

FREE Medicare Computer Based Training Courses

The Health Care Financing Administration (HCFA), through its Medicare contractor, First Coast Service Options, Inc. (FCSO), now offers a free Medicare On-line Training Web Site (www.medicaretraining.com), designed to capitalize on the emerging Internet-based training market. Users may access the site to download free Medicare computer based training (CBT) courses to help develop their Medicare billing skills and knowledge.

Each course is national in scope. CBT users can apply what they learn, no matter what state they are from. Nine courses are currently available and three more are planned for 1999.

Currently Available

- Introduction to the World of Medicare
- Evaluation and Management Documentation
- CPT Coding
- Front Office Management
- ICD-9-CM Coding
- Medicare Fraud & Abuse
- HCFA-1450 (UB92) Claims Filing
- Medicare Home Health Benefit
- HCFA-1500 Claims Filing

Here's How Medicare On-line Training Works

Users visit the Medicare On-line Training Web Site at www.medicaretraining.com and click on "Computer Based Training" to download the course(s) of their choice. Once a course is downloaded and set up on their PC, users are then able to take the courses at their leisure. The site provides step-by-step instructions on how to download and set up the courses.

Computer Based Training System Requirements

- Windows 95, 98 or NT
- Mouse
- VGA color monitor

CBT offers users flexibility of control over their learning environment, with unlimited time to complete each lesson. In each course, users may practice what they've learned, through quizzes and tests. After each test, results are immediately shown, and lessons or courses may be repeated as desired.

The Medicare On-line Training Web site offers Medicare contractors an additional channel to reach new audiences, build partnerships, and deliver up-to-date materials and services. To date, the site has recorded more than 20,000 course completions. HCFA and FCSO welcome your participation in this overwhelmingly successful program. Please visit the Medicare On-line Training Web Site at www.medicaretraining.com