"The Part B Appeals Process"

Part B Provider Outreach and Education
January 28, 2015

Presented by: John Florence
Disclaimer

This presentation is a tool to assist providers and their staff who bill Medicare. Cahaba GBA made every reasonable effort to ensure the accuracy of the information. This resource is not a legal document.

However, providers have the ultimate responsibility for correct submission of claims. Cahaba GBA bears no liability for results or consequences of any misuse of the information.

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Housekeeping Tips

• When you called in, did you enter your attendee code?
  – Dial-in number: 1-800-791-2345
  – Attendee (participant) Code: 88096

• The audio portion of the conference may be accessed via the telephone or by using your computer's speakers.
  – The preferred method of listening is via the toll-free number

• Ensure the email address provided during registration is correct and make sure that your SPAM filter is turned off for items coming from ‘MedicareOutreach@cahabagba.com’.
To Access Materials from this Presentation

• During the presentation, go to our Calendar of Events page and click on “The Title of the Event” and look under Instructions/Materials.
  • PowerPoint Presentation

• After the presentation, PowerPoint and the recording of event will be made available on our Cahaba University webpage
  • http://www.cahabagba.com/part-b/education/cahaba-u-18370/recorded-events/
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term</th>
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<tbody>
<tr>
<td>ADR</td>
<td>Additional Documentation Request</td>
</tr>
<tr>
<td>ALJ</td>
<td>Administrative Law Judge</td>
</tr>
<tr>
<td>CCI</td>
<td>Correct Coding Initiative</td>
</tr>
<tr>
<td>CERT</td>
<td>Comprehensive Error Rate Testing</td>
</tr>
<tr>
<td>DAB</td>
<td>Departmental Appeals Board</td>
</tr>
<tr>
<td>DOS</td>
<td>Date of Service</td>
</tr>
<tr>
<td>ICN</td>
<td>Internal Control Number</td>
</tr>
<tr>
<td>MAC</td>
<td>Medicare Appeals Council</td>
</tr>
<tr>
<td>MRN</td>
<td>Medicare Redetermination Notice</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PTAN</td>
<td>Provider Transaction Access Number</td>
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</table>
Agenda

- Who can Request
- Reopenings
- Levels of Appeals
- Where to File
- Redeterminations
- Reconsiderations
- Additional Appeal Levels
- CERT and Self-Service Tools
- Additional Website Resources
Who can request an Appeal

- Beneficiaries
- Providers
- Physicians
- Participating Suppliers
- Medicaid State Agency or party authorized to act on behalf of the State
Appointment of Representative (AOR)

• Complete **CMS Form-1696** to appoint a representative
  – A written statement containing all required elements is acceptable

• An AOR is valid for one year from the date signed by both the party and the appointed representative

• Representative must sign the appointment within 30 calendar days of the party’s signature

• A provider or supplier who files an appeal request on behalf of a beneficiary is not, by virtue of filing the appeal, a representative of the beneficiary
Identification Tips

• **When to resubmit a claim**
  – Remittance Remark Code **MA 130**
    • Your claim contains incomplete or invalid information, and no appeal rights are afforded because the claim is unprocessable.
    – Please correct necessary information and resubmit to Cahaba GBA

• **When to reopen a claim**
  – Quick and easy access to correct minor or clerical errors
  – Request can be submitted in writing or via telephone

• **When to submit a claim for a redetermination**
  – Remittance Remark Code **MA 01**
    • If you do not agree with what we approved for these services, you may appeal our decision.
Reopenings: Helpful Hints

• Separate and distinct from the appeals process

• Limited to claim errors, omissions and missing data

• Third party payer errors are not considered clerical errors

• Must be completed in 365 days

http://www.cahabagba.com/part_b/forms/CERForm.pdf
Reopening Addresses

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Georgia</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama Medicare Part B Clerical Error Reopenings PO Box 830140 Birmingham, AL 35283-0140</td>
<td>Georgia Medicare Part B Clerical Error Reopenings PO Box 12847 Birmingham, AL 35202-2847</td>
<td>Tennessee Medicare Part B Clerical Error Reopenings PO Box 12086 Birmingham, AL 35202-2086</td>
</tr>
</tbody>
</table>
### Five Levels of Appeals: Where to File

<table>
<thead>
<tr>
<th>Level of Appeal</th>
<th>Entity/Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redetermination</td>
<td>Medicare Administrative Contractor (Cahaba GBA)</td>
</tr>
<tr>
<td>Reconsideration</td>
<td>Qualified Independent Contractor (C2C Solutions)</td>
</tr>
<tr>
<td>Administrative Law Judge (ALJ)</td>
<td>Office of Medicare Hearing and Appeals (OMHA)</td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
</tr>
<tr>
<td>Departmental Appeals Board</td>
<td>Medicare Appeals Council (MAC) Review Board as instructed on ALJ decision</td>
</tr>
<tr>
<td>Federal Court</td>
<td>United States District Court</td>
</tr>
</tbody>
</table>
Level 1- Redetermination

• Parties dissatisfied with their initial determination can file an appeal 120 days from the initial claim denial

• Submit a redetermination request via the following:
  – CMS-20027 Form
  – the Cahaba GBA Medicare Part B Redetermination SMART Form or
  – Written redetermination request on company letterhead with the required information

• Requests are completed within 60 days of receipt
  – The date request is received into our mailroom

• Submit all supporting documentation
  – Provide any additional information needed with the redetermination request that will support medical necessity for service(s)
Appeals - Redetermination Forms

Cahaba GBA Part B Redetermination
SMART Form

Interactive form – complete electronically, print, sign and fax

CMS 20027 Form

Interactive form – complete electronically, print, sign and mail
Redetermination Request - Letterhead

If neither form is used for a written redetermination request, the request must be submitted with all the following:

- Beneficiary name.
- Beneficiary’s Health Insurance Claim Number (HICN).
- Dates of service at issue.
- The specific services or items for which the redetermination is being requested.
- Name and signature of the party or representative of the party.
- Provider information such as Provider Transaction Access Number (PTAN), National Provider Identifier (NPI) and Tax Identification Number (TIN).
Appeals on Full or Partial Denials

A full or partial denial may occur on the claim:

• Your remittance advice (RA) will let you know which procedure(s) are paid and which were denied, if applicable.

• When submitting your appeal for denied service(s), you should let us know if you are appealing the entire claim or only specific lines on the claim by indicating the procedure code(s) you are appealing.

• Only one appeal should be requested per Internal Control Number (ICN), regardless of multiple codes on the claim being appealed.
Redetermination Outcomes

Redetermination can have 5 possible outcomes:

- Full Reversal (Favorable)
- Partial Reversal (Partially Favorable)
- Full Affirmation (Unfavorable)
- Dismissal
- Affirmation-Claim Paid
Medicare Redetermination Notice

- The redetermination letter issued is the Medicare Redetermination Notice (MRN)

- The MRN will contain all the information on why decision was upheld and what is necessary to request the next level of appeal

- The Appeals Department will send the QIC reconsideration request form with the redetermination letter

*Received for an Affirmation or Partial Reversal only*
Top Redetermination Issues

• Redetermination Request not signed by Requestor
  – Stamped, Automated, and Electronic Signatures not acceptable

• Requestor not specific with what is being appealed
  – List procedure code(s) and description(s)
  – State why you are appealing

• Sending Redetermination request to wrong address
  – The appropriate addresses for each state are listed on SMART form
  – Cahaba GBA Part B Redetermination SMART Form is the preferred method of submission

• All required sections not completed or disordered
  – All sections highlighted in “Red” are required (SMART Form only)
# Appeals Mailing Addresses

All paper redetermination request must be submitted to:

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Georgia</th>
<th>Tennessee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cahaba GBA Part B Redeterminations P.O. Box 1921 Birmingham, AL 35201-1921</td>
<td>Cahaba GBA Part B Redeterminations PO Box 12967 Birmingham, AL 35202-2967</td>
<td>Cahaba GBA Part B Redeterminations P O Box 12724 Birmingham, AL 35202-6724</td>
</tr>
</tbody>
</table>
# Appeals Fax Number

All Medicare Part B Redetermination (**SMART form only**) request can be faxed to:

<table>
<thead>
<tr>
<th>State</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>855-215-9290</td>
</tr>
<tr>
<td>Tennessee</td>
<td></td>
</tr>
</tbody>
</table>
Level 2- Reconsideration

Second Level of Appeal:
- Request when dissatisfaction with redetermination
- Request must be received within 180 days
- No amount in controversy required
- Handled by Qualified Independent Contractor (QIC)
- Has 60 days from date of receipt to complete

Reconsideration Form
- CMS-20033: Medicare Reconsideration Request Form or form on the back of Medicare Redetermination Notice (MRN)
- Mailing Address:

  C2C Solutions
  QIC Part B South
  P.O. Box 45300
  Jacksonville, FL 32232-5300
Qualified Independent Contractor

Welcome to C2C Solutions, Inc.

C2C Solutions, Inc. (C2C) has a heritage of service to the Medicare program. Currently, C2C is successfully executing three high-volume appeals contracts for the Centers for Medicare & Medicaid Services (CMS): the Qualified Independent Contractor (QIC) Part B, North, QIC Durable Medical Equipment (DME) and QIC Payment Dispute Resolution Contractor (PDRC) task orders. In 2005, we helped CMS establish the new second-level appeal process and with the award of the QIC Part A West task order, we became the first operational QIC contractor.

For over nine years we have provided second-level adjudication services of Medicare claim determinations. Two of C2C’s task orders are nationwide, while C2C is based in Boston, Massachusetts. We are ISO 9001 certified.

https://www.c2cinc.com/
Further Levels of Appeals

**Level 3: Administrative Law Judge (ALJ) Hearing**
- Submit within *60 days* from the date of receipt of the reconsideration
- At least $**150** remains in controversy for DOS 01/01/2015 and after

**Level 4: Departmental Appeals Board (DAB) Review within Medicare Appeals Council (MAC)**
- Submit within *60 days* from the date of receipt of the ALJ hearing decision
- No monetary threshold

**Level 5: Federal Court Review**
- Submit within *60 days* from date of receipt of DAB decision or declination of review by DAB
- At least $**1,460** remains in controversy for DOS 01/01/2015 and after
## Changes to Amount in Controversy (AIC)

<table>
<thead>
<tr>
<th>Level</th>
<th>CY 2014</th>
<th>CY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 3- ALJ Hearing</strong></td>
<td>$140</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Level 5- Judicial Review</strong></td>
<td>$1430</td>
<td>$1460</td>
</tr>
</tbody>
</table>
Appeal Forms

**Level 1: Redetermination**

- *Cahaba GBA Redetermination SMART Form*

- *CMS 20027 Form*

**Level 2: Reconsideration**

- *CMS 20033 Form*
Appeal Forms

**Level 3: Administrative Law Judge (ALJ) Hearing**

- *CMS 20034 Form*

**Level 4: Departmental Appeals Board (DAB) Review within Medicare Appeals Council (MAC)**

- *DHHS DAB 101 Form*

**Level 5: Federal Court Review**

- *No form designated for this level*
 Appeals Self-Service Tools

Appeals Decision Tree

Redetermination Decision Tree

Answer the following questions to determine if you need to file an appeal.

- Select Level of Appeal -
  - Level 1 - Redetermination
  - Level 2 - Reconsideration
  - Level 3 - Administrative Law Judge Hearing
  - Level 4 - Appeals Council Review
  - Level 5 - Final Judicial Review

Appeals Calculator

The Appeals Calculator is a helpful tool used to determine the date your appeal request must be received to meet timeliness guidelines. Simply select the appropriate level of appeal, enter the date of the decision notice, and click on "Find Deadline." The date in which your appeal request must be received by Cahaba will display in the yellow row.

CERT Task Force

• Part A/B Medicare Administrative Contractors joined forces in 2013

• Educational strategy will select one to four national CERT “hot topics”

• Visit our webpage on the Cahaba GBA website

ForeSee Survey

We'd welcome your feedback!
Thank you for visiting our website. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience.
The survey is designed to measure your entire experience, please look for it at the conclusion of your visit.
This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting.

No, thanks
Yes, I'll give feedback
Contact Information

• Interactive Voice Response (IVR)
  – (877) 567-7271

• Provider Contact Center (PCC)
  – (877) 567-7271

• Clerical Error Reopening (CER)
  – (888) 391-8840- Alabama & Tennessee providers
  – (866) 582-3244- Georgia providers
Evaluate Your Experience with Today’s Educational Event

- To ensure that the Provider Outreach and Education department continues to be responsive to your needs, we are providing you with the opportunity to evaluate today’s event.

- To complete the evaluation, access the following link:
  - [http://www.telspanvenue.com/SYID=EA50DC81874B](http://www.telspanvenue.com/SYID=EA50DC81874B)