

# MassHealth Traditional Medicare Appeals

Provider Training

Fiscal Year 2008 Claims Selection

# Today's Agenda

- Introductions
- MassHealth and Third Party Liability (TPL)
- TPL Demonstration Project
- Traditional Medicare Appeals
  - Introduction to Project
  - Project Tasks, Requirements, & Timeline
- Review of Project Requirements
- Questions

# MassHealth: Third Party Liability

M.G.L. Chapter 118E section 22,23 / 130 CMR 450.316-318 Provider Regulations / 42 USC 1396 et. seq.

- Payor of last resort
- State has right to seek reimbursement from available third party payor
- Individual must:
  - Assign rights to the State
  - Cooperate with the State in obtaining payment
  - Provide information to assist the State in pursuing the liable third party

# Demonstration Project Goals/Results

**FFY 2000-2007**

## Goals:

- Use a sampling methodology to ease administrative cost burden on providers, States, and Regional Home Health Intermediaries (RHHI)
- Provide clarification of the TPL medical review process to improve providers' ability to determine whether to bill Medicare or Medicaid

## Results:

- Total cases involved in project per year – 215
- \$51.5 Million returned to MassHealth for FFY2000 - 2005

# Demonstration Project To Do's

- FFY 2006
  - Reconsideration 8/11/09
  - Arbitration TBD
- FFY 2007
  - Submit medical records to National Government Services (NGS)
  - Reconsideration and Arbitration
- Anticipated completion date of all Demonstration project activities: May 2011

# Moving to Traditional Appeals

- Initial year – FY 2008
  - October 1, 2007 – September 30, 2008
- Claims Selection
  - Dually eligible beneficiaries
  - Skilled nursing / reasonable and necessary
  - Physical therapy
  - Occupational therapy with a skilled service
  - Speech and language therapies
  - Intermittent/part time
  - Home health aide services with at least one skilled service

# Traditional Appeals: Getting Started

- Initial Notices
  - Letters being sent September 8, 2009
  - List of Cases Attached
- Initiate Demand Bill
  - Submit to local RHHI by December 31, 2009
  - Final claim – condition code 20
  - Do not demand bill under condition code 21
  - TPL Claims Certification Form

# Medicare Appeals Process & Timeline

(1)  
START

- **UMMS** sends Initial Notice to Provider September 8, 2009
  - Comprised of a Cover Letter & List of Cases attached
- **Provider** initiates a Demand Bill to RHHI by 12/31/2009
- **Provider** Demand Bills as a Final Bill to RHHI with a Condition Code 20, **NOT 21**
- **Provider** fills out TPL Certification Form and sends it to UMMS

(2)  
Result of  
Demand  
Billing

- **RHHI** will send an Additional Development Request (ADR) to the Provider requesting Medical Records/Documentation
- **Provider** sends Medical Records/Documentation to RHHI within RHHI's deadline stated on ADR
- **RHHI** will issue a Determination/Remittance Advice and send it to the Provider within 30 Days of Demand Bill Submission
- **Provider** sends to UMMS within 10 Business of receipt of Remittance Advice:
  - Remittance Advice from RHHI
  - Medical Records

(3)  
Redetermination

- **UMMS** files an Appeal for Redetermination with RHHI within 120 Days of the paid date on the Remittance Advice
- **UMMS** requests from Provider the Medical Records/Documentation if not already received prior by UMMS
- **RHHI** issues a Redetermination Decision 60 Days from receiving UMMS appeal & sends it both to UMMS and Provider
- **Provider** must send a copy of their decision to UMMS within 10 Business Days of receipt of their decision

(4)  
Reconsideration

- Performed by Maximus Federal Services, Quality Independent Contractor (QIC)
- **UMMS** files an Appeal for Reconsideration with QIC within 180 days of Redetermination Decision date
- **QIC** issues a Reconsideration Decision within 60 Days from receiving UMMS appeal and sends it both to UMMS and Provider
- **Provider** must send a copy of their decision to UMMS within 10 Business Days of receipt of their decision

(5)  
Administrative  
Law Judge  
(ALJ)

- Controlled by Office of Medicare Hearings & Appeals (OMHA)
- **UMMS** files a request for an ALJ Hearing with OMHA within 60 Days of the Reconsideration Decision date
- **OMHA** sends a Notice of Hearing to both UMMS and Provider
- ALJ Hearings take place via Teleconference, Video Teleconference (VTC), or Face-to-Face at OMHA Regional Office in Cleveland, Ohio
- **OMHA** issues an ALJ Decision within 90 Days from the date of the ALJ Hearing and sends it both to UMMS and Provider
- **Provider** must send a copy of their decision to UMMS within 10 Business Days of receipt of their decision

(6)  
Medicare  
Appeal  
Council  
(MAC)

- MAC is a Panel of Administrative Law Judges
- MAC will review the case and the ALJ Decision. They will issue a decision within 90 Days from receiving UMMS request for MAC Review
- MAC will send their decision to both UMMS and Provider
- MAC Decision will either uphold the ALJ Decision or Remand the case back to ALJ to render a new decision
- **Provider** must send a copy of their decision to UMMS within 10 Business Days of receipt of their decision

# Review of Project Requirements

- Submit demand bill to RHHI by December 31, 2009
  - TPL Claims Certification Form
- Send documentation to UMMS within 10 business days
  - Medical record
  - Remittance advice and decision letters

# Questions