

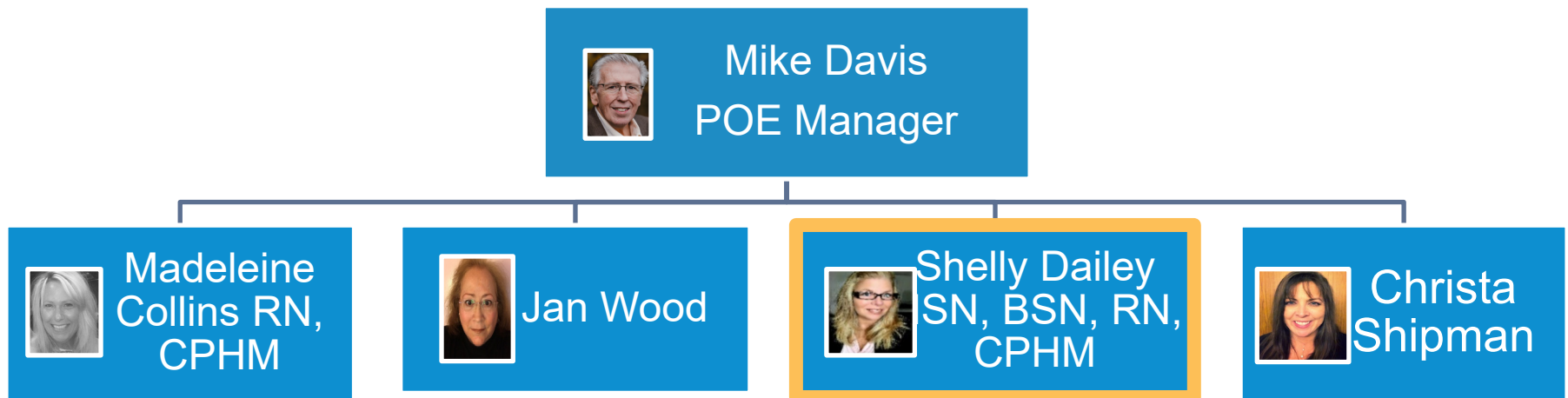
Understanding the Levels of Appeal

January 19, 2022
February 24, 2022
March 17, 2022
April 12, 2022
May 5, 2022
June 16, 2022

Today's Presenters



National Government Services Provider Outreach and Education Home Health and Hospice Team



Disclaimer

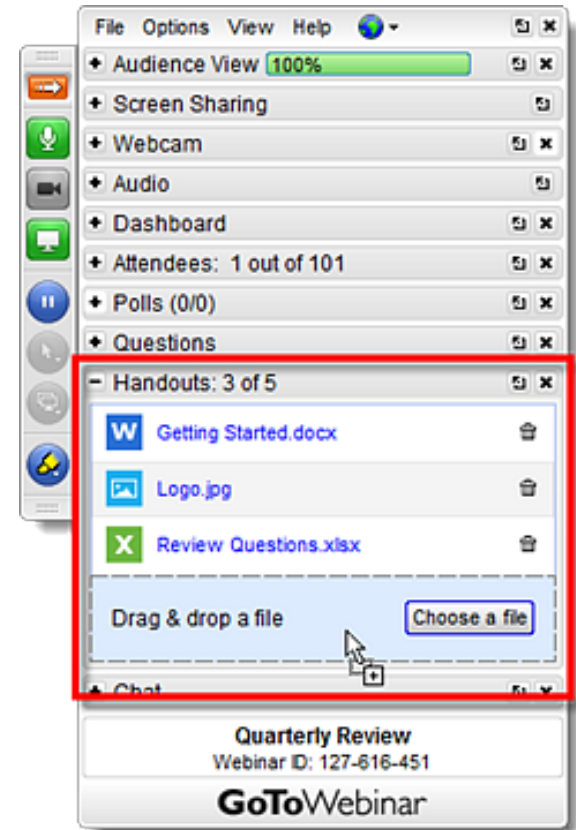
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- This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Today's PowerPoint Presentation

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



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
 - Redetermination
 - Reconsideration
 - Administrative Law Judge
 - Medicare Appeals Council Department Appeals Board
 - US District Court
- Hints and Reminders
- References and Resources
- Question and Answer Period

Reopenings

Reopenings

- Also known as: **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

Mathematical Errors

Transposed Codes

Inaccurate Data Entry

Computer Errors

Incorrect Data Items

Reopenings

- **Clerical Errors:** do not include omissions or failure to bill items
- **Third Party Payer Errors:** do not constitute clerical errors
- National Government Services accepts provider initiated electronic adjustments to correct claims partially denied by automated LCD and NCD denials

Reopenings

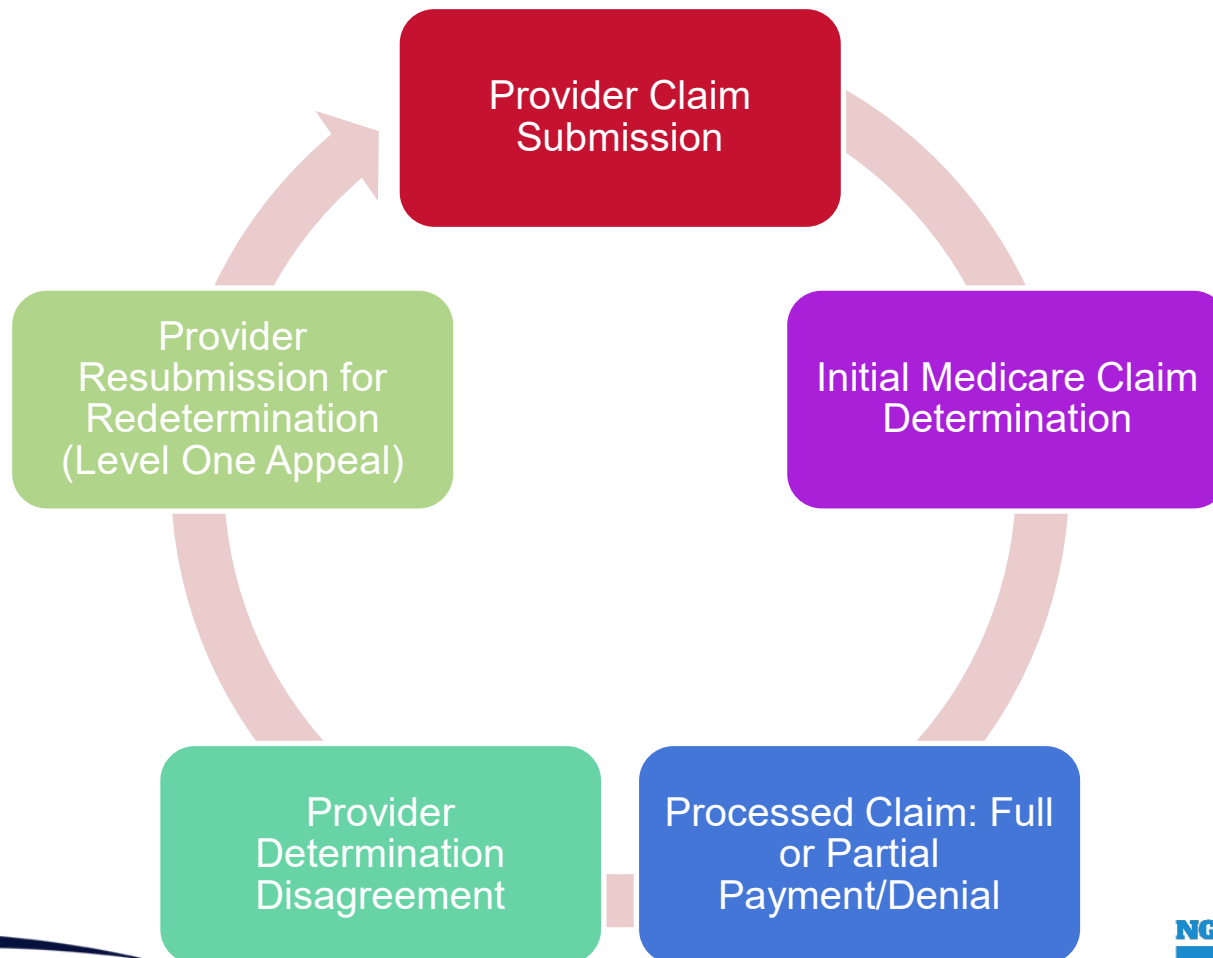
- Part A - Reopening Request Form

Jurisdiction K Part A, HHH	Jurisdiction 6 Part A, HHH, FQHC
National Government Services Appeals Department PO Box 7111 Indianapolis, IN 46207-7111	National Government Services Appeals Department PO Box 6474 Indianapolis, IN 46206-6474

- Submission in writing or via NGSConnex

Appeals

What is an 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 US Federal District Court



Level One Appeals

Level One Appeals

Redetermination – MAC

Time limit to
initiate = 120
days from date
of initial
determination

Time limit to
complete the
review = 60 days

Amount in
controversy = no
minimum
amount

How to File:
Electronically via
NGSConnex or
esMD or in
writing via
Redetermination
Form

Level One Appeals

Redetermination – MAC

Jurisdiction 6

National Government Services
Appeals Department
P.O. Box 6474
Indianapolis, IN
46206-6474

**Mailing Address for states AK, AZ,
CA, HI, ID, MI, MN, NJ, NV, NY, OR,
WA, WI, & U.S. Territories**

Jurisdiction K

National Government Services
Appeals Department
P.O. Box 7111
Indianapolis, IN
46207-7111

**Mailing Address for states CT, MA,
ME, NH, RI, VT:**

Level One Appeals

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

Patient Name

Medicare
Number

Specific Service
Request

Dates of Service

Name/Signature

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

- Conditions that **do not** establish good cause



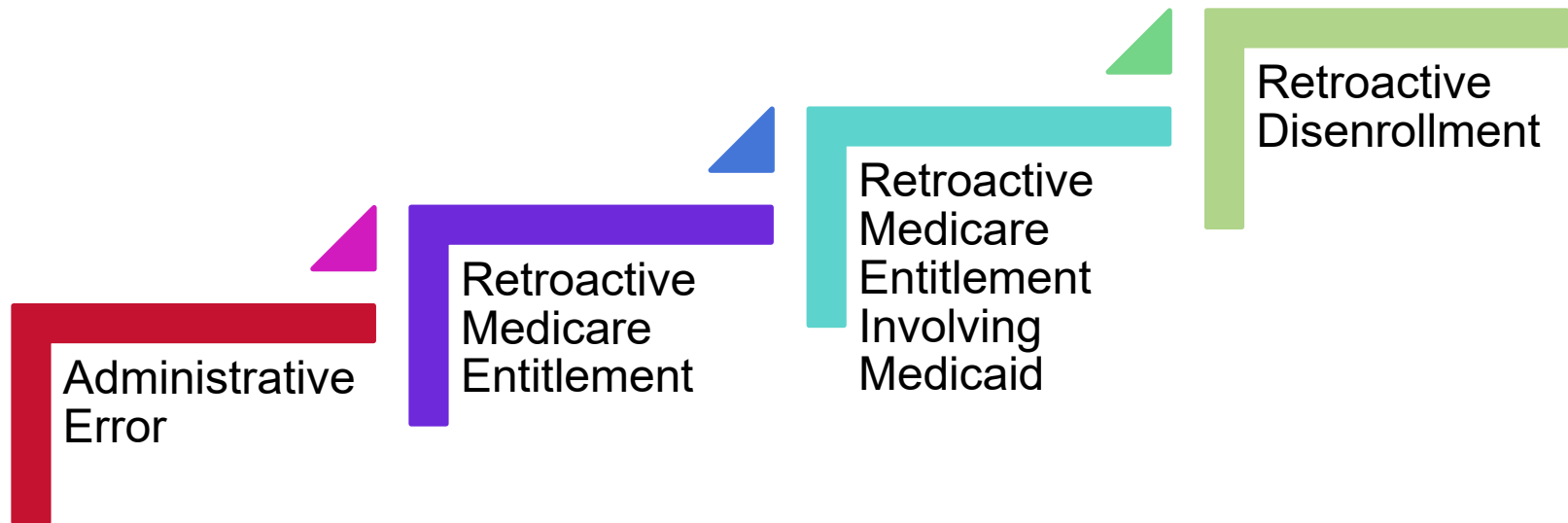
Timely Filing

- 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 Appeals

Reconsideration – QIC

Time limit to
initiate = 180
days from date
of
redetermination
denial

Time limit to
complete the
review = 60 days

Amount in
controversy = no
minimum
amount

How to file:
Reconsideration
CMS Form
20033

Level Two Appeals

Reconsideration – QIC

Jurisdiction 6

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

Jurisdiction K

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 Three Appeals

Level Three Appeals

Administrative Law Judge Hearing (ALJ)

Time limit to
initiate = 60 days
from date of QIC
denial

Time limit to
complete the
review = 90 days

Amount in
controversy =
minimum \$180

How to File: ALJ
Form: OMHA-
100 Office of
Medicare
Hearings &
Appeals

Level Three Appeals

ALJ

**OMHA Central Operations
1001 Lakeside Avenue, Suite 930
Cleveland, OH 44114-1158**

For further assistance call
855-556-8475

[OMHA e-Appeal Portal](#)

ALJ Appeal 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
 - [ALJ Appeal Status Information System \(AASIS\)](#)

Level Four Appeals

Level Four Appeals

Medicare Appeals Council Department Appeals Board (DAB)

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

Time limit to
complete the review
= 90 days

Amount in
controversy = no
minimum amount

How to File:
Form DAB 101

Level Four Appeals

Medicare Appeals Council Department Appeals Board (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 via fax**

Level Five Appeals

Level Five Appeal

Federal U.S. District Court

Time limit to initiate = 60 days from date of receipt of level four denial	Time limit to complete the review:	Amount in controversy = \$1760	How to file: In writing, no form necessary. Suggest submission of all other forms for appeals level one through four
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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

[Resources](#) > [Tools & Calculators](#)

APPEALS CALCULATOR

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.

Step One *

Please - Select One

▼

Step Two *

mm/dd/yyyy

📅

Calculate

Reset

NGS Appeals Calculator



Helpful Hints

- Review reasons for denial
- “Remarks” section of FISS
- Claims determination letter

Medicare Administrative Contractor (MAC)

Recovery Auditor (RA)

Comprehensive Error Rate Testing (CERT)

Unified Program Integrity Contractor (UPIC)

Supplemental Medical Review Contractor (SMRC)

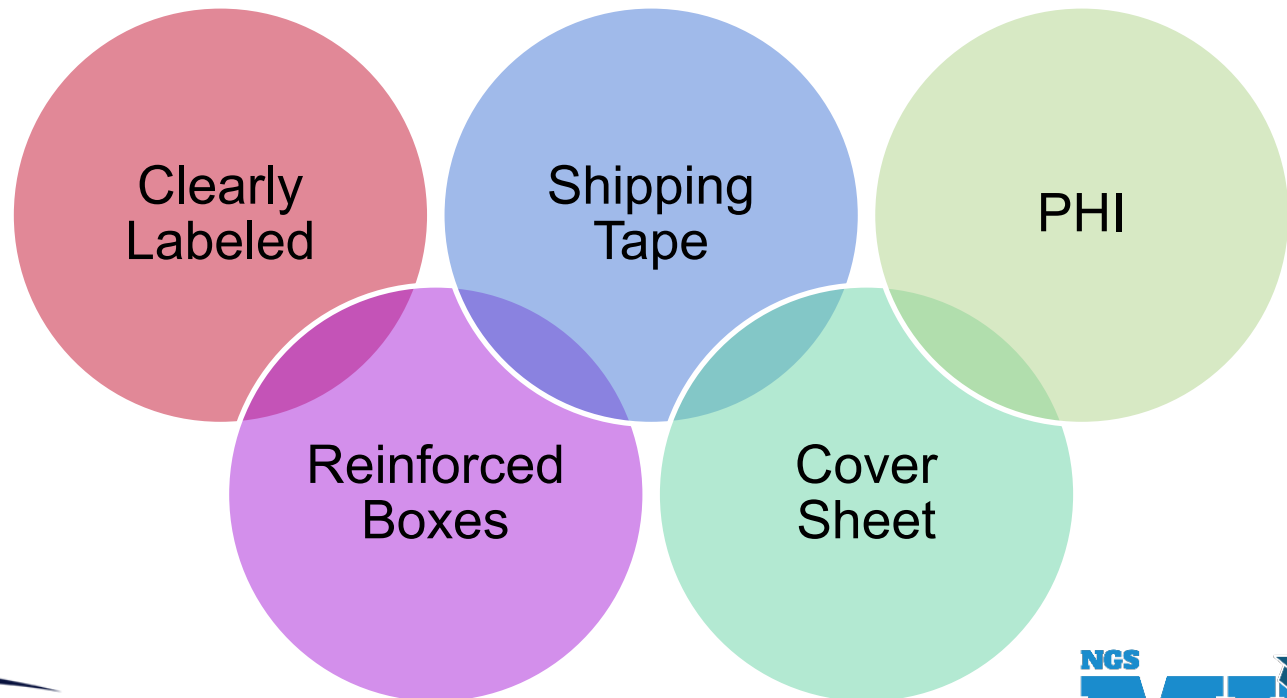
Benefits Coordination & Recovery Center (BCRC)

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



NGSConnex



esMD for Providers and
Suppliers

Wrap Up

To Ask a Question Using the Question Box

The screenshot shows the GoToWebinar interface with the following sections:

- Attendee List (2 | Max 201)**: Includes tabs for Attendees (1) and Staff (1). A dropdown menu shows 'NAMES - ALPHABETICALLY' with 'Corena Bahr (Me)' listed below it. A search bar is at the bottom of this section.
- Audio**: Shows 'Audio Mode' with radio buttons for 'Use Telephone' and 'Use Mic & Speakers' (selected). Below is a 'MUTED' status indicator with a volume icon and a progress bar. A link for 'Audio Setup' is present.
- Talking: Suzie Smith**
- Questions**: Contains a 'Questions Log' with a sample question and answer:
 - Q: Is there a volume discount?
 - 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.
- Webinar Now**: Displays 'Webinar ID: 731-938-951' and the 'GoToWebinar™' logo.

Two red arrows provide instructions: one points to the text input field with the text 'Type questions here', and the other points to the 'Send' button with the text 'Then click Send'.

CMS and NGS Appeals References and Resources

CMS and NGS Resources

- [The Centers for Medicare & Medicaid Services Original Medicare Appeals Portal](#)
- [Medicare Claims Processing Manual Chapter 29 – Appeals of Claims Decisions](#)
- [Office of Medicare Hearings & Appeals](#)
- [National Government Services Appeals Portal](#)
- [NGS Appeals Forms Portal](#)

Appeals Forms

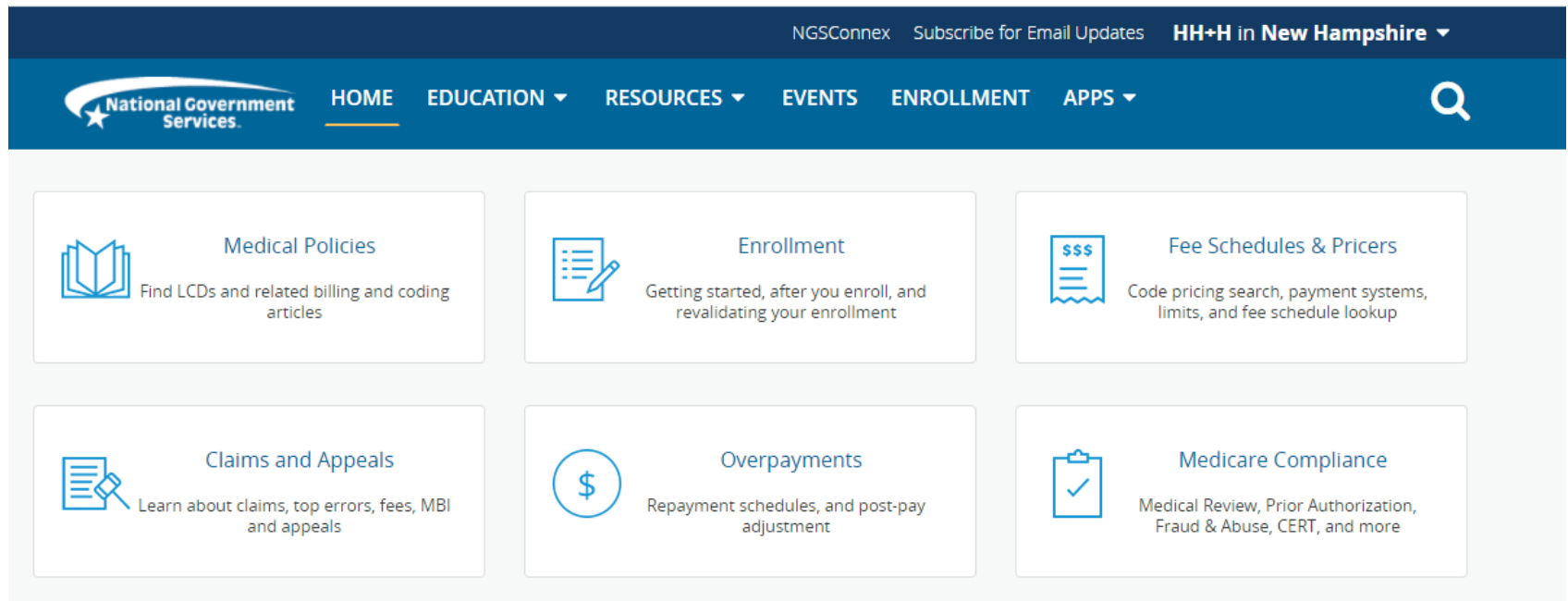
- [Part A - Reopening Request Form](#)
- [Level One Appeal Redetermination](#)
- [Level Two Appeal CMS Form 20033](#)
- [Level Three Appeal ALJ Form OMHA-100](#)
- [Level Four Appeal Form DAB](#)

NGS References and Resources

- [NGS Website](#)
 - Education
 - Medicare Topics
 - Billing
 - Documentation

NGS Email Updates

- Subscribe to receive the latest Medicare information





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Physician Certification of Terminal Illness

- Must be obtained by the medical director of the hospice or the physician member of the hospice ICD and the individual's attending physician if the individual has an attending physician
- No one other than a medical doctor or doctor of osteopathy can certify or recertify an individual as terminally ill
- None practitioners and physician assistants cannot certify or recertify an individual as terminally ill
- In the event that a beneficiary's attending physician is a nurse practitioner or a physician assistant, the hospice medical director or the physician member of the hospice ICD certifies the individual as terminally ill

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SUBSCRIBED

1 Hospice Documentation - Painting the Picture of the Terminal Patient

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1:08:28

2 Hospice - General Inpatient Documentation

NGSMedicare.com

1:02:34

3 Home Health Eligibility Criteria - Documenting Homebound Status

NGSMedicare.com

44:12

4 Responding to a Home Health & Hospice ADR

NGSMedicare.com

55:04

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

Medicare University Self-Reporting Instructions

- Log on to the National Government Services [Medicare University site](#)
 - Topic = **Understanding the Levels of Appeal**
 - Medicare University Credits (MUCs) = **1**
 - Catalog Number = **AA-C-06359**
 - Participant Code = **22019WASRD1**
 - For step-by-step instructions on self-reporting please visit the Get Credit for Completed Courses on the NGS website

Provider Contact Center Procedures

- The Provider Contact Center should always be your first option when contacting National Government Services
 - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries

Provider Contact Center

State/Region	Toll-Free Number	Interactive Voice Response (IVR)
Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	866-289-0423 TTY: 866-786-7155	866-275-7396
Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 TTY: 888-897-7523	866-275-3033

Thank You!

- Questions?



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