

# Medicare Appeals and Patient's Rights



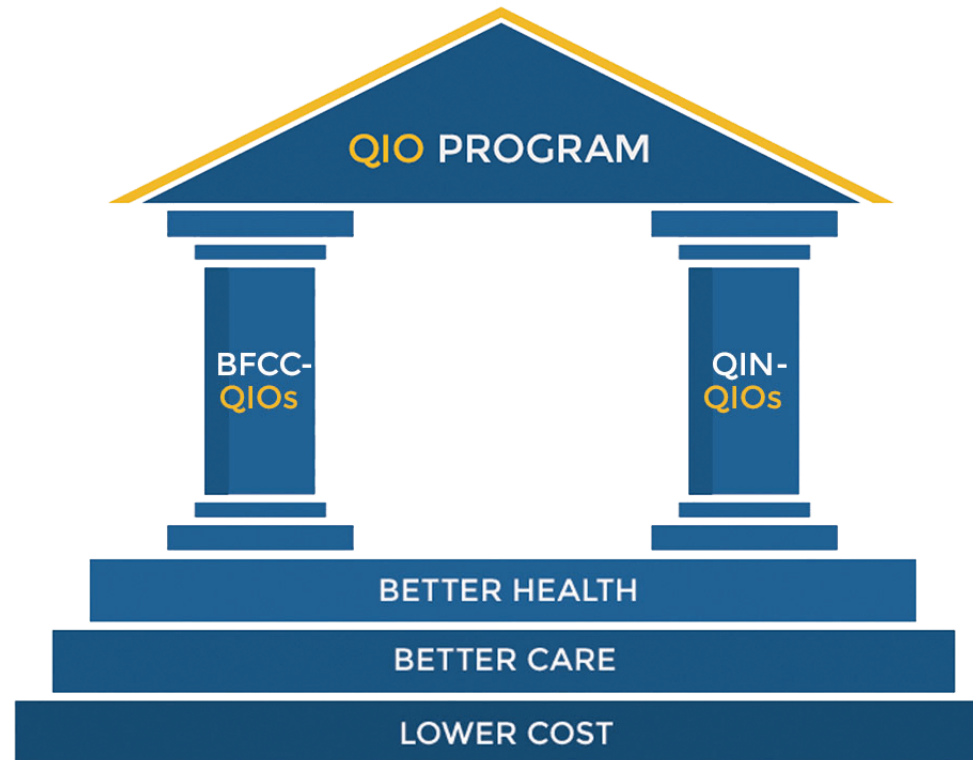
Presenter: Bryan Y. Fischer  
Communications Lead  
Livanta LLC



# Objectives

- 1. Discuss Medicare's Beneficiary and Family Centered Care - Quality Improvement (BFCC-QIO) Program.**
- 2. Define and discuss Medicare QIO appeals.**
- 3. Describe how Medicare QIO appeals work.**
- 4. Complete a knowledge review.**

# What is a Quality Improvement Organization (QIO)?



Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO)

Quality Innovation Network - Quality Improvement Organization (QIN-QIO)

# What is a BFCC-QIO? Who is Livanta?

- **BFCC-QIOs are Beneficiary and Family Centered Care - QIOs.**
- **As a BFCC-QIO, Livanta provides:**
  - Appeal review;
  - Complaint review; and
  - Advocacy services.
- **Medicare beneficiaries have the right to access BFCC-QIO services.**
- **All services provided by Livanta are at no cost to Medicare patients and families.**

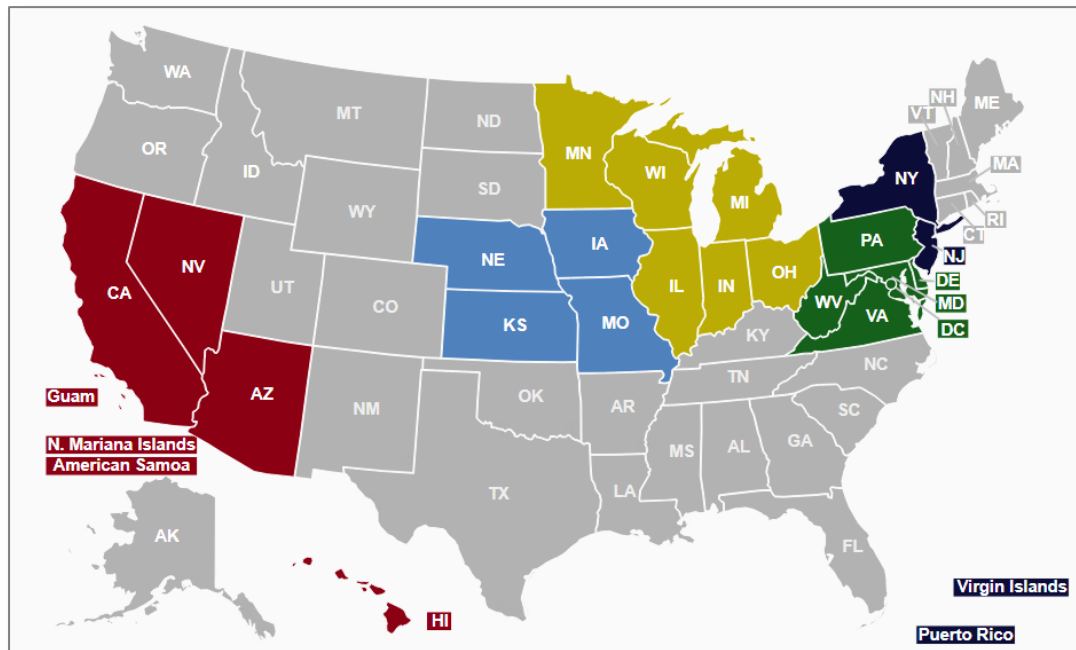
# Quality Innovation Network – Quality Improvement Organization (QIN-QIO)

- **QIN-QIOs engage with providers on quality improvement:**
  - Behavioral health outcomes
  - Opioid misuse
  - Patient safety
  - Chronic disease self-management
  - Quality of Care transitions
  - Nursing home quality



# Beneficiary and Family Centered Care (BFCC)-QIOs

- QIO jurisdiction is determined by the state or territory where the care was received.



- Locate your QIO at <http://www.qioprogram.org/locate-your-qio>

# How does Livanta help Medicare patients and caregivers?

## For Medicare Beneficiaries, Livanta will:



### Review Appeals

Not ready for discharge or services to end? We'll review the case.



### Review Complaints

Need to file a formal complaint about quality of care issues? Call us for help.



### Advocacy Services

Ongoing issues can be addressed by Livanta's Immediate Advocacy program.

# Eligibility & Care Settings

## **For discharge or service termination appeals:**

- Hospitals, hospices, home health agencies, skilled nursing facilities, and comprehensive outpatient rehab facilities (CORF)
- Must be receiving Medicare-covered inpatient or skilled services

## **For quality of care complaints:**

- All care settings that accept Medicare
- Excludes dialysis facilities for end stage renal disease treatment

## **For immediate advocacy:**

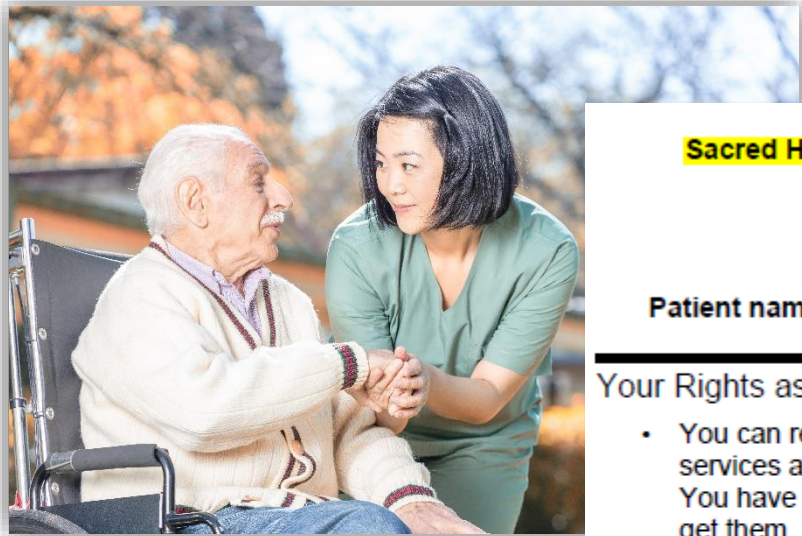
- All care settings that accept Medicare

## **Applies to:**

- Beneficiaries with Original Medicare and those who are dual-eligible
- Beneficiaries with Medicare Advantage plans



# Healthcare providers are required to give Medicare beneficiaries certain notices about their care.



**Sacred Heart Hospital 12629 Riverside Dr. Valley Village, CA 1-800-555-1234**

## Important Message from Medicare

**Patient name: DORIAN, JOHN D**

**Patient number: 8675309-J**

### Your Rights as a Hospital Inpatient:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: **Livanta LLC, 1-877-588-1123, TTY 855-887-6668** The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

# What is a QIO Appeal?

- **A Medicare QIO appeal is a review action performed by a Medicare BFCC-QIO.**
- **QIO appeals ensure providers are ending Medicare-covered services appropriately.**
- **Appeals are a Medicare patient's right.**
- **Beneficiaries can file appeals from: Hospitals, Hospices, Home Health, Skilled Nursing, and Comprehensive Outpatient Rehab Facilities.**

# What is QIO Appeal *is not*

- **QIO appeals are not used to dispute:**
  - Medicare benefit limitations
  - Billing issues
  - Denial of emergency room care (EMTALA)
  - Observation status versus admission
  - Transfers within the same level of care (hospital to hospital etc.)
  - Outpatient services

# What are the financial liabilities?

- **Acute (Hospital) Appeals**
  - **Acute Care Hospitals, Long-term Acute Care (LTAC), Acute Specialty Facilities (ex. Psychiatric hospitals, etc.)**
  - **Hospital stays are for patients in crisis and considered to be in imminent danger of death.**
  - **During an appeal case, patients who appeal will remain covered by Medicare (appeal must be timely).**
- **Post-Acute (non-hospital) Appeals**
  - **Hospice, Skilled Nursing Facilities, Home Health and Comprehensive Outpatient Rehab, Swing Beds**
  - **Financial liability may be incurred if the appeal is made in the last day of the covered services.**
  - **Appeals should be filed as soon as possible to avoid any additional financial liability.**

# Types of Appeals and Levels

- **QIO Appeal**
  - Performed by the BFCC-QIO where care was received.
  - Conducted in 24-72 hours
- **Second-Level Appeal**
  - Performed by a Qualified Independent Contractor (QIC) or a BFCC-QIO
  - Conducted in 3- 14 days
- **Administrative Law Judge (ALJ) Hearing**
  - Assigned to a regional ALJ
  - May take several weeks or months to be heard
- **Medicare Appeals Council**
  - Final level of appeal

# Fictional Case Study: Appeal

- **Patient:** Mrs. Knott, a 77-year-old female
- **Where receiving care:** Hospital
- **Medical condition:** Hip replacement surgery
- **Medicare-covered service:** Surgical and Home Health Care
- **Your observation:** Mrs. Knott tells you that she is in great pain and does not feel ready to go home.
- **Next steps:**
  - Check the dates on her Medicare notices
  - **CALL LIVANTA.**



# How do I start a case?

## Call Livanta.

- Appeals: Anyone acting in good faith on behalf of the patient may call.
- Complaints and Advocacy: Patients and Designated Representatives only.



## Call Center Hours (local time):

- Weekdays 9 a.m. to 5 p.m.
- Weekends 11 a.m. to 3 p.m. (local time)

## Voicemail is available 24 hours a day.

- Provide Livanta with a direct call-back number if you leave a message.



# How do I become a representative?

- Appointment of Representative Form
  - CMS Form 1696
  - Download from CMS or Livanta's website.
  - Anyone may be designated by the patient.

Department of Health and Human Services Centers for Medicare & Medicaid Services		Form Approved OMB No. 0938-0950	
<b>Appointment of Representative</b>			
Name of Party		Medicare Number (beneficiary as party) or National Provider Identifier (provider or supplier as party)	
<b>Section 1: Appointment of Representative</b> <b>To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):</b> I appoint this individual, _____, to act as my representative in connection with my claim or asserted right under Title XVIII of the Social Security Act (the Act) and related provisions of Title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance or request wholly in my stead. I understand that personal medical information related to my request may be disclosed to the representative indicated below.			
Signature of Party Seeking Representation		Date	
Street Address		Phone Number (with Area Code)	
City	State	Zip Code	
Email Address (optional)			
<b>Section 2: Acceptance of Appointment</b> <b>To be completed by the representative:</b> I, _____, hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (HHS); that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary. I am a / an _____ (Professional status or relationship to the party, e.g. attorney, relative, etc.)			
Signature of Representative		Date	





# What happens after I call?

- A licensed, board certified doctor reviews the medical records.
- Appeals are reviewed in 24-48 or 72 hours.
- Complaint reviews take 30-45 days to complete.
- Advocacy is completed in 5-7 days.
- Appeal outcomes are delivered by phone.
- Complaint outcomes are delivered by mail.



# Livanta Physician Review

- **Livanta requested the medical record from the healthcare provider for Mrs. Knott's hospital stay.**
- **Livanta received the medical record.**
- **Physician Reviewer reviewed the medical records and drafted a response.**



# Livanta Physician Review: Part 2

- **The Physician Reviewer found that while Mrs. Knott may report unreadiness, all her vital signs and ambulation progress reports show that she is ready for the next stage of her recovery through home health services.**
- **Livanta Appeals Managers review the Physician Reviewer's notes.**



# Next Steps: Notifications

- **Calls are made to Mrs. Knott and her son to inform them of the outcome of the doctor's review.**
- **Livanta Appeals Manager discusses the next steps and options with Mrs. Knott and her son.**
- **Second-level appeals, Immediate Advocacy are discussed but declined by the caregiver.**
- **A written outcome letter is posted.**

# Next Steps: What are my options?

- **Higher Level Appeals**
  - Qualified Independent Contractor or Livanta
  - Administrative Law Judge Hearing
  - Medicare Appeals Council
- **Immediate Advocacy**
  - Provided by Livanta
  - Informal dispute resolution service
  - 5-10 Business Day turnaround

# Track cases online

Access Livanta's Case Lookup Tool at: [www.livantaqio.cms.gov/en/case\\_lookup](http://www.livantaqio.cms.gov/en/case_lookup)

The screenshot shows the Livanta Case Lookup Tool interface. At the top left is the Quality Improvement Organizations logo with the tagline "Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES". Next to it is the LIVANTA logo with the tagline "From practical innovations to results." On the top right, there are navigation links: HOME, CHECK YOUR CASE, BENEFICIARY, PROVIDER, STATES, ABOUT, and DOWNLOAD APP. The main heading is "Check Your Case". Below this, there is a text prompt: "Please insert your state initials, case number, and case type for up-to-the-minute status and details. Arrow does not apply to HWDRG cases." A text input field contains "NV-463115-AP" and a red "Check Your Case" button is next to it. To the right, there are examples: "Examples: Need more help? Appeal: NJ-123456-AP (State Initials)-(Case Number)-(Case Type) Quality of Care Complaint: NJ-123456-QU (State Initials)-(Case Number)-(Case Type)". Below the input field is a horizontal process flow diagram with 11 steps: Appeal Started, Medical Records Requested, All Documents Received, In Clinical Review, Physician Review Completed, Financial Liability Determined, Verbal Notifications Pending, Case Review Complete (highlighted in red), Reconsider or QIC Review, and Reconsider or QIC Review Complete. Below the flow diagram, there are details for the case: "Appeal Started: 1/4/2019 4:59:02 PM", "Medical Records Received", "Outcome: PR with termination of SNF services", and "Liability: Liability Starts on".

# Knowledge Review

## 1. What is a Medicare QIO appeal?

- A QIO performed review of a provider's decision to end Medicare covered services.

## 2. How much do appeals cost?

- BFCC-QIO appeal reviews are conducted at no expense to the patient. This is a Medicare benefit.

## 3. Can I use a successful appeal to sue my provider?

- No. QIO Reviews are intended to be used for quality improvement and not punitive actions.



# Medicare Quality Helpline App

- One-touch dialing
- GPS enabled
- Arrow case tracking
- Medicare Rights Reviewer
- Absolutely free app\*
- Updated version now available
- Includes Spanish translation





# Stay in touch with Livanta

## Email our team\*

Email [Communications@Livanta.com](mailto:Communications@Livanta.com)

## Follow us – we're social!

Follow Us on Facebook, Twitter, LinkedIn, and Instagram  
[@LivantaCares](https://www.livantaqio.cms.gov)

## Find us on the web

Website

<http://www.livantaqio.cms.gov>

## Subscribe to The Livanta Compass

Subscribe to Livanta's award-winning weekly e-journal

<https://www.livantaqio.cms.gov/en/About/Publications>

**we're social!**

find us on:



# Livanta's Medicare Helpline

CMS Region (States)	Medicare Helpline	TTY Line
Region 2 ( NJ, NY, PR, VI)	866-815-5440	866-868-2289
Region 3 (DC, DE, MD, PA, VA, WV)	888-396-4646	888-985-2660
Region 5 (IL, IN, MI, MN, OH, WI)	888-524-9900	888-985-8775
Region 7 (IA, KS, MO, NE)	888-755-5580	888-985-9295
Region 9 (AZ, CA, HI, NV, AS, GU, MP)	877-588-1123	855-887-6668

Weekdays 9 a.m. - 5 p.m.

Weekends and holidays 11 a.m. - 3 p.m.

24-hour voicemail available

Live foreign language interpreters - over 200 languages!

**[www.LivantaQIO.cms.gov](http://www.LivantaQIO.cms.gov)**

# Contact Information

\*For general questions about this presentation, contact:

**Bryan Fischer**

**Communications Lead**

**[bfischer@Livanta.com](mailto:bfischer@Livanta.com)**

**240-712-4350**

\*Please do not email Protected Health Information (PHI)  
or Personally Identifiable Information (PII)