

Locate laws, regulations, & related documents by Browsing

- **Medicare and Medicaid Guide** is the cornerstone publication within Health Care Reimbursement materials. It is organized by topic and contains CCH Editorial explanations and annotations, Federal laws and regulations, cases, administrative rulings, DRG and APC tables, CMS transmittals and forms, Medicare billing forms and instructions, Durable Medical Equipment Manuals and Newsletters, and time-saving tools/Smart Charts.
- Use the Browse Tree to locate the *Medicare and Medicaid Guide*: click on + **Healthcare Compliance and Reimbursement**, then +**Medicare and Medicaid Guide** to expand the table of contents. Click on a sub-topic and continue drilling down to the list of documents and click on a document to display it in the right panel.

Explanations, written by CCH editors, provide a plain-English, easy to understand summary of the issue and contains links to related material.

Related Information buttons, available on selected documents in the Guide, provide quick access to laws, regulations, explanations, etc., that are related to this document. The related documents will be displayed on a new Related Results tab.

Medicare and Medicaid Guide Explanations and Annotations, [¶4005], Procedures for Developing a National Coverage Determination

Summary

Procedures for requesting national coverage determinations (NCDs) and CMS responses, including review of NCD requests, technology assessments, and time frames, are discussed below.

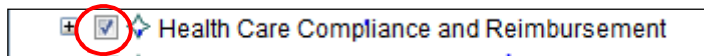
Current Requirements

The term "national coverage determination" means a determination by the Secretary

Retrieve documents by key word Searching

In General

1. Search 'all content' or use the Browse Tree to target the library, or select publications and/or databases. *Note: search scope automatically changes to 'selected content' when you check items on the Browse Tree.*



2. Type your search expression with spaces between terms to search for all terms (as if you used *and* between each term). You can also use Boolean operators (AND, OR, NOT), and/or proximity connectors (w/# , e.g., w/5 = within 5 words). You can use quotes to force a phrase which turns off the automatic Thesaurus for your search. You can use wildcards: an asterisk (*) to truncate a word and a question mark to replace one character. See Help files for more details.

3. *Optional:* Click **Advanced Search** to enable/disable the Thesaurus and/or include other criteria.

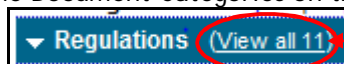
4. Click **Go** to get results sorted by document type with the 3 most relevant results displayed for each document type (this is the default setting).

Example: Target the entire **Health Care Compliance and Reimbursement** library and search for the phrase "accountable care organization". Then reduce your search results by:

- Searching within the results: change search scope to 'within results' and type new search term(s) in the search box, e.g., "quality performance score" and click **Go**.

AND/OR

- Using the Document Categories on the Search Results to narrow the results by Document Type



Click "View all xx" to filter the list for this type of document.

AND/OR

- Use the filters on the left to narrow your results by Library.

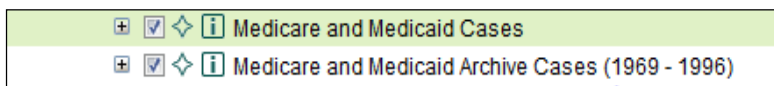


Drill down into the Library, select one publication to filter the list for the documents in that publication or database.

Searching Cases:

The *Medicare and Medicaid Guide* contains full-text cases back to 1996 plus Annotations of cases back to 1969. Archival add-on content includes full-text cases from 1969-1996.

1. Target the Guide and the Archive Cases. Conduct a search.



2. Click 'View all ###' on Cases blue bar to view results in Relevance order. Then click **Most Recent** to view results in reverse chronological order.

Sort by: Relevance | Most Recent

3. Use **by Court** filter and choose specific court(s) from the list.

Searching for Notices, Proposed Rules, and/or Final Rules:

The Federal Register Issuances section of the Medicare/Medicaid Guide contains the full text of all Final rules, Proposed rules, and Notices issued by the Centers for Medicare and Medicaid Services, from 1997 to the present. It also includes selected rules and notices with an impact on the Medicare and Medicaid programs issued by other agencies within the Department of Health and Human Services and other Executive Branch agencies, also from 1997 to the present. "Smart Relate" buttons at the top of individual documents link to a list of related documents going back to 2008. Information is updated weekly. Federal Register issuances prior to 1997 are available from the "Medicare and Medicaid Archive Rulings and Other Documents (1969-1996)".

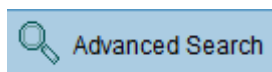
You can retrieve a notice or rule by key word, date, the act/reg/rule or a combination of these.

Target: Federal Register Issuances.

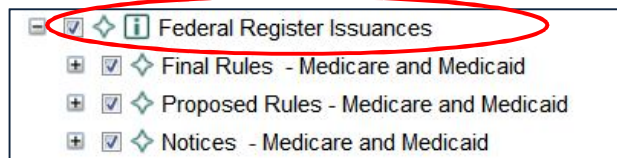
Examples:

- **The name of the Act and/or Keyword:** search for *HITECH*
- **Key word and date range:** "data mining" after January 2010

You can also use **Advanced Search** to select the date



month dd yyyy
> Date: After January 1 2010
Example: January 01, 2006



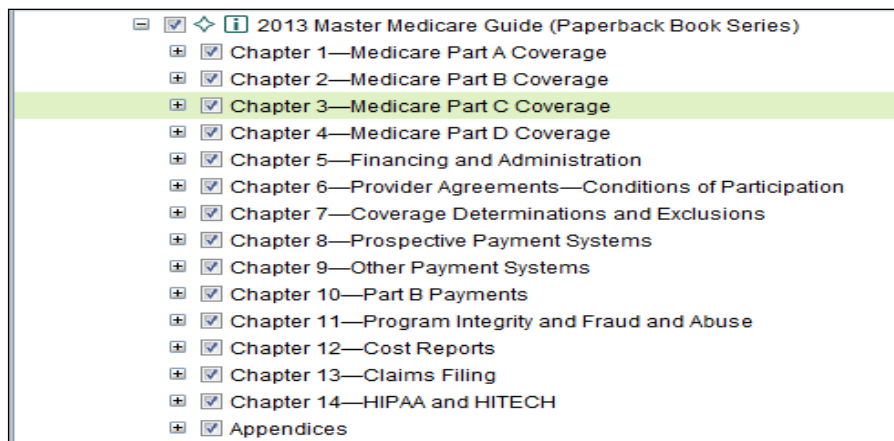
Searching within the Master Medicare Guide:

This is the on-line version of the annual one-volume print overview of the Medicare program. Included are explanations of all the different parts of the Medicare program with links into the relevant sections of the CCH Medicare and Medicaid Guide. It also includes expert analysis; summaries of significant legislation and regulations issued in 2013; and a topical index. It is updated Annually.

Target 2013 Master Medicare Guide.

Examples: To Find

- Guidance on the Antitrust Limitations on Healthcare provider: type in the search field: *antitrust w/5 provider*
- Information on the latest laws on electronic health records technology: search for *ehr technology*



basis CMS may grant a hardship exception for up to five years to eligible professionals that might otherwise incur a penalty failing to become meaningful **EHR** users. . [[Soc. Sec. Act §1848\(a\)\(7\)\(B\)](#); [42 C.F.R. §495.102\(d\)\(4\)](#); Final rule, 77 FR 5396 September 4, 2012, [¶189.025](#)]



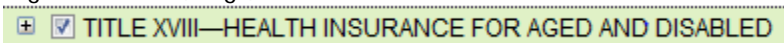
Links to documents in the Medicare and Medicaid Guide.

Retrieving all items within section/subsections of the Browse Tree

You can retrieve all the documents in a section or sub-section of the Browse Tree without drilling down through multiple menu levels.

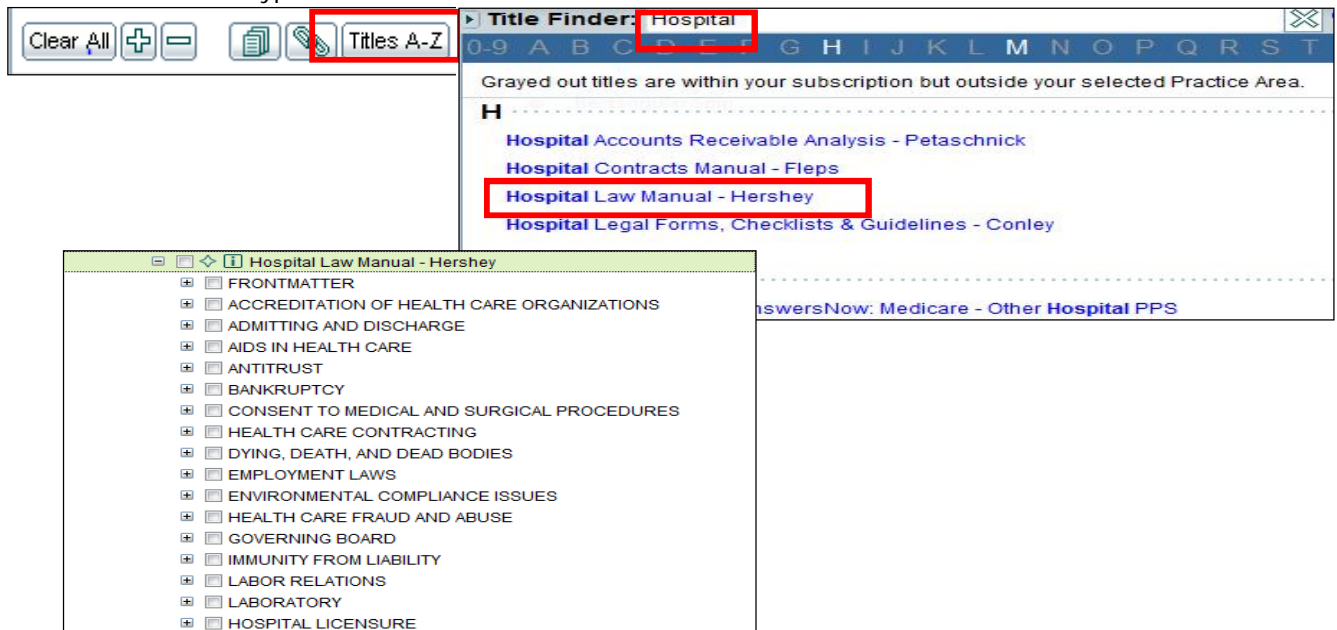
Using Show Document List

Examples:

- Browse through a treatise to a chapter, such as **Hospital Law Manual**, by Hershey:
 1. Check the box to target a chapter, e.g., BANKRUPTCY
 2. Click the Show Document List icon at the top of the Browse Tree. 
 3. Change the # of items that display per page of results to maximize the documents you can save/print at once. 
 4. You can now check 'Select all on page' to either Print all items or Save as single PDF or RTF file or save to a Research Folder.
- To retrieve all the documents in a Section of an Act:
 1. Browse the Medicare Medicaid Guide> Federal Laws>Social Securities Act>Medicare Laws>LAWS: MEDICARE> SOCIAL SECURITIES ACT.
 2. Target a section, e.g., Title XVIII
 3. Click Show Document List and all the documents in that Title will appear in a list on the right.

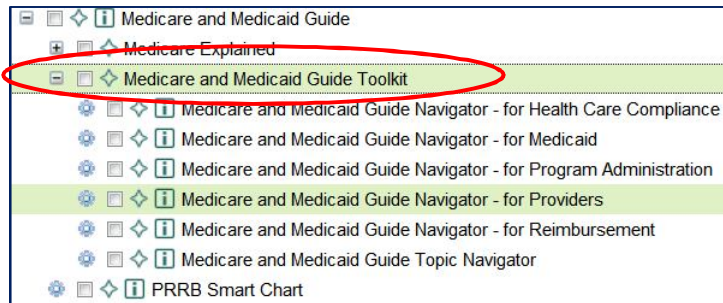
Locate specific publications using Titles A-Z

At the top of the Browse Tree, click **Titles A-Z**. **Example:** Type *hospital* in the open Title Finder field to view a list of all the titles in your subscription containing the word Hospital. When you click on a title, it will be located and expanded within the Browse Tree. Select **Hospital Law Manual** by Hershey on the list on the right and the Browse Tree moves to that publication and opens it to display the first level of the contents. You can also type an author's name.



Use Medicare and Medicaid Toolkit to locate information by topic

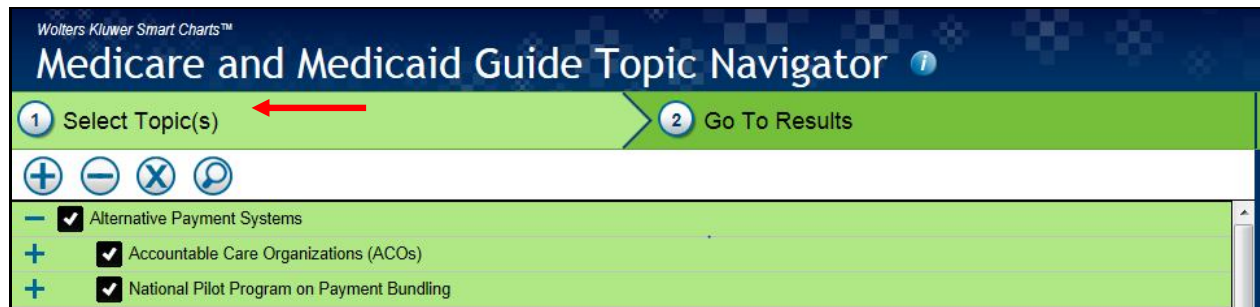
Locate the **Medicare and Medicaid Guide Toolkit** within the *Medicare and Medicaid Guide* under Health Care Compliance and Reimbursement library.



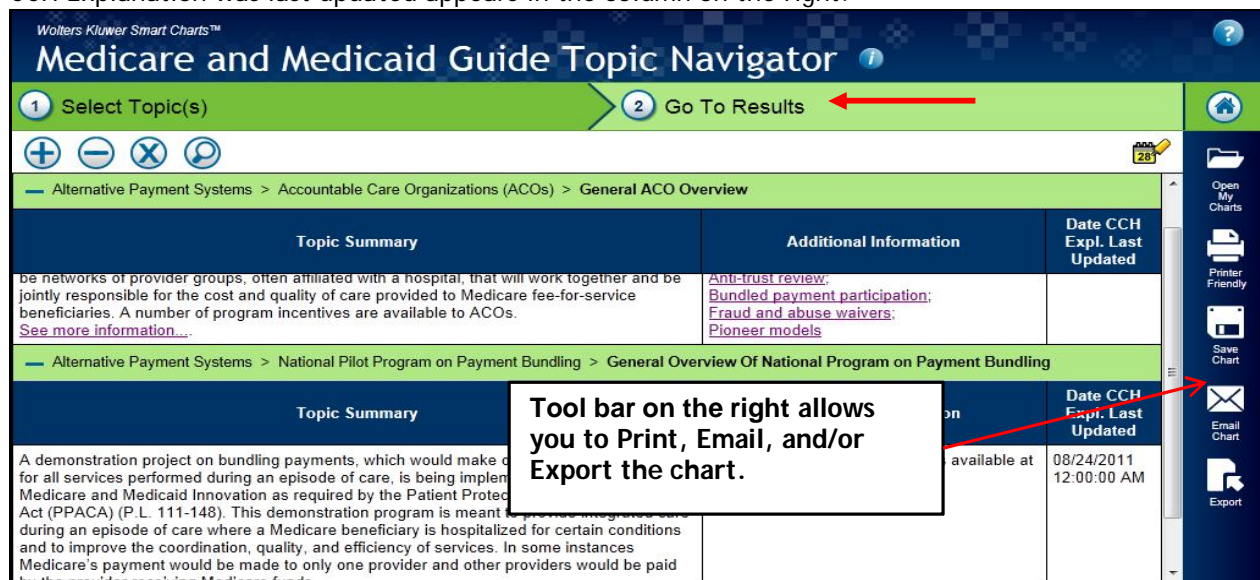
This Toolkit can also be found in **Health Care Workflow Tools** under **Health Care Compliance and Reimbursement** and in **Tools/Smart Charts** accessed from the Tool Bar or the bottom of the Browse Tree.

Example: Click to open the **Medicare and Medicaid Guide Topic Navigator**.

Step 1 - select your Topic(s) by checking desired box(es). You can expand a topic section by clicking '+'.

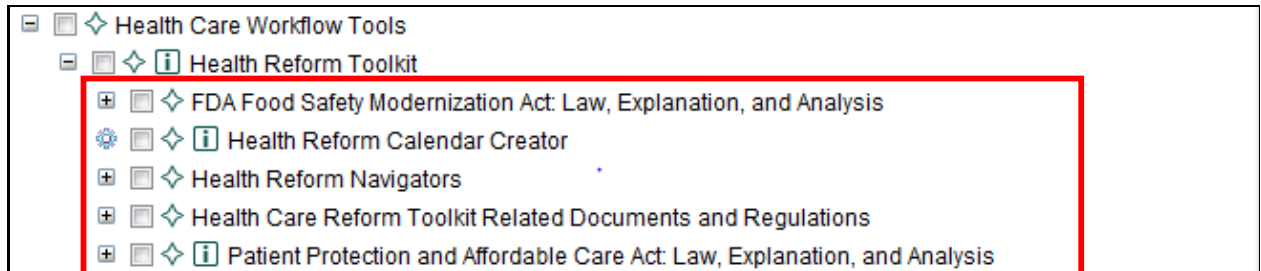


Step 2 - click 'Go to Results' to view a summary of topic(s) and additional information, both contain links to more information within your IntelliConnect subscription contents. The date that the related CCH Explanation was last updated appears in the column on the right.



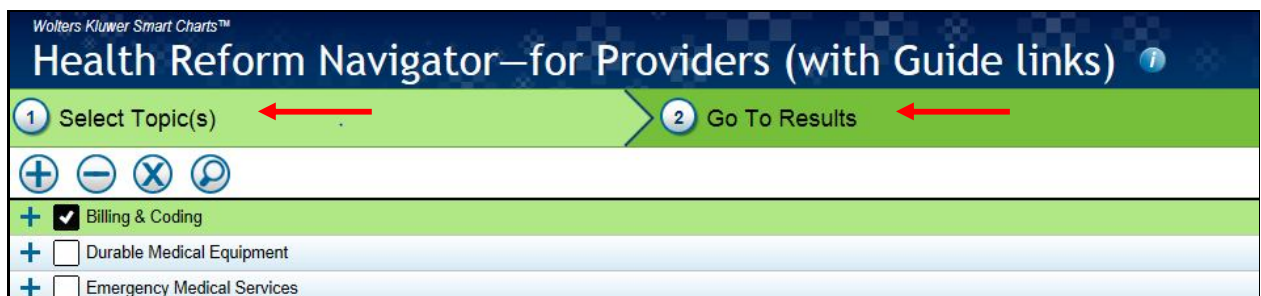
Use Health Reform Toolkit to locate information on the Affordable Care Act and Health Care Reconciliation Act

To access the **Health Reform Toolkit** under the Health Care Compliance and Reimbursement library, go to Health Care Workflow Tools > Health Reform Toolkit. The Toolkit is updated daily.



- **PPACA: Law, Explanation and Analysis** provides complete, clear and practical guidance on every provision included in the Health Reform laws. The Explanations are organized in 24 Chapters with links to the appropriate law section. You can Browse or Search through this publication.
- You can Browse or search through **Health Care Reform Toolkit Related Documents and Regulations** which contains Related Primary Source Documents (CMS letters, rules, cases, and more) and Related Regulations.
- **Health Reform Navigators** are interactive tools used to research every provision included in the 2010 Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act of 2010 (HCERA) with links to related primary source documents, including regulations, rules, cases and CCH's Law, Explanation & Analysis.

Example: Health Reform Navigator - for Providers (with Guide Links) used to research provisions related to providers. Provides links to CCH's Law, Explanation and Analysis electronic book explanations; and Health Reform related primary source documents, including CMS letters, rules, cases, and more. Also included are full text links to CCH's *Medicare and Medicaid Guide* for related regulations, amended law and Explanations. Weekly updates.



Billing & Coding > Physician Services > Imaging service practice expense units							
Law Summary	Amended and Related Public Law Secs.	Affordable Care Act	Health Care Reconciliation Act of 2010	Law Provision Effective Date	Rules and Regulations	Additional Resources	Date Last Changed
The practice expense units for imaging services are increased to reflect a higher presumed utilization rate of 75 percent applicable to	SSA Sec. 1848(c)(2)	Provision 3135	Provision 1107	March 23, 2010	Proposed rule, July 13, 2010, finalized by Final Rule, 75 FR 73170, November 29, 2010 corrected by	PPACA Related Public Law American Tax Payer Relief Act of 2012, P.L. 112-240, Sec. 635,	01/03/2013 12:00:00 AM

- The **Health Reform Calendar Creator** is an Interactive tool used to find effective dates associated with all topics impacted by the 2010 Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act of 2010 (HCERA) with the ability to export entries to Microsoft Outlook Calendars. It is updated if new laws are passed impacting effective dates enacted by PPACA or HCERA.
 - The Health Reform Effective Date Lookup tool allows you to view effective dates filtered by topics impacted by the PPACA HCERA. The results are viewable in calendar or list format and can be incorporated into their workflow via email, exporting to Excel, Word, or automatic creation of Outlook calendar entries.

To begin, select topics you are interested in along with a time period, then click Create Calendar.

Select Topic(s):
 Expand All | Collapse All
☒ All Topics
☒ Beneficiary Impact
☒ CLASS Program Impact
☒ Disease Prevention & Wellness
☒ Employers
☒ Federal Funding
☒ Fraud & Abuse Enforcement
☒ Health Information Technology
☒ Healthcare Providers

Select Time Period:
 Calendar to include:
☒ All entries with effective date in range:
 Beginning: January 2013
 Ending: December 2013
☐ Only entries that have been updated:
 within 90 days
 Create Calendar

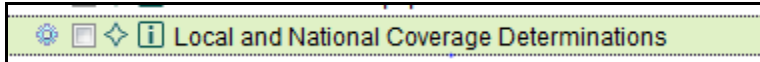
Month: Jan Mar Jul Sep Oct Dec
 Year: 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
24	25	26	27	28	1 Employers Large Businesses > 200 Full-Time Employees	2
		5	6	7	8	9
		12	13	14	15	16
17	18	19	20	21	22	23 Fraud & Abuse Enforcement Healthcare Providers Quality Improvements
24	25	26	27	28	29	30
31 Fraud & Abuse Enforcement Healthcare Providers Quality Improvements	1	2	3	4	5	6

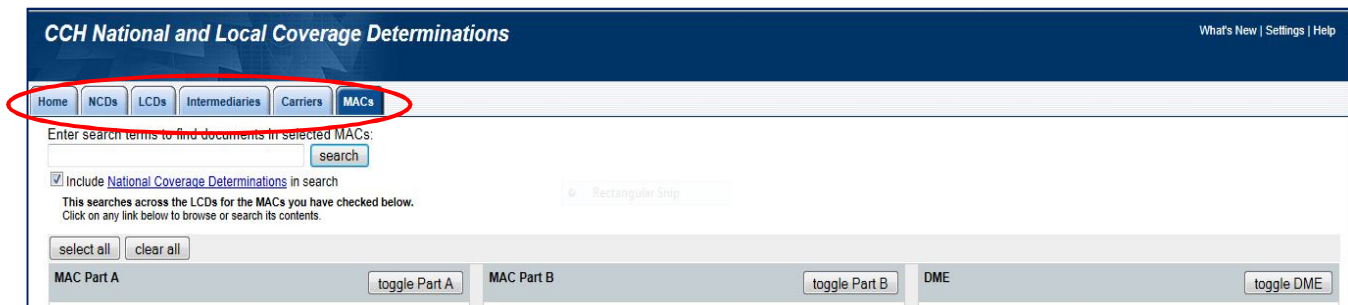
March 23, 2013 : Fraud & Abuse Enforcement
 Skilled Nursing Facilities
 SNFs and NFs must implement and train employees on a compliance and ethics program by March 23, 2013, 36 months after the date of enactment of the Affordable Care Act.

Other Tools for Quick Answers

- Local Coverage Determinations (LCDs) can be found towards bottom of topics in the *Medicare and Medicaid Guide* menu.



LCDs are full text and searchable by intermediaries and carriers. Medicare coverage is limited to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). National coverage determinations (NCDs) are made through an evidence-based process, with opportunities for public participation. In some cases, CMS' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare contractors based on a local coverage determination (LCD).



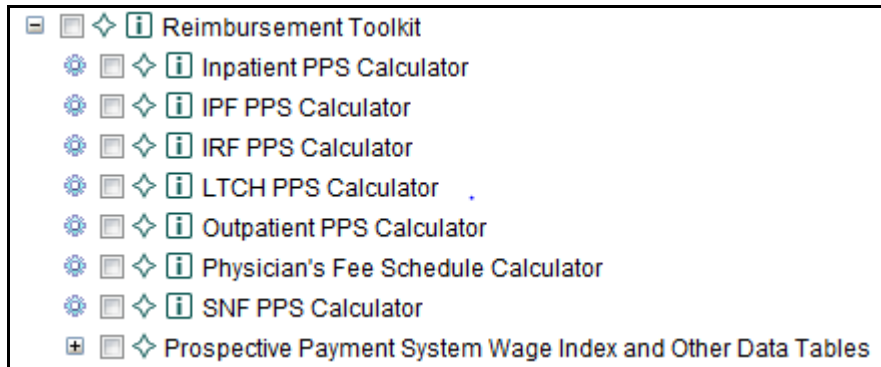
Example: Finding a reference list for NCDs for Durable Medical Equipment.

1. Select the NCDs tab
2. Click on Active NCDs in Alphabetical Order
3. Select Durable Medical Equipment Reference List.

CMS - National Coverage Determinations (NCDs)	
Active NCDs in Alphabetical Order	
Durable Medical Equipment Reference List - 280.1 Version 2 (05/05/2005)	
Durable Medical Equipment Reference List - 280.1 Version 2 (05/05/2005)	
Reference Information	NCD History
NCD Information	
Publication/Section#:	100-3 280.1 Durable Medical Equipment Reference List
NCD Database ID and Version#:	190 - 2
NCD Title:	Durable Medical Equipment Reference List
Coverage Level:	"Restricted" (2)
National Coverage Type?:	True
Benefit Category: Click to Search NCDs by Benefit Category	"Durable Medical Equipment"
Item/Service Description:	Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service. The durable medical equipment (DME) list that follows is designed to facilitate the contractor's processing of DME claims. This section is designed as a quick reference tool for

- **Reimbursement Toolkit** is a group of workflow tools that calculate payment information for seven Medicare Prospective Payment Systems and Fee Schedules. It is updated annually to reflect the final rule as well as whenever any other corrections to the PPS tables are released by CMS.

This Toolkit can be found in **Health Care Workflow Tools** under **Health Care Compliance and Reimbursement** library.



Locating Administrative Decisions and CMS Rulings

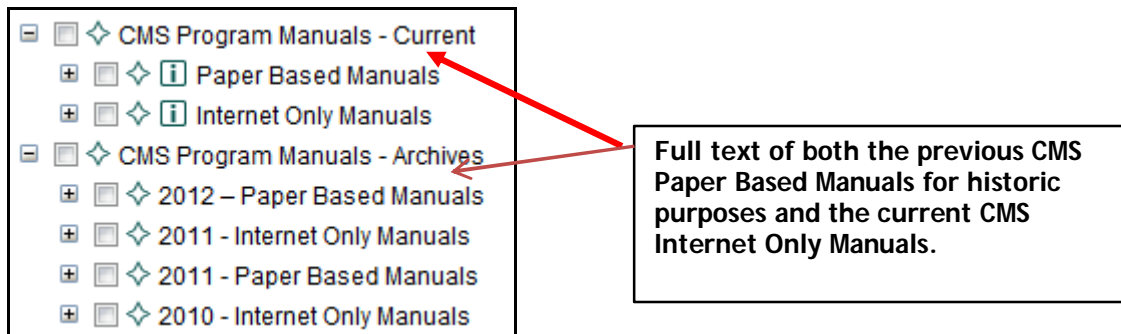
- **Administrative Decisions** are located within the *Medicare Medicaid Guide*. These include decisions from the Provider Reimbursement Review Board (PRRB); CMS Administrator decisions reviewing PRRB decisions; decisions from the Department of Health and Human Services Departmental Appeals Board (including Medicare Appeals Council decisions); and CMS Rulings. "Smart Relate" buttons at the top of individual documents link to a list of related documents going back to 2008. This database is updated whenever new decisions are issued.



- **CMS Administrator Decisions** serve as precedent final opinions, orders, and statements of policy and interpretation. **CMS Rulings** 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.

Using CMS Manuals & Transmittals

- **Manuals:** The Centers for Medicare & Medicaid Services (CMS) developed and uses several systems to classify Medicare cases. Hospital cases are classified using the Diagnosis-Related Group (DRG); outpatient cases are classified using the Ambulatory Patient Group (APG). These systems are used to determine how much Medicare pays the hospital or provider for each service or product. All of this information is contained in the **CMS Manuals (Paper and Internet Only)**



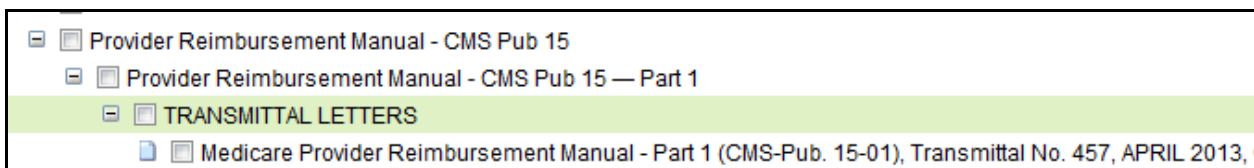
Each Manual has a specific audience and the purpose of the manual is explained in the forward. Subscribers have the option of subscribing to the full text of all CMS Manuals: Paper Based, Internet Only, and the archive manuals back to 2000. Transmittals are used to communicate new or changed policies, and/or procedures that are being incorporated into a specific CMS program manual. The transmittal cover page summarizes what is changed.

The *Medicare Medicaid Guide* has links to the CMS Manual sections through the Smart Relate Buttons on the Explanations.



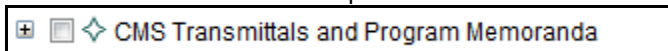
The Smart Relate Buttons will display the documents that are directly related to the document you were reviewing to aid you with additional research.

- The **Transmittal Letters** cover sheets are found under each named manual in date order.
Example:
 1. Browse into the CMS Program Manuals Current>Paper Based Manuals>Pub 15 Part 1
 2. Click on TRANSMITTAL LETTERS to see the most current Cover Letter at the top; the list go back to 1968. You can also search through the Transmittals.



Paper Based CMS Manuals, Medicare Provider Reimbursement Manual - Part 1 (CMS-Pub. 15-01), Transmittal No. 457, APRIL 2013, Centers for Medicare and Medicaid Services

- The **Transmittals** are also in the *Medicare and Medicaid Guide*. These are headnoted with back references to the *Guide's* Explanations.



CMS Transmittals, Provider Reimbursement Manual part 1 - Tables of contents, ¶160,417, Centers for Medicare and Medicaid Services, (Apr. 5, 2013)

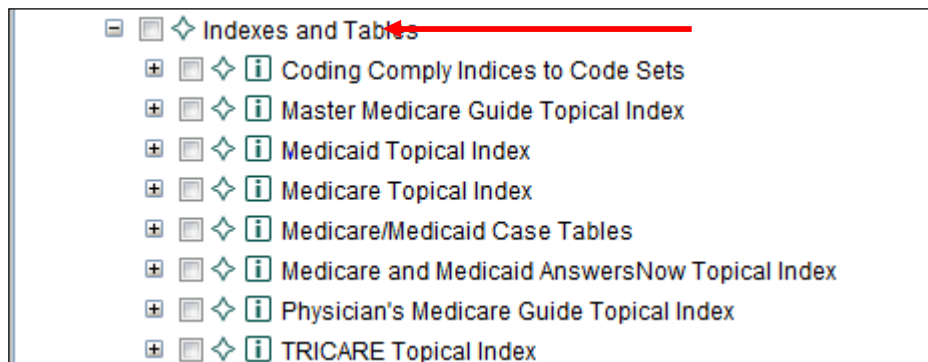
¶160,417. *Provider Reimbursement Manual*, Pub. 15-1, Transmittal No. 457, April 5, 2013.

Access the .pdf version of the document here: [Transmittal](#)

See [¶4600](#).

Indexes & Tables to locate information

There is an **Indexes & Tables** menu item at the bottom of the Health Care Compliance and Reimbursement library topics. It provides additional resources, such as case tables and topical indexes, and can be used to locate specific items within selected publications.



Retrieve document(s) by Citation

- Use the Citations template to retrieve a document by citation:
 - Click **Citations** on the tool bar.
 - Click + to expand a library within the Find by Citation panel on the left, e.g., **Health Care...**
 - Click a database title, e.g., Medicare Medicaid.
 - Enter the citation in appropriate field on the template on the right.
 - Click the **Go** button on the line with the citation.

Example: Retrieve Section 42 USC § 1301.

Find by Citation

- Health Care Compliance and Reimbursement
 - News
 - Patient Protection and Affordable Care Act
 - Public Health Service Act
 - Health Care Reform Primary Source
 - Medicare and Medicaid Guide**
 - Medicare and Medicaid Guide Explanation
 - Durable Medical Equipment
 - Federal Laws
 - Federal Regulations
 - Medicare and Medicaid Cases
 - Medicare and Medicaid Archive Cases
 - Medicare and Medicaid Administrative
 - Medicare and Medicaid Reports and
 - Medicare and Medicaid Archive Rulings
 - CMS Transmittals and Program Mer

Type a Citation here or browse the left pane for specification searches

Medicare and Medicaid Guide

Explanations and Annotations -- Medicare & Medicaid Guide

CCH # Go

DMERC Manuals

DMERC Region , Page Go

Social Security Act, Amended - Medicare & Medicaid

CCH # Go

42 U.S.C. § Go

If you enter "1301" for the Code Section, you will be taken to the section of the code you are trying to retrieve.

- Document Path** command appears at the top of every document. It shows the location of this document within the subscription content. It lists the menu levels through your subscription to this document. You can click on any level of this path to go directly to that location within the Browse Tree. This is useful in navigating to other documents within the context of a publication, e.g., Medicare Medicaid Guide and treatises like Hospital Law Manual by Hershey.

Document Path

Read Previous Document Read Next Document

[Health Care Compliance and Reimbursement](#) > [Medicare and Medicaid Guide](#) > [Federal Laws](#) > [Social Security Act, Amended](#) > [Medicare Laws](#) > [LAWS: MEDICARE](#) > [SOCIAL SECURITY ACT, AS AMENDED](#) > [TITLE XI—GENERAL PROVISIONS, PEER REVIEW AND ADMINISTRATIVE SIMPLIFICATION](#) > [PART A—GENERAL PROVISIONS](#) > [Sec. 1101. \[42 U.S.C. §1301\]](#)

Social Security Act, Amended, Sec. 1101.

DEFINITIONS

Last entry indicates the title of the document with this path.

- Other examples of document types using the Citations template:

- CMS Rule:
- Case: U.S.
- Federal Register: FR
- CMS Transmittals: Trans. No.

Locating State Health Care information

- A separate add-on subscription to **State Health Care Laws, Regs, and Manuals** provides access to health care related statutes as they are enacted by the state legislature; updated text of health care regulations as they become effective; and the full-text of the states' Medicaid Manual(s), as sections are updated by the state agency that administers the Medicaid program. Includes content for all 50 states plus District of Columbia. Updates as needed. Expand the *What's New* section within each State to view listing of updated Statutes and/or Regulations for the past 60 days.



Content within the State Health Care Library content can be Browsed, Searched and documents retrieved by Citation.

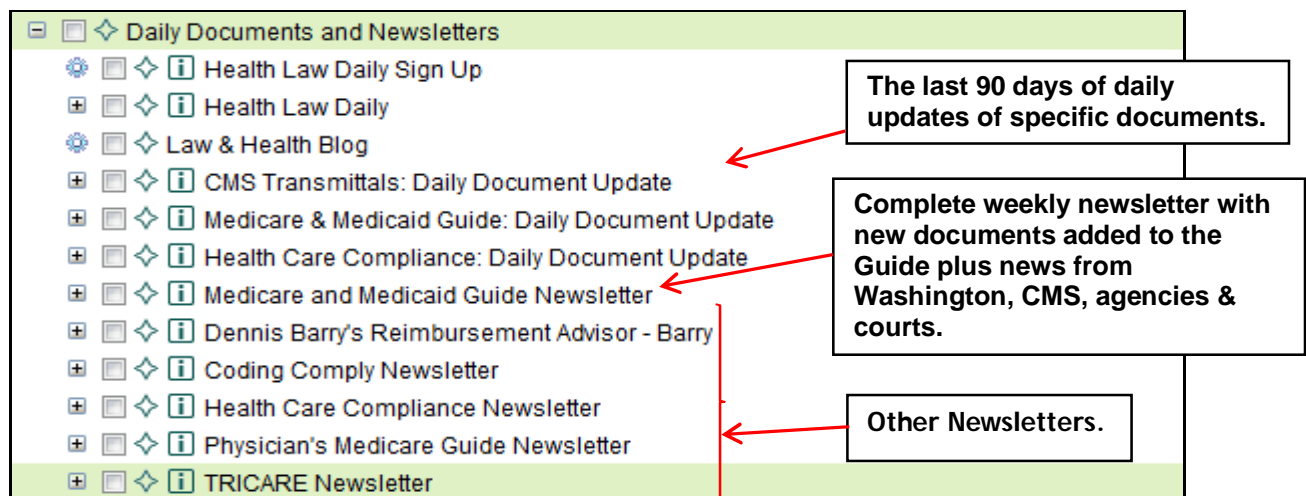
Sample: California > What's New > What's New - Regulations



- See the **Tracker News** for setting up an email delivery of **State Health Laws, Regulations & Manuals What's New** which you can customize by selecting topic(s) and state.

Staying current with News and Trackers

- **News on the Browse Tree:** Open **Daily Document and Newsletters** in the Health Care Compliance and Reimbursement library to locate Medicare and Medicaid Guide Newsletters which update the Guide weekly, a link to Law & Health Blog, and other newsletters, journals, and more. You can set up Newsletters for email delivery - see Tracker News.




- **Tracker News:** Tracker News helps you keep on top of current developments two ways: with customized Tracker searches and with automatic delivery of E-Newsletters/Report Letters. Click Tracker News on the tool bar.



Trackers: Set up custom searches specific to your area of interest and access results within IntelliConnect, by email or RSS feed.

You have no Trackers configured.
[Click here to configure Trackers.](#)

1. If no Trackers exist, click the 'Click **here**' link or if you already have Trackers, click 'Add/Modify Trackers' to view list of available Trackers.
2. Optional: Click the target icon  to restrict a Tracker search
3. Check the Tracker's selection box
4. Click Add Trackers
5. Select Delivery Options at the top to setup email or RSS feed.

Trackers will be delivered via single email first thing in the morning.

E-Newsletters/Report Letters: Sign up to receive selected news items in their entirety automatically via email or RSS feed.

[Sign up for E-Newsletters/Report Letters](#)

1. Click Sign up for E-Newsletters/Report Letters.
2. Select the items you want to receive.
3. Click Add
4. Email delivery: Enter an email address, check box to deliver via email and click Apply Changes.
5. For RSS feed: Click the 'Click here to view available RSS Feeds' and follow directions on the page.

Each Newsletter/Report Letter will be sent individually.

You can receive Report Letters and Trackers on your mobile device if you download IC Mobile app.

Note: There is an **"Affordable Care Act Related Documents"** customizable Tracker.

- **Health Law Daily** is a daily news service created by attorneys for attorneys providing same-day coverage of breaking court and administrative decisions, legislative and regulatory developments, as well as agency rulings news and developments. Health Law Daily is accessible via email, RSS feeds, mobile apps, or IntelliConnect. Content is written by knowledgeable attorneys and editors, delivering valuable in-depth analysis and insights. Access all links without being prompted for user name and password.



1. Email Address:

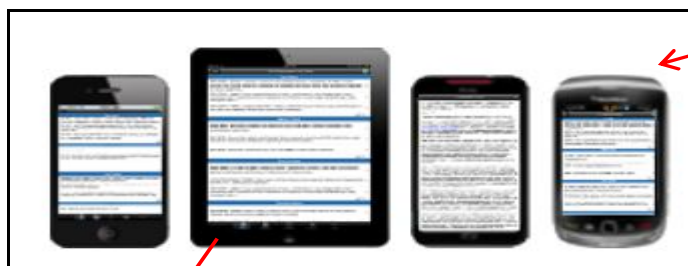
 Use a comma or semi-colon to separate multiple addresses

2. Customize Content
 You will be sent information on all document types, topics and jurisdictions unless you customize.
[Customize Document Types](#)
[Customize Topics](#)
[Customize Jurisdictions](#)

3. Choose emails to receive
☒ Send me Daily Wrap Ups (one email a day)
☒ Send me Alerts for important news

Customize your Health Law Daily by selecting specific Document Types, Topics, and/or Jurisdictions.

Daily Wrap Ups and Midday Alerts will deliver summaries of developments in health care reimbursement, compliance, food, drug and cosmetic law - with links to official documents.



Health Law Daily is available for [iPhone](#), [iPad](#), [Android](#) and [BlackBerry](#) Devices!

TOP STORY

TOP STORY—Physician payments may decrease by 24.4 percent for 2014, per PFS Proposed rule
 By Kelly J. Rooney, JD

An [advance release](#) of the Medicare Physician Fee Schedule (PFS) Proposed rule for calendar



 This document is scheduled to be published in the Federal Register on 07/19/2013 and available online at <http://federalregister.gov/a/2013-16547>, and on FDsys.gov.

<PRORULE>

<PREAMB>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 411, 414, 423, and 425

[CMS-1600-P]

RIN 0938-AR56

Quick Reference

Where can I find:

Laws and Regulations	Browse > Health Care... > Medicare Medicaid Guide Also Browse > Health Care... > Compliance Portfolio > Federal Laws and Regulations
Commentary on the laws and regulations or background information	Browse > Health Care... > Medicare Medicaid Guide Also Browse > Health Care... > Compliance Portfolio > Professionals Manual Also Browse > Health Care... > Aspen Titles Browse > Health Care... > News & Current Awareness <i>Search: Health Care then review Explanation and Treatise Document Types</i>
CMS forms	Browse > Health Care... > Medicare Medicaid Guide> CMS Forms. CMS Forms are cost reporting forms and other frequently used forms used by Medicare providers. This section does not include every form maintained by CMS but it includes the most commonly used ones. Updated whenever CMS revises a form
Federal Register Issuances	Browse > Health Care... > Medicare Medicaid Guide > Federal Register Issuances
CMS Letters	Browse > Health Care... > Medicare Medicaid Guide > CMS Letters.
CMS Transmittals and Program Memorandum	Browse > Health Care... > Medicare Medicaid Guide > CMS Transmittals and Program Memorandum. Also Browse > Health Care... > Daily Documents and Newsletters > CMS Transmittals: Daily Document Update
Key Word Searching Rules	Help>Searching IntelliConnect Content
Cases regarding Health Care Reimbursement	Within Health Care, target: ✓ <i>Medicare Medicaid Guide Cases</i> for full text of cases from 1997 to present ✓ Medicare Medicaid Case Archives from 1969 to 1996

Customer Support—<http://Support.CCH.com>

Product Support: 800 344-3734

Technical Support: 800-835-0105

Now available from 8 a.m. to 8 p.m. CT, Monday - Friday

For additional reference material on using IntelliConnect, access our [Training Resources for Legal Professionals](http://wolterskluwerlb.com/training) website <http://wolterskluwerlb.com/training>—click on **IntelliConnect** platform.