



Understanding the Levels of Appeal

1/28/2021



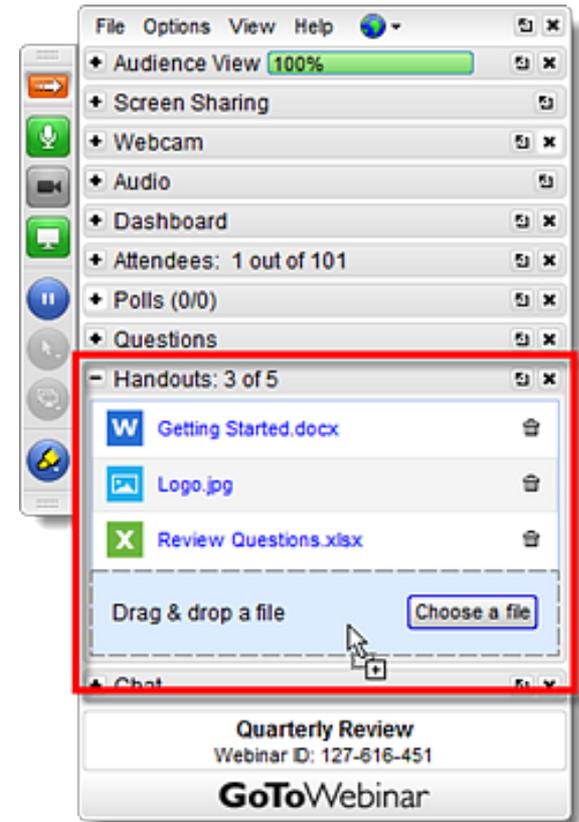
Today's Presenters

- Shelly Dailey MSN, BSN, RN, CPHM
 - Provider Outreach and Education Consultant
 - National Government Services



Today's PowerPoint Presentation

- Once you are connected to the webinar, select Handouts
- Select the PowerPoint to download the presentation



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 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Clarify different levels of appeal
- Deliver clear instruction regarding how to properly appeal a denied claim
- Offer information regarding timely filing regulations
- Explain level two QIC PAE appeals demo
- Provide references and resources for all levels of appeal

Agenda

- Reopenings
- Appeals
- Five Levels of Appeal
 - Redetermination
 - Reconsideration
 - QIC PAE Appeals Demonstration
 - Administrative Law Judge
 - Medicare Appeals Council
Department Appeals Board
 - U.S. District Court
- Appeal Hints and Reminders
- References and Resources
- Q&A

Reopenings



Reopenings

- AKA: Pre-redetermination
- Not an appeal/Not processed through the appeals department
 - Minor human or mechanical errors
 - Occur at the discretion of MAC
 - Decision to “not” reopen a claim for a minor error cannot be appealed
 - Must occur within one year of claim finalized dates

Reopenings

- Some reasons for a reopening might include

Mathematical Errors

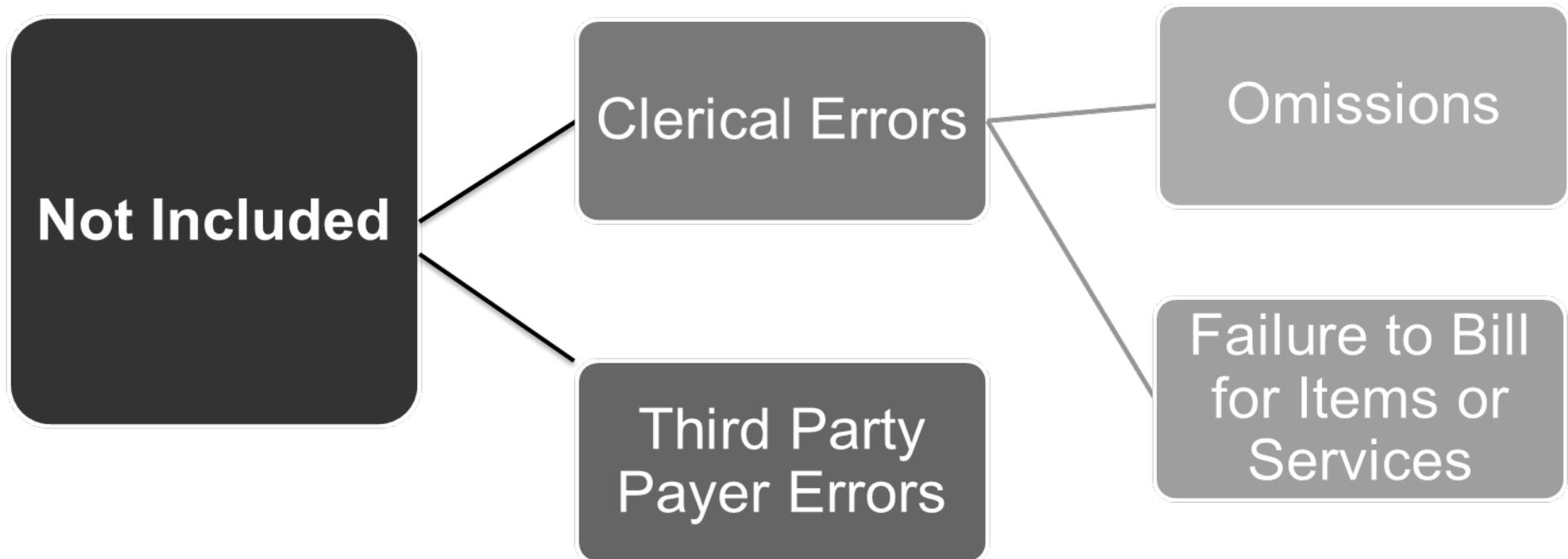
Transposed Codes

Inaccurate Data Entry

Computer Errors

Incorrect Data Items

Reopenings



Reopenings

- Part A - Reopening Request Form

Jurisdiction K (Part A, HHH)	Jurisdiction 6 (Part A, HHH, FQHC)
National Government Services Appeals Department P.O. Box 7111 Indianapolis, IN 46207-7111	National Government Services Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474

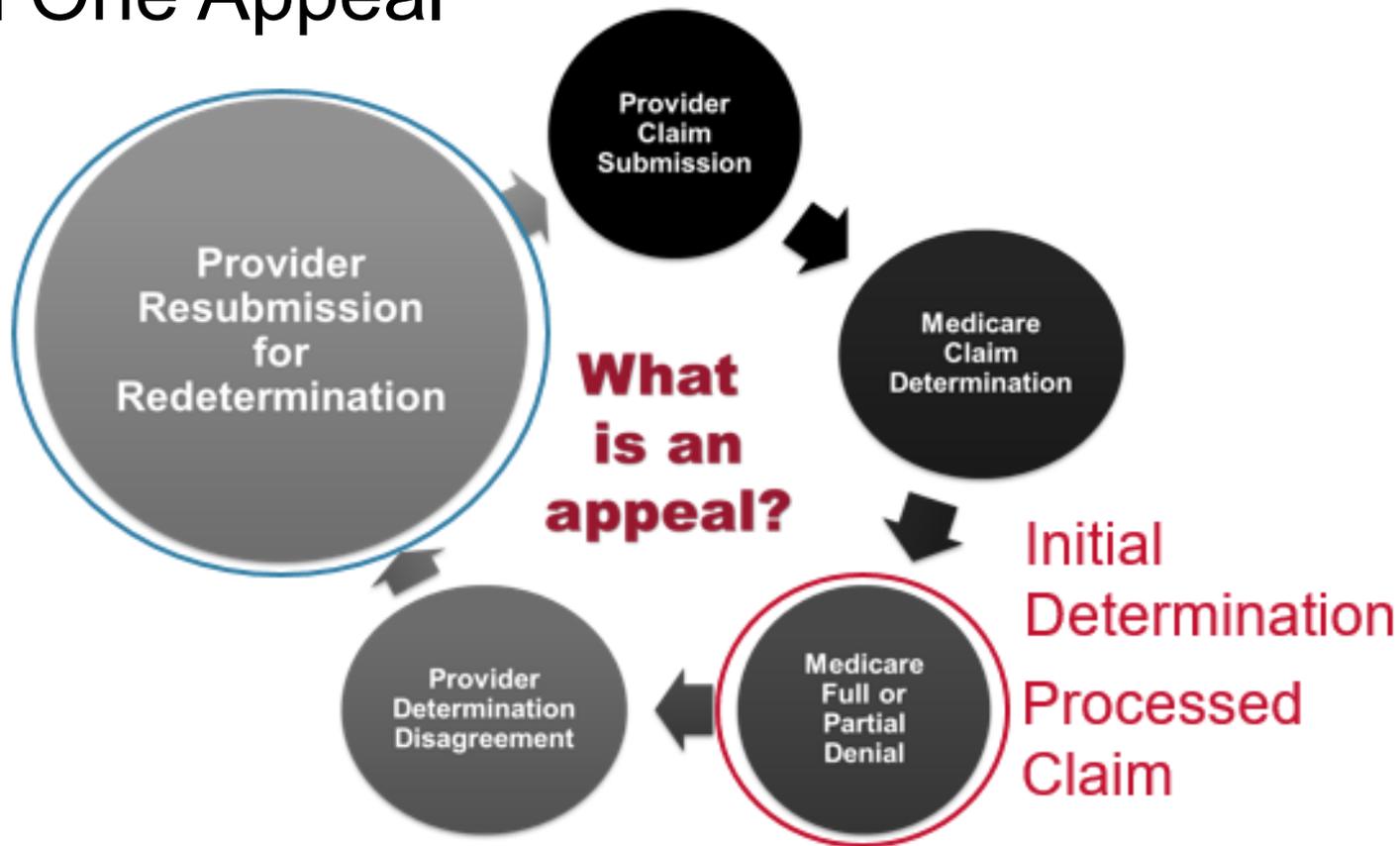
- Submission in writing or via NGSConnex

Appeals



What is an Appeal?

Level One Appeal



Purpose of an Appeal

- All appeals activities are governed by CMS
 - Ensure correct adjudication of claims
- Providers and beneficiaries have the right to appeal any claim determination made by the MAC

Five Levels of Appeal

Level One

Redetermination
Medicare
Administrative
Contractor
(MAC)

Level Two

Reconsideration
Qualified
Independent
Contractor (QIC)

Level Three

Administrative
Law Judge (ALJ)

Level Four

Medicare
Appeals Council
Department
Appeals Board
(DAB)

Level Five

U.S. Federal
District Court

Level One Appeals

Level One Appeal

Redetermination – MAC

Time limit to initiate = 120 days from date of receipt of initial determination	Time limit to complete the review = 60 days	Amount in controversy = no minimum amount	How to File: Electronically via NGSCConnex or esMD or in writing via Redetermination Form 20027
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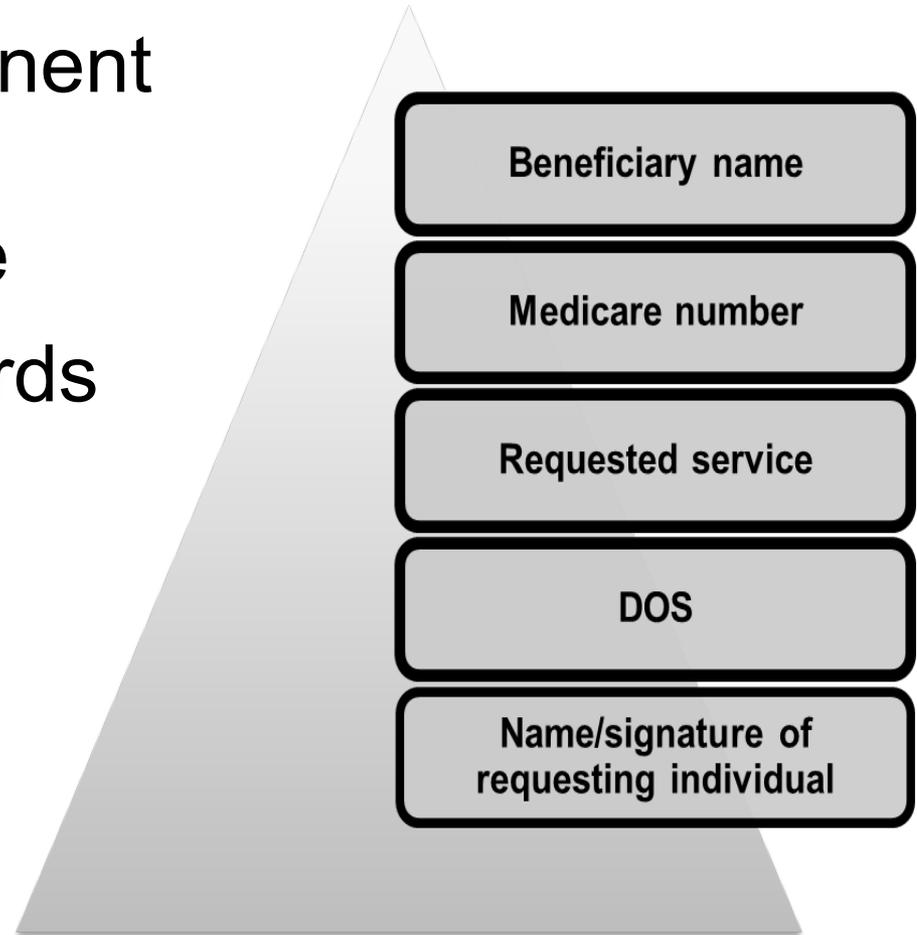
Level One Appeal

Redetermination – MAC

Jurisdiction 6	Jurisdiction 6	Jurisdiction K	Jurisdiction K
Part A, FQHC & HHH&H National Government Services Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474	Part B National Government Services Appeals Department P.O. Box 6475 Indianapolis, IN 46206-6475	Part A, Part B, HH&H National Government Services Appeals Department P.O. Box 7111 Indianapolis, IN 46207-7111	FQHC National Government Services Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474

Appeal Level One

- Must include all pertinent information to avoid dismissal of the case
- Previously sent records will automatically be incorporated



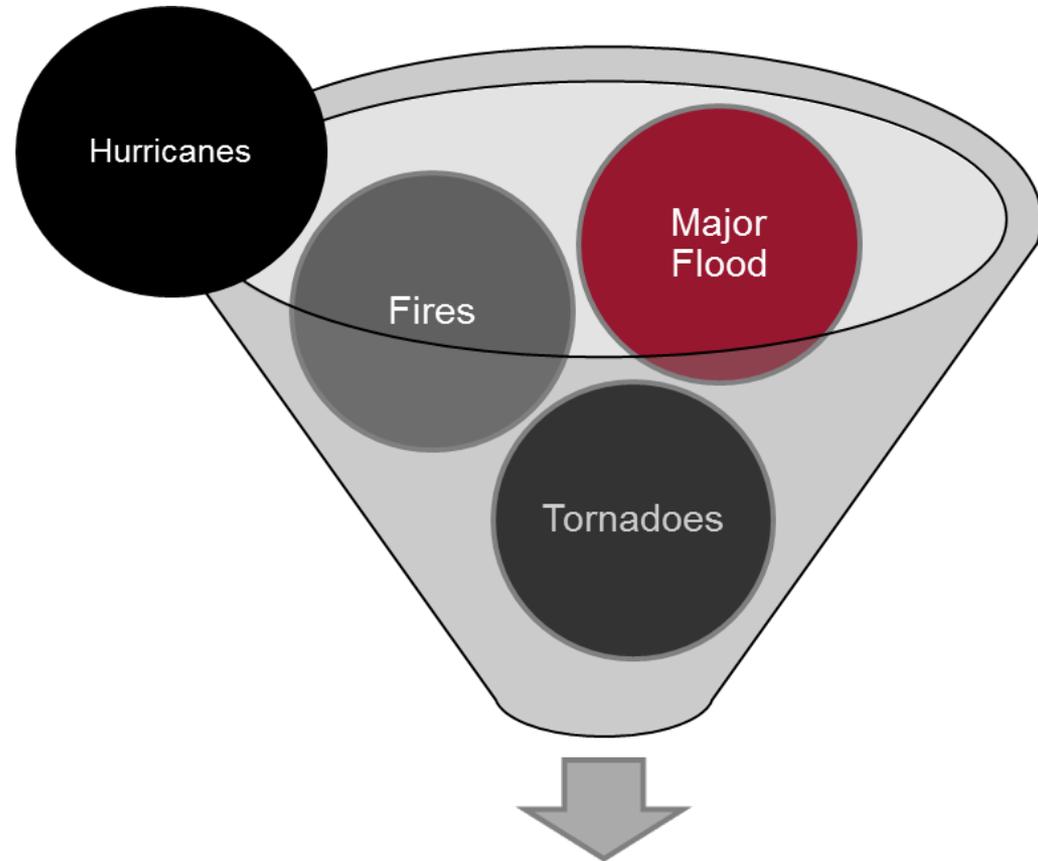
Timely Filing

- Federal regulations mandate timely filing of claims within one year of services rendered
- Appeals staff may extend time limit in certain situations called “Conditions that Establish Good Cause



Timely Filing Conditions that Establish Good Cause

- Unavoidable Circumstances
 - Provider is not excused from the timely filing rules for the next level of appeal



Timely Filing

- Not a condition establishing good cause

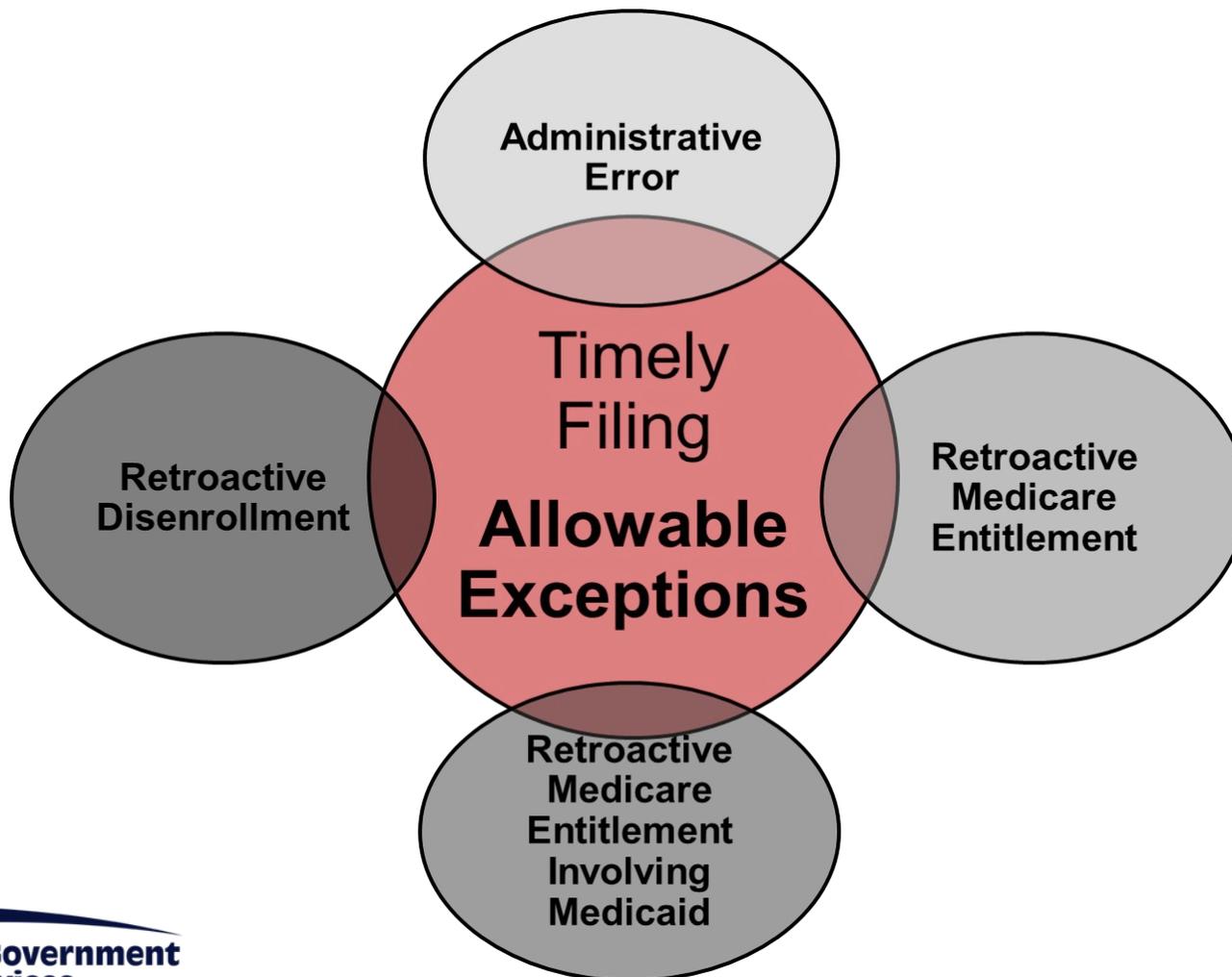


Timely Filing

- Timely filing for claims is not an appealable determination
 - Once a claim is processed, submitting an adjustment is the only mechanism to bypass timely filing



Timely Filing Allowable Exceptions



Level Two Appeals



Level Two Appeal

Reconsideration – QIC

Time limit to initiate = 180 days from date of receipt of redetermination decision

Time limit to complete the review = 60 days

Amount in controversy = no minimum amount

How to file: Reconsideration
[CMS Form 20033](#)

Level Two Appeal

Reconsideration – QIC

Jurisdiction 6

Part A, HHH, FQHC
MAXIMUS Federal Services
Medicare Part A West
3750 Monroe Ave. Suite 706
Pittsford, NY 14534

Jurisdiction 6

Part B
C2C Innovative Solutions, Inc.
QIC Part B North
P.O. Box 45208
Jacksonville, FL 32232-5208

Jurisdiction K

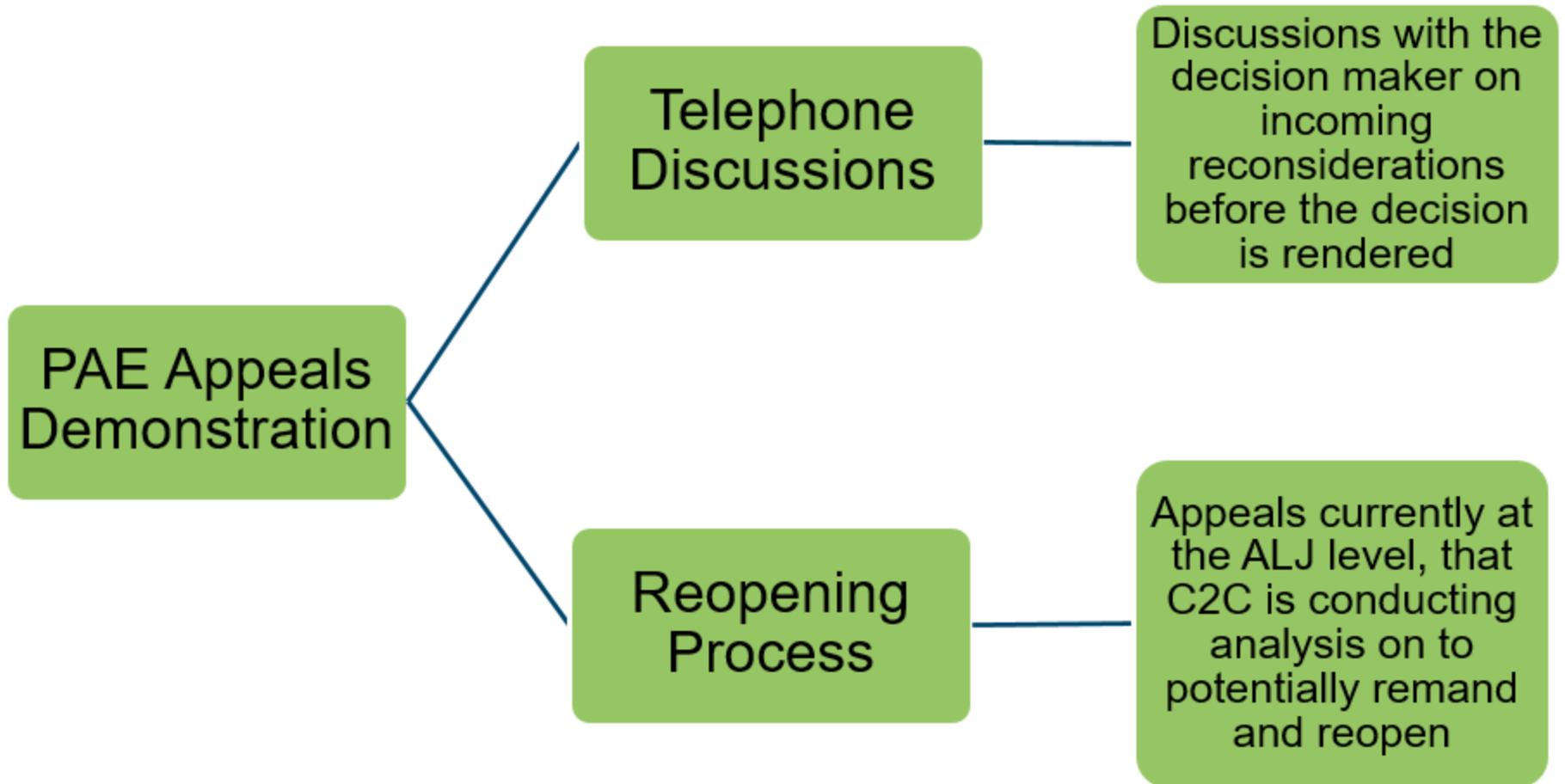
Part A, B, HHH, FQHC
C2C Innovative Solutions, Inc.
QIC Part A East Appeals
P.O. Box 45305
Jacksonville, FL 32232-5305

****Request must be made in writing only**

Level Two Appeals

C2C – QIC PAE Appeals Demonstration

Components of Demonstration



Benefits of Demonstration

- Selected providers who elect to participate in the demonstration have opportunity for direct interaction with reconsideration decision maker to
 - Discuss the facts of the case
 - Submit any missing/critical documentation needed to further support a favorable decision
 - Provide verbal testimony
 - Receive feedback/education on CMS policies and requirements
 - Improve proper claim submission

Part A East Jurisdictions in Demonstration

FFS Medicare Part A Appeals Eligible for QIC

Contract	States
Novitas – JH	Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma and Texas
Novitas – JL	Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania
Palmetto – JJ	Alabama, Georgia and Tennessee
Palmetto – JM	North Carolina, South Carolina, Virginia and West Virginia
NGS – JK	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont
First Coast – JN	Florida, Puerto Rico and U.S. Virgin Islands

Home Health and Hospice Jurisdictions in Demonstration

FFS Medicare Home Health and Hospice Appeals Eligible for QIC Demonstration

Contract	States
Palmetto – JM	Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee and Texas
CGS – J15	Colorado, Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia
NGS – JK	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont
NGS – J6	New Jersey, New York, Puerto Rico and U.S. Virgin Islands

Education and Outreach

- Website
 - [C2C website](#)
 - Appeals Demonstration Tab (Part A East Appeals Demonstration)
 - Purpose
 - Reopening Process
 - FAQ
 - Newsletter
 - Forms

Level Three Appeals

Level Three Appeal

Administrative Law Judge Hearing (ALJ)

<p>Time limit to initiate = 60 days from date of receipt of reconsideration from the QIC</p>	<p>Time limit to complete the review = 90 days</p>	<p>Amount in controversy = minimum \$170</p> <p>Requests filed on or after 1/1/2021 amount increases to \$180</p>	<p>How to File: ALJ Form: OMHA-100 Office of Medicare Hearings & Appeals</p>
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Level Three Appeal

ALJ

OMHA Central Operations
200 Public Square, Suite 1260
Cleveland, OH 44114-2316

For further assistance call
855-556-8475

****Requests must be made in writing only**

ALJ Appeals Status Information System: AASIS

- US Department of Health & Human Services
Office of Medicare Hearings and Appeals OMHA
 - Check the status of Medicare claim appeals before the ALJ
 - [Appeals Status Lookup](#)

Level Four Appeals



Level Four Appeal

Medicare Appeals Council Department Appeals Board (DAB)

Time limit to initiate =
60 days from date of
receipt of ALJ denial

Time limit to
complete the review
= 90 days

Amount in
controversy = no
minimum amount

How to File: [Form
DAB 101 Request for
Review of ALJ
Medicare
Decision/Dismissal](#)

Level Four Appeal

DAB

Department of Health and Human Services
Departmental Appeals Board
Medicare Appeals Council, MS 6127
Cohen Building Room G-644
330 Independence Ave., S.W.
Washington, D.C. 20201
FAX: 202-565-0227
For further assistance call: 202-565-0100

****Requests must be made in writing or faxed**

Level Five Appeals



Level Five Appeal

Federal U.S. District Court

Time limit to initiate =
60 days from date of
receipt of DAB denial

Time limit to
complete the review:

Amount in
controversy = \$1670

**Appeals filed on or
after 1/1/2021 the
amount will
increase to \$1760**

How to file:
In writing, no form
necessary. Suggest
submission of all
other forms for
appeals level one
through four

Level Five Appeal

U.S. Federal District Court

Department of Health and Human Services
General Counsel
200 Independence Avenue, SW
Washington, DC 20201

**Requests must be made in writing only

Appeal Hints and Reminders

Appeals Overview Chart

Appeal Level	Time Limit For Filing	2021 Monetary Threshold
Redetermination	120 days from date of receipt of RA	None
QIC Reconsideration	180 days from redetermination notice	None
ALJ Hearing	60 days from reconsideration notice	\$180
DAB Review	60 days from the ALJ decision	None
Judicial Review	60 days from DAB decision	\$1760

NGS Appeals Calculator

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APPEALS CALCULATOR

To determine the timely filing date for your appeals request:

Step One
Please select an option from the drop-down based upon which level of appeal you are in (see table at bottom of page).

Step Two
Enter the date on which you received the response to your previous appeal.

Reminder: The filing time limit for each level of an appeal is calculated from the date you received a response to your previous filing.

APPEALS CALCULATOR

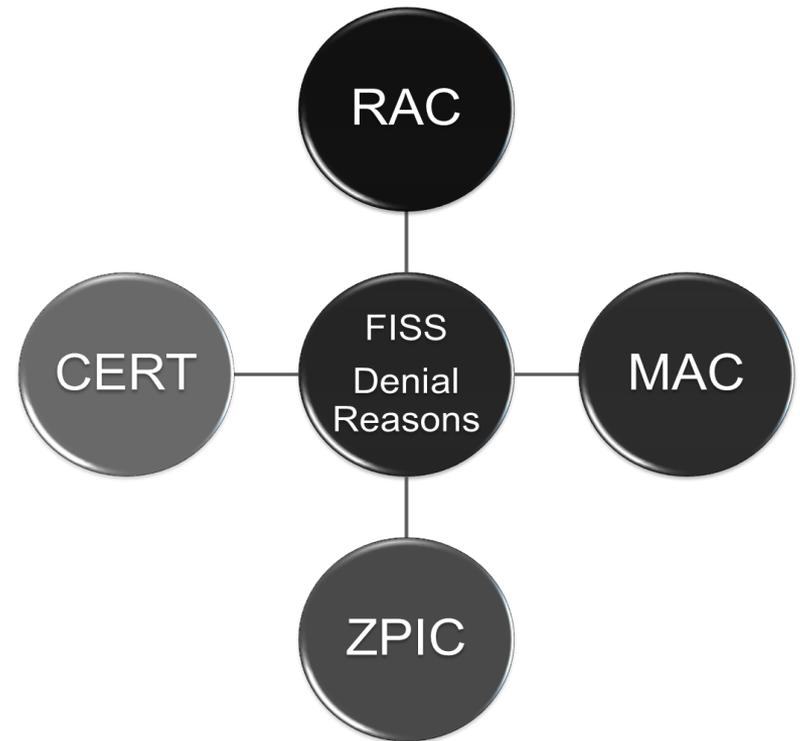
Step One

Step Two

NGS Appeals Calculator

Helpful Hints

- Review the reasons for denial of a claim in the “remarks” section of FISS or within a claims determination letter

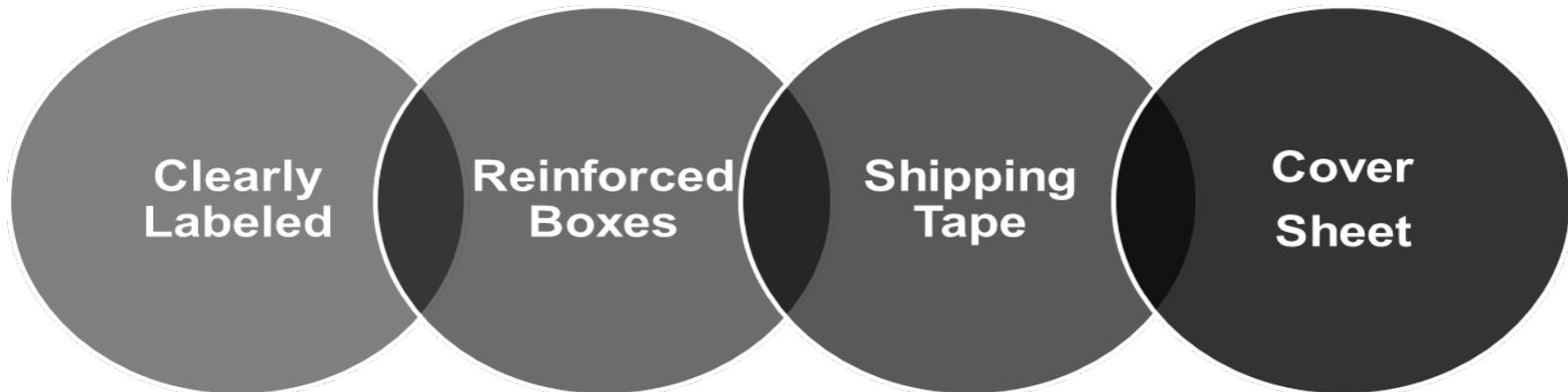


Helpful Hints

- Be sure to include the following with your appeal
 - Beneficiary name
 - Medicare number
 - Date of service
 - Requestor name and signature
 - Attachments for additional information
 - All pertinent supporting medical record documentation (signed by a physician)
 - Explanations for delayed requests

Helpful Hints

- Reminders when utilizing the following
 - USPS
 - Fed Ex
 - UPS



Compliance



To Ask a Question Using the Question Box

The screenshot displays the GoToWebinar interface. At the top, there is a menu bar with 'File', 'View', and 'Help'. Below it, the 'Attendee List' is shown with 'Attendees (1)' and 'Staff (1)' tabs. The attendees list is sorted by 'NAMES - ALPHABETICALLY' and shows 'Corena Bahr (Me)'. A search box is located below the list. The 'Audio' section shows 'Audio Mode' with 'Use Telephone' and 'Use Mic & Speakers' options. A 'MUTED' status is displayed with a volume icon and a progress bar. Below the audio section, it says 'Talking: Suzie Smith'. The 'Questions' section is expanded, showing a 'Questions Log' with a question: 'Q: Is there a volume discount?' and an answer: 'A: Yes! We will send you more info after the event.' Below the log is a text input field containing 'Yes' and a 'Send' button. A red arrow points to the input field with the text 'Type questions here'. Another red arrow points to the 'Send' button with the text 'Then click Send'.

CMS & NGS Appeals References & Resources

Appeals Forms

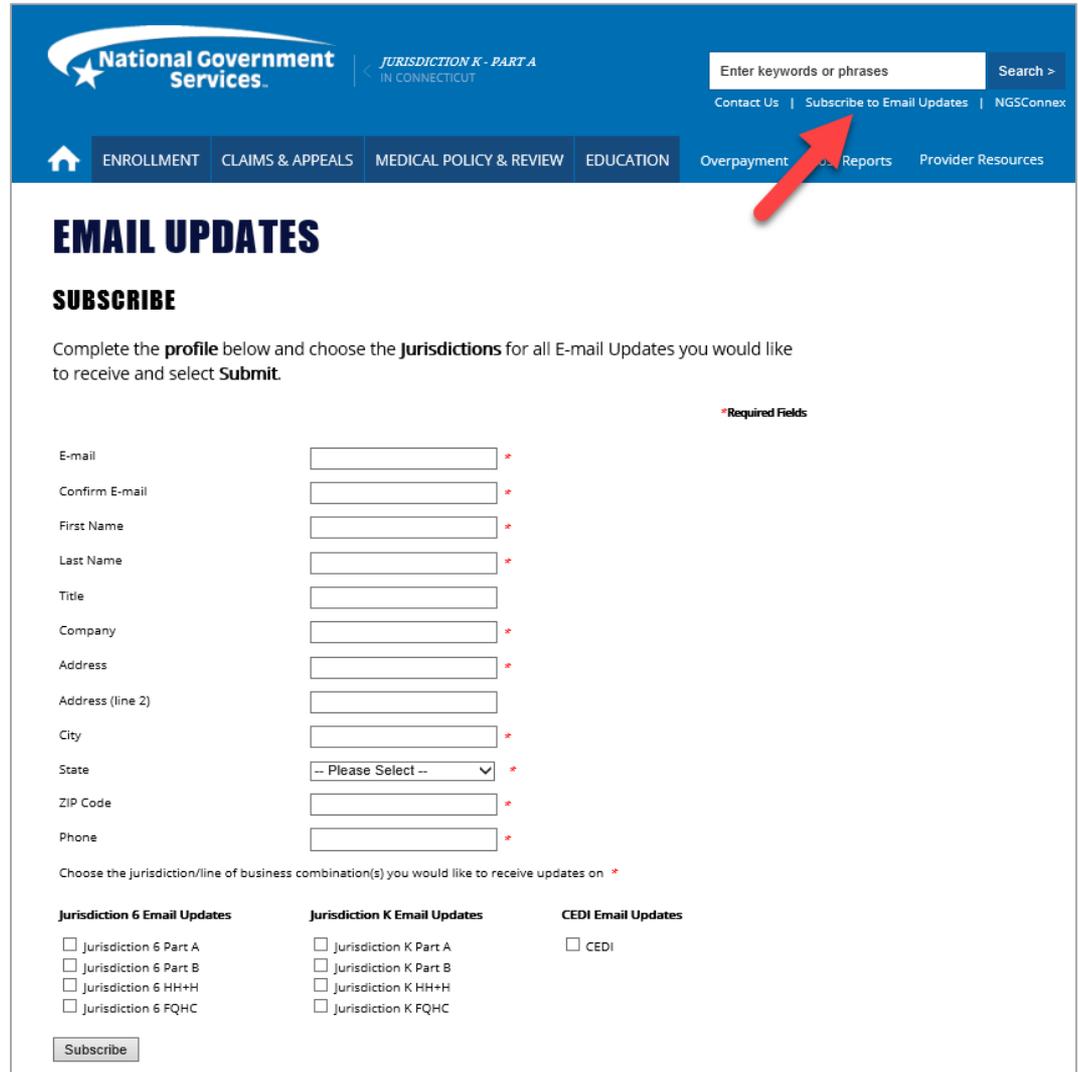
- [Part A - Reopening Request Form](#)
- [Level One Appeal Redetermination Form 20027](#)
- [Level Two Appeal CMS Form 20033](#)
- [Level Three Appeal ALJ Form: OMHA-100](#)
- [Level Four Appeal Form DAB 101 Request for Review of ALJ Medicare Decision/Dismissal](#)

CMS & NGS Resources

- [The Centers for Medicare & Medicaid Services Original Medicare Appeals Portal](#)
- [National Government Services Appeals Portal](#)

NGS Email Updates

- Subscribe to receive the latest Medicare information



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Complete the **profile** below and choose the **Jurisdictions** for all E-mail Updates you would like to receive and select **Submit**.

*Required Fields

E-mail *

Confirm E-mail *

First Name *

Last Name *

Title

Company *

Address *

Address (line 2)

City *

State *

ZIP Code *

Phone *

Choose the jurisdiction/line of business combination(s) you would like to receive updates on *

Jurisdiction 6 Email Updates	Jurisdiction K Email Updates	CEDI Email Updates
<input type="checkbox"/> Jurisdiction 6 Part A	<input type="checkbox"/> Jurisdiction K Part A	<input type="checkbox"/> CEDI
<input type="checkbox"/> Jurisdiction 6 Part B	<input type="checkbox"/> Jurisdiction K Part B	
<input type="checkbox"/> Jurisdiction 6 HH+H	<input type="checkbox"/> Jurisdiction K HH+H	
<input type="checkbox"/> Jurisdiction 6 FQHC	<input type="checkbox"/> Jurisdiction K FQHC	

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
 - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- [Medicare University website](#)

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- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

Contact NGS

For future questions contact the Provider Call Center:

State/Region	Toll-Free Number	IVR	PCC Hours of Service
Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	866-289-0423 TTY: 866-786-7155	866-275-7396	Monday–Friday 8:00 a.m.–4:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. ET
Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 TTY: 888-897-7523	866-275-3033	Monday–Friday 8:00 a.m.–5:00 p.m. CT 9:00 a.m.–6:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. CT 3:00–5:00 p.m. ET

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

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