MEDICARE

- Federal health insurance for elderly and long-term disabled.
- Part A: Hospital insurance, covering inpatient hospital, skilled nursing, home health, and hospice services; funded by payroll taxes. Statute: 42 USC 1395c et seq.
- Part B: Supplemental medical insurance, covering various outpatient, rehabilitation, and therapy services, funded by voluntary insurance premiums. Statute: 42 USC 1395j et seq.
- Part C: Managed care programs for Medicare enrollees. Statute: 42 USC 1395w-21 et seq.

MEDICAID

- Federal program to finance health care for the poor, in cooperation with the states.
- State plans summaries: see 4 CCH Medicare and Medicaid Guide paras. 15,501 et seq.

CENTERS FOR MEDICARE AND MEDICAID

CMS (formerly the Health Care Financing Administration (HCFA), a component of the federal Department of Health and Human Services, was created in 1977 to administer the Medicare and Medicaid Programs.

Regulations: Available on CMS website and in CCH Medicare and Medicaid Guide

- Medicare: 42 CFR parts 400-424, 482-493, 498
- Peer review organizations: 42 CFR parts 462, 473, 466, 476

Manuals:

- Excerpts: CCH Medicare and Medicaid Guide (see finding tables in vol.1, at pp. 201-222, 492)
- Lexis: program manuals in HEALTH library, HCFMAN file; table of contents only in HCFTOC file
Intermediary Letters and Program Memoranda: Interim instructions eventually codified in Manuals
- 1 CCH Medicare and Medicaid Guide, finding tables
- CMS website

Decisions and Opinions
- CCH Medicare and Medicaid Guide: see finding lists in vol. 1
  - PRRB decisions, 1998-
  - MGCRB decisions listed, 1998-
  - advisory opinions, 1998-
  - rulings, 1995-
  - Office of the Inspector General advisory opinions, 1997-
  - Lexis: HEALTH library, HSDAB file–HHS Dept. Appeals Board decisions, 1974-

Types of issuances
- CMS advisory opinions: on whether physician’s referrals related to certain health services are prohibited (binding only on parties requesting them)
- CMS rulings: Administrator’s decisions establishing precedents for final opinions, orders, statements of policy and interpretations
- CMS Office of Inspector General (OIG) advisory opinions: on matters that might result in imposition of penalties

Administrative hearing proceedings:
- Administrative law judge decisions: reviewing CMS and OIG initial determinations
- Departmental Appeals Board: review of ALJ decisions
- CMS Center for Health Plans and Providers Operations Policy Letters (OPL): opinion letters on coverage issues
- Medicare Geographic Classification Review Board decisions: hears appeals of hospitals arguing that they should be put in another area for purposes of wage determinations
**Provider Reimbursement Review Board (PRRB) decisions**: independent panel hearing appeals by Medicare providers from CMS final determinations; subject to review by CMS Administrator

**ABBREVIATION AND ACRONYMS**
- 1 CCH Medicare and Medicaid Guide at pp. 15-21 (KF3608/A4/C64)
- Strom, New York Medicaid Eligibility at pp. xix-xxi (HD7102/U5/N76)

**GENERAL INFORMATION**

1. **CCH MEDICARE AND MEDICAID GUIDE**
   - (KF3608/A4/C64)
   - The best and most comprehensive printed source, in 6 volumes. Vol. 1 contains Medicare and Medicaid indexes, finding lists, and case tables; vols. 1-3 covers Medicare; vols. 3-4 covers Medicaid; vols. 4-5 prints statutes and regulations; and vol. 6 contains current developments. Supplemented weekly.

2. **FORMS**
   - CMS Website: standard claim, management, and quality control forms
   - AmJur Legal Forms 2d, vol. 16B, Chp.235: Basic claim and procedural forms (KF170/A542)
   - West’s Legal Forms, vol 18A, chps. 20 (Medicare) and 21 (Medicaid): checklists and standard forms (KF170/W47/1981)

3. **TREATISES AND PRACTICE GUIDES**
   - MacDonald, M., et al., eds., Treatise on Health Care Law (1974-), vol. 2, chap. 8, provides less detailed discussion than Furrow (KF3821/T74)
NEW YORK STATE MEDICAID PROGRAM
As required by the federal Medicaid statutes, 42 USC 1396 et seq., NYS has designated the state **Department of Health** (Social Services Law 363-a) to submit the plan to the federal Department of Health and Human Services needed to qualify for federal Medicaid grant funds. These, with state funds, are used to reimburse medical providers for care provided qualified needy persons. The state **Department of Family Assistance**, (formerly Social Services)--the former state designated agency--continues to hold Medicaid eligibility hearings (Soc.Serv.L.364). Counties and New York City are the “social services districts” that administer the Medicaid program (Soc.Serv.L. 368-a).

RESEARCHING
- Barry Strom, New York Medicaid Eligibility (1999; annually updated), is an excellent publication; anyone researching NYS Medicaid issues should start with it (HD7102/U5/N76)
- The NYS Medicaid program summarized: see 4 CCH Medicare and Medicaid Guide para.15,620.
- **Department of Health**
- Russo, V., and M. Rochlin, New York Elder Law Practice (1999), chp.6 (Medicare), chps. 7-10 (Medicaid) (KFN5111/A33/R87/1999)
- Public Benefits in New York (1998): covers, inter alia, both Medicare and Medicaid (KFN5084.5/P6/P825)

Main statutes:
- Social Services Law secs. 363 et seq.; Public Health Law secs. 2807 et seq.

Main regulations:
- 10 NYCRR parts 85-86; 18 NYCRR parts 360, 383, 463, 500-540
Administrative Issuances

- Western New York Law Centers

Administrative directives (ADM):
- Informal policy statements, numbered by year and number of issue (e.g., 92 ADM-40).

Informational Letters (INF):
- Informal notifications of department policies

Other issuances:
- Local commissioner memoranda (LCM), General information system (GIS)

INTERNET INFORMATION

- Cornell Legal Information Institute: convenient collection of primary sources materials; some links.
- Elder Law Professor Blog
- Health Law Professors Blog
- Western New York Law Centers