



Medicare Grievances and Appeals and Introduction to the Advanced Home Care Aides Specialist (AHCAS) Pilot Program

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Today's Presenters

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Training Objectives

- Provide an overview of basic Medicare programs and benefits
- Describe the grievance and appeals process and how to file a complaint
- Introduce beneficiary rights
- Provide an introduction to the Advanced Home Care Aide Specialist Program
 - A new pilot program which offers advanced training to Individual Providers who may be working with our Health Home clients



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Medicare: Basic Benefits

The screenshot shows the Medicare.gov website. The header includes the Medicare.gov logo, a search bar, and navigation links: About Us, Coverage, CMS.gov, and MyMedicare.gov Login. Below the header is a row of menu items: Sign Up / Change Plans, Your Medicare Costs, What Medicare Covers (selected), 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 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', 'Find & compare doctors, hospitals, & other providers', and 'What's not covered by Part A & Part B?'. The main text explains that Medicare covers a list of services for people with Medicare, a family member, or caregiver. It also mentions a link to covered services for Medicare contractors, providers, or other health care industry professionals. The page is divided into sections for 'What Part A covers' (hospital insurance) and 'What Part B covers' (medical insurance).

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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 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

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



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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



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Part C

- Medicare Managed Care
 - Medicare Advantage
 - Medicare Advantage – Special Needs Plans
- Includes all benefits and services covered in Part A and Part D.
- Run by Medicare-approved private insurance companies
- May include extra benefits and services for an extra cost



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Part D

- Part D is a Medicare delivery system designed to cover drugs
 - Part D stand alone health plan
 - Part D may be included as a portion of Medicare benefits in a Medicare Advantage plan
 - Part D is always included as a portion of the Medicare benefits in a Medicare Advantage Special Needs Plan



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Medicare: Grievances and Appeals and Beneficiary Rights

The screenshot shows the Medicare.gov website with the 'File a complaint' section highlighted. The page title is 'How do I file a complaint (also called a "grievance")?'. It explains that a complaint is a concern about the quality of care or services from a Medicare provider. It lists categories of complaints: about a doctor, hospital, or provider; about health or drug plan; about quality of care; about kidney care; and about durable medical equipment (DME). It also provides links to 'File a claim', 'Check the status of a claim', 'File an appeal', 'Your right to a fast appeal', and 'Your Medicare rights'. A 'Need help filing a complaint?' section suggests contacting the State Health Insurance Assistance Program (SHIP) for personalized help. A 'Note' at the bottom states that for specific service questions, users should look at their Medicare Summary Notice (MSN) or sign up to MyMedicare.gov.

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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)
- The usual course of action for an appeal is a denial of services

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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 (FFS) or Medicare managed care stops providing or paying for all or part of an item or service they think they still need

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 beneficiaries get the MSN every 3 months that lists all the services billed to Medicare and tells them if Medicare paid for the service

How to File an Appeal (cont.)

- Circle the item they disagree with on the notice and 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
- Include their name, phone number, and Medicare number on the MSN and sign it
- Keep a copy of their documentation for their records



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How to File an Appeal (cont.)

- Send the notice, or a copy to the Medicare contractor's address listed on the notice
- Beneficiaries can send any additional information they want about their appeal
- Beneficiaries must file the appeal within 120 days of the date they get the MSN
- 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 or call 1-800-Medicare (1-800-633-4227) for a copy of the form
- TTY users should call 1-800-486-2048



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How to File an Appeal (cont.)

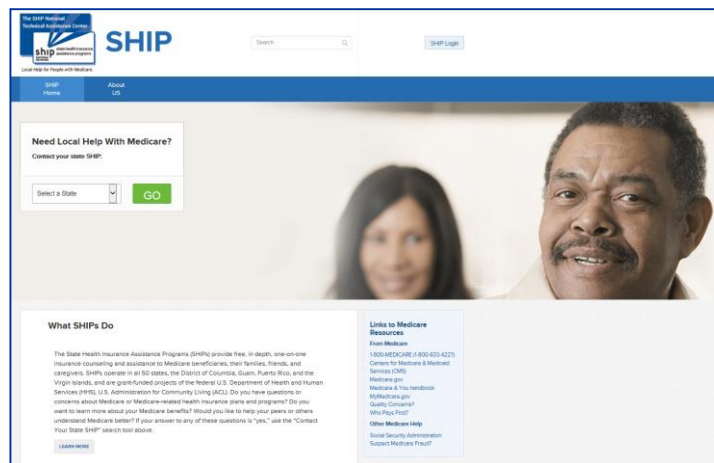
- They will generally get a decision from the Medicare contractor (either in a letter or an MSN) within 60 days after the request was received. If Medicare covers the items, it will be listed on their next notice
- The State Health Insurance Assistance Program (SHIP) can also help if they need assistance 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



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SHIP Center Website

<https://www.medicare.gov/contacts/#resources/ships>



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What Are Their Rights?

If they 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)

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

What Are Their Rights? (cont.)

- With a fast appeal, 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
 - If they have original Medicare, they should call their BFCC-QIO
 - If they have a Medicare Part C plan, they need to call their plan.
- Livanta is Washington and Idaho's BFCC-QIO.



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How to File a Complaint

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
- If the concern is related to quality or necessity of care provided, and
- That care is covered by Medicare, and
- The care was provided in Washington or Idaho



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How to File a Complaint (cont.)

If the information on the previous slide is true, then the beneficiary may start the complaint process by calling Livanta at:

1 877-588-1123

Visit their Website located at:

<http://medicare.qualishealth.org/review-and-appeals>

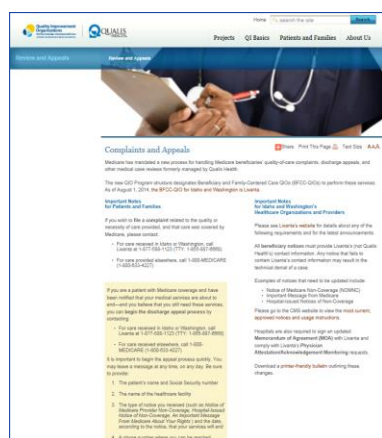


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Livanta's web page

<http://medicare.qualishealth.org/review-and-appeals>

<http://bfccqioarea5.com/>



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Washington State Department of Social and Health Services
Advanced HCA Specialist Pilot

Advanced Home Care Aide Specialist (AHCAS) Pilot

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Washington State Department of Social and Health Services
Advanced HCA Specialist Pilot

*AHCAS is an ADVANCED
training initiative for Individual
Providers caring for Service
Recipients with Complex Needs*

Slide 26

Pilot Goal Statement

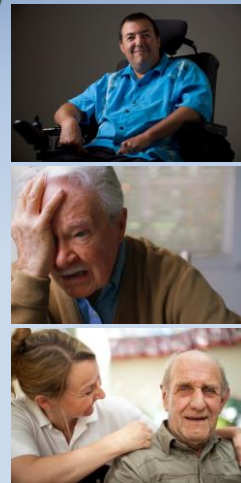
To improve health, reduce the frequency and intensity of challenging behaviors and empower people who receive personal care services to maintain and/or attain the highest quality of life as described by the person receiving support.

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Service Recipients Eligibility

- Receiving in-home care from an HCA
- Health Homes recipient or Behavior Point Score ≥ 12
- Have a Health Action Plan or agree to a Behavior Support Plan within 60 days of Pilot start date



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Benefits to the Person Receiving Support

- Positive Behavior Support Plan of their design
- Enhanced Person Centered Planning
- Specialized Caregiver training
- Support to make informed and empowered choices around their own health care
- A sense of being heard and being in control of their own personal care
- Enhanced relationship with the Caregiver

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Provider Benefits

- Career development
- Additional skills training
- Paid seat time
- 25-cent differential (while working with eligible clients)

**Better Care
of Service
Recipients**

Slide 30

Core Competencies of AHCAS Training

- The Person Centered Approach
- Treatment and CARE Plans
- Health Literacy
- Client Activation
- Chronic Disease
- Mental Health
- Disabilities
- De-Escalation
- Client Self-Managed Calming Techniques
- AHCAS Self-Care
- Dementia

Slide 31

Pilot Roll Out

Oct

- Clark
- Pierce

Nov

- Whatcom
- Spokane

Nov

- King
- Snohomish

Slide 32

Touch Points of Communication

- Person receiving service/IP
- Health Home Care Coordinator
- AAA Case Managers
- Release of Information
- Discussion guideline

Point to remember: Send all inquires to the Pilot Leads.

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Certificate of Completion

Medicare Grievances and Appeals and the Advanced Home Care Aide Specialist Pilot Program

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*Webinar aired on: October 13, 2016 in Lacey, Washington
for Health Home Care Coordinators and Allied Staff*

Training Credit of 1.5 Hours

Please sign and date to attest that you attended this webinar

Your Signature

Date

Supervisor's Signature

Date



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Post Webinar Discussion

- Do you work with the Dually eligible?
- What has your experience been working with clients with Medicare coverage?
- What benefits have your clients used?
- Do you think that your clients are aware that they can file an appeal for a denial of a benefit?
- Do you have any clients who received a letter regarding their eligibility to have their home care aide obtain additional training through the AHCAS Program?
- Are you working with any clients that are currently involved with the program? What has been your experience? Do you think it is improving the participation of the home care aide and the Health Action Plan?

