



# Medicare Grievances and Appeals

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Washington State  
Health Care Authority

1

## Today's Presenter

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- Washington State Health Care Authority
  - Medicaid Program Operations and Integrity
    - Grants and Program Development



2

# Training Objectives

- Provide an overview of basic Medicare programs and benefits
- Introduce beneficiary rights
- Describe the grievance and appeals processes and how to file a complaint

# Medicare: Basic Benefits



The screenshot shows the Medicare.gov website. At the top, there are navigation links for 'About Us', 'Glossary', 'CMS.gov', and 'MyMedicare.gov Login'. Below the search bar, there are several menu items: 'Sign Up / Change Plans', 'Your Medicare Costs', 'What Medicare Covers', 'Drug Coverage (Part D)', 'Supplements & Other Insurance', 'Claims & Appeals', 'Manage Your Health', and 'Forms, Help, & Resources'. The main content area is titled 'What Medicare covers' and includes a sidebar with links to 'Your Medicare coverage', 'Your Medicare coverage choices', 'What Part A covers', 'What Part B covers', 'What drug plans cover', 'What Medicare health plans cover', 'Preventive & screening services', 'Find suppliers of medical equipment & supplies', and 'Find & compare doctors, hospitals, & other providers'. The main text explains that the page provides a list of covered services for people with Medicare, a family member or caregiver, and also includes a link to covered services for Medicare contractors, providers or other health care industry professionals. It also mentions 'Your Medicare coverage choices' and 'What Part A covers'.

# Medicare

## • Medicare Basics

- Part A, B, C, D and Original Medicare
- Medicare and You Handbook
  - <https://www.medicare.gov/medicare-and-you/different-formats/m-and-y-different-formats.html>

## • Medicare Appeals

- How to File an Appeal
- How to File a Complaint
- What are Their Rights

## • “Medicare and You” and SHIBA are great resources



5

# Medicare Benefits

## • Medicare Benefits & Delivery Systems

- Basics
  - Part A – hospital benefits
  - Part B – medical benefits
  - Part C – managed care delivery system
  - Part D – pharmacy delivery system and Medicare drug formulary
  - Original Medicare – Fee-for-Service (FFS) delivery system



6

## Part A

- Part A covers the following:
  - Inpatient care in hospitals
  - Inpatient care in a skilled nursing facility (not custodial or long-term care)
  - Home Health
  - Hospice
  - Inpatient care in a Religious Nonmedical health care institution



7

## Part B

- Part B covers the following:
  - Medically necessary services such as:
    - Doctor services
    - Outpatient care
    - Durable Medical Equipment
    - Other medical services
- Part B also covers many preventive services such as
  - Immunizations
  - Screening tests
- Duals pay no premium for Part B



8

## Part C

- Medicare Managed Care
  - Medicare Advantage (sometimes called “MedAdvantage”)
  - Medicare Advantage – Special Needs Plans, or “MA-SNP”
- Includes all benefits and services covered under Part A and Part D
- Run by Medicare-approved private insurance companies
- May include extra benefits and services for an extra cost



## Part D

- Part D is a Medicare delivery system designed to cover and pay for prescription drugs
  - Part A and Part B have very limited coverage of drugs – only those related to treatment covered under those benefits
  - Part D stand alone health plan
  - Part D may be included as a portion of Medicare benefits in a Medicare Advantage (Part C) plan
  - Part D is always included as a portion of the Medicare benefits in a Medicare Advantage Special Needs Plan



# Grievances, Appeals, Beneficiary Rights

The screenshot shows the Medicare.gov website interface. At the top, there's a search bar and navigation links like 'About Us', 'Coverage', 'CMS.gov', and 'MyMedicare.gov Login'. Below the search bar is a horizontal menu with buttons for 'Sign Up / Change Plans', 'Your Medicare Costs', 'What Medicare Covers', 'Drug Coverage (Part D)', 'Supplements & Other Insurance', 'Claims & Appeals', 'Manage Your Health', and 'Forms, Help, & Resources'. The main content area is titled 'How do I file a complaint (also called a "grievance")?' and includes a sidebar with links to 'Complaints about a doctor, hospital, or provider', 'Complaints about your health or drug plan', 'Complaints about quality of care', 'Complaints about kidney care', and 'Complaints about durable medical equipment (DME)'. The main text explains that a complaint is about the quality of care and provides a list of things you can file a complaint about: 'A doctor, hospital, or provider', 'Your health or drug plan', 'Quality of your care', 'Your dialysis or kidney transplant care', and 'Durable medical equipment'. There are also two interactive forms: 'Find someone to talk to' with a state selection dropdown and 'Is your test, item, or service covered?' with a search input field.

## Medicare Appeals

- An appeal is the action a Medicare beneficiary can take if they disagree with a coverage or payment decision made by Original Medicare (FFS) or Medicare managed care (Part C or Part D)
- Most appeals are over denial of services, but clients can also appeal the cost of a service
- Care coordinators are a great resource for clients, who often find the process daunting

## Medicare Appeals (cont.)

- The health home beneficiary may appeal if Medicare denies the following:
  - A request for health care services, supplies, items, or prescription drug
  - A request for payment for a health care services, supplies, items or prescription drugs they've already received
  - A request to change the amount they are paying for a prescription drug
  - Medicare stops providing or paying for all or part of an item or service they think they still need



13

## How to File an Appeal

- How an appeal is filed depends on the type of Medicare coverage the health home beneficiary has
- For health home beneficiaries they need to do the following:
  - Get the Medicare Summary Notice (MSN) that shows the item or service that is being appealed
  - Medicare sends beneficiaries their MSN every 3 months that lists all the services billed to Medicare and tells them if Medicare paid for the service



14

## How to File an Appeal (cont.)

- Circle the item the client disagrees with on the notice
- Write an explanation on the notice of why they disagree
  - They can also write an explanation on a separate page and send it in with the notice
- On the MSN, Include the client's:
  - Name
  - Phone number
  - Medicare number
  - Signature
- Keep a copy of their documentation for your client's records



15

## How to File an Appeal (cont.)

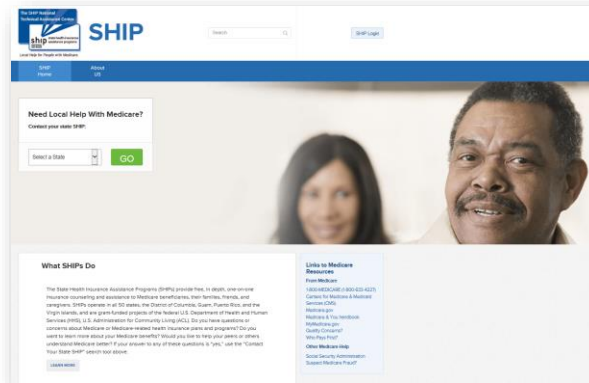
- Send the notice, or a copy to the Medicare contractor's address listed on the notice
- Send any additional information relevant to the appeal
- Beneficiaries must file the appeal within 120 days of the MSN date
- OR, beneficiaries can use CMS form 20027, and file it with the Medicare contractor at the address listed on the notice
- To view or print this form, visit [www.medicare.gov/medicareonlineforms](http://www.medicare.gov/medicareonlineforms) or call 1-800-Medicare (1-800-633-4227) for a copy of the form (TTY 1-800-486-2048)
- They will generally get a decision from the Medicare contractor (either in a letter or an MSN) within 60 days after the request was received. If Medicare covers the items, it will be listed on their next notice



16



## SHIP Center Website



- The State Health Insurance Assistance Program (SHIP) can also help if they need assistance filing an appeal
  - Visit their website at: <https://www.shiptacenter.org/>
  - Or call 1-800-633-4227. TTY users should call 1-877-486-2048
- Medicare has more information about SHIP at <https://www.medicare.gov/contacts/#resources/ships>



17

## What Are Your Client's Rights?

- “Fast Appeal” is an option if you think services are ending too soon when getting Medicare services from:
  - A hospital
  - Skilled nursing facility
  - Home health agency
  - Comprehensive outpatient rehabilitation facility
  - Or hospice
- They can ask for a fast appeal (discharge appeal process)



18

## What Are Their Rights? (cont.)

- To ask for a fast appeal:
  - Their provider will give them a notice before their services end
  - The notice has instructions on how to ask for a fast appeal
  - They should read the notice carefully
  - If they don't get this notice, they may ask their provider for it



19

## What Are Their Rights? (cont.)

- An independent reviewer, called a Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) will decide if services should continue
  - The beneficiary may ask their doctor for information that may help their case
  - They must call their BFCC-QIO to request a fast appeal no later than the time shown on the notice
    - For care received in Washington or Idaho call Livanta at 1-877-588-1123 (TTY:1-855-887-6668)
    - For care received elsewhere, call 1-800-633-4227
  - If they miss the deadline, they still have appeal rights – contact Livanta



20

## How to File a Complaint

- A complaint is the same thing as a grievance
- Medicare coverage entitles beneficiaries to quality healthcare and they are also guaranteed access to easy-to-understand information concerning:
  - Filing a complaint about the quality of healthcare they've received in the past or are undergoing in the present
  - Concerns related to quality or necessity of care provided



21

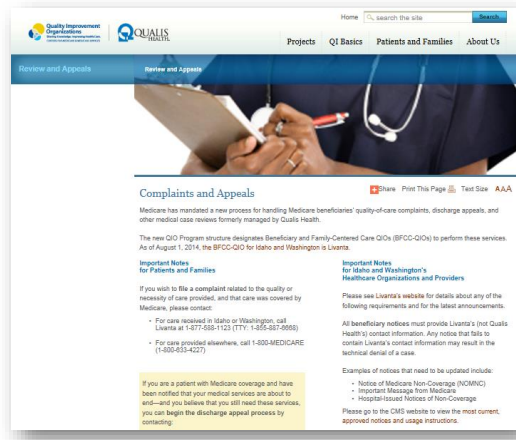
## How to File a Complaint (cont.)

- The beneficiary may start the complaint process by calling Livanta at 1 877-588-1123
- Alternatively, visit their Website located at:
  - <http://medicare.qualishealth.org/review-and-appeals>



22

## Livanta's web page



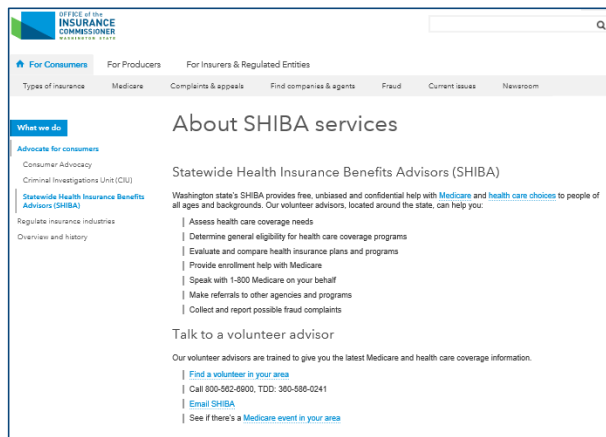
- Livanta is Washington and Idaho's BFCC-QIO
- <http://medicare.qualishealth.org/review-and-appeals>
- <http://bfccqioarea5.com/>

## Balance Billing

- Balance billing is a common reason for complaints
- This happens when Medicare and Medicaid payment totals are less than what a provider normally charges, and the provider tries to bill the remaining balance to the client
  - This is usually a result of providers misunderstanding how deductibles and co-payments work when a client is dual-eligible
  - This is not legal as dual-eligibles should have zero out-of-pocket costs
  - If your client receives a bill, first talk to the provider to see if this is an error
  - If provider does not correct, file a billing complaint with HCA customer service at 800-562-3022

# SHIBA

Washington state's Statewide Health Insurance Benefits Advisors (SHIBA) helps people with their health care coverage and Medicare options



<https://www.insurance.wa.gov/about-shiba-services>



25

## Summary


- Provided an overview of basic Medicare programs and benefits
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26

# Something New for You

Issue 1 Health Home Herald January 2018



## Outreach Increasing in King and Snohomish

With the addition of King and Snohomish counties in April 2017, the Health Care Authority (HCA) and the Department of Social and Health Services (DSHS) continue working together to increase Health Home outreach efforts to community partners in both counties.

We are conducting these efforts through in-person and online events, including:

- ◊ Aging and Disability Services Care Transitions Conference in Seattle
- ◊ DSHS Division of Behavioral Health and Recovery webinar
- ◊ "Edge of Anasazi" Adult Family Home Conference in Marysville

Three meetings and three webinars for the Adult Family Home Association

- ◊ Annual Care Transitions Conference in Ellensburg

Throughout 2017, the Health Home program provided training to nearly every case manager in King and Snohomish working for Home and Community Services (HCS), Area Agencies on Aging (AAA), and Developmental Disabilities Administration (DDA). This has been a tremendous effort to inform these pivotal individuals of the Health Home program.

The Health Home program also increased our outreach to Tribes across the state in an effort to connect with them as either Qualified Lead Agencies or Care Coordinators.

Organizations: They have shown interest as program successes are reflected among those who have seen its effects first-hand. Stay tuned for news on this exciting new area for the Health Home program.

Our community outreach efforts will continue in 2018 to first responder, DSHS and AAA case managers, Adult Family Home providers, Assisted Living Facilities, Skilled Nursing Facilities, Residential Rehabilitation Centers and Homes and Western State Hospital.

Above: Full Life Care in Seattle. Full Life Care became a Lead Organization in King County beginning April 2017. Photoed left to right: Tim Morley, Jessica Hester, and Rena Perrelli.

## Introducing the Health Home Herald




# Certificate of Completion

## Medicare Grievances and Appeals

Presented by  
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*Webinar aired on: January 11, 2018 in Lacey, Washington  
for Health Home Care Coordinators and Allied Staff*

*Training Credit of 1 Hour*

Please sign and date to attest that you reviewed this PowerPoint

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Your Signature	Date
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Supervisor's Signature	Date



