CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 1986	**Date: June 11, 2010**
	Change Request 6958

SUBJECT: Guidelines to Allow Contractors to Develop and Utilize Procedures for Accepting and Processing Appeals Via Facsimile and/or Via a Secure Internet Portal/Application

I. SUMMARY OF CHANGES: This change request allows contractors to accept appeal requests via facsimile and/or via a secure Internet portal/application.

EFFECTIVE DATE: OCTOBER 1, 2010
IMPLEMENTATION DATE: OCTOBER 1, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	29/Table of Contents
R	29/310.1/Filing a Request for Redetermination
R	29/310.2/Time Limit for Filing a Request for Redetermination
R	29/310.4/The Redetermination
R	29/310.5/The Redetermination Decision
R	29/310.6/Dismissals
R	29/310.6.2/Vacating a Dismissal
R	29/310.6.3/Dismissal Letters
R	29/310.6.4/Model Dismissal Notices
R	29/310.7/Medicare Redetermination Notice (For Partly or Fully Unfavorable Redeterminations)
R	29/310.8/Medicare Redetermination Notice (For Fully Favorable Redeterminations)
N	29/310.10/System and Processing Requirements for Use of Secure Internet Portal/Application to Support Appeals Activities

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1986	Date: June 11, 2010	Change Request: 6958

SUBJECT: Guidelines to Allow Contractors to Develop and Utilize Procedures for Accepting and Processing Appeals Via Facsimile and/or Via a Secure Internet Portal/Application

EFFECTIVE DATE: OCTOBER 1, 2010
IMPLEMENTATION DATE: OCTOBER 1, 2010

I. GENERAL INFORMATION

A. Background: Several contractors have requested authority to utilize a secure Internet portal/application to receive and process Medicare fee-for-service (FFS) claim appeal requests. In addition, several contractors have begun to accept appeal requests received in writing via facsimile. The purpose of this change request is to update the current instructions in Pub.100-04, Medicare Claims Processing Manual, chapter 29, to allow contractors to accept appeal requests via facsimile and/or via a secure Internet portal/application.

B. Policy: This CR provides guidance regarding appeal requests received in writing via facsimile or via a secure Internet portal/application. This update is provided as guidance to contractors who have already modified or currently wish to modify their procedures to allow for receipt and/or processing of redetermination requests via these mechanisms. At this time, Contractors are not required to accept appeals via facsimile or via secure Internet portal/application. This is a discretionary activity and no additional funding shall be provided to support process modifications. Contractors wishing to utilize a secure Internet portal/application must seek approval from CMS prior to implementation of said portal/application.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6958.1	Contractors shall consider appeal requests submitted via facsimile or secure Internet portal/application to have been received in writing.	X	X	X	X	X					
6958.2	Contractors utilizing a secure Internet portal/application shall include, at a minimum, a formal registration process that includes validation of the electronic signature on the appeal request.	X	X	X	X	X					
6958.2.1	Contractors shall include an indication and/or description of the validation methodology in the appeals case file should a higher level of appeal be submitted.	X	X	X	X	X					
6958.3	Contractors utilizing a secure Internet portal/application shall include, at a minimum, use of restricted user i.d.s and passwords and a method for authenticating that the appellant has completed the portal registration process.	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6958.4	Contractors utilizing a secure Internet portal/application for appeals processing activities shall seek and receive CMS approval (i.e., project officer or contract manager) prior to implementation.	X	X	X	X	X					
6958.5	Contractors shall ensure that secure Internet portal/applications developed for appeals processing activities comply with all CMS security requirements regarding protected health information prior to implementation.	X	X	X	X	X					
6958.6	Contractors shall not require an appellant to file an appeal via facsimile or via secure Internet portal/application.	X	X	X	X	X					
6958.7	Contractors shall continue to accept appeal requests via hard copy mail.	X	X	X	X	X					
6958.8	Contractors utilizing an approved portal shall provide adequate education regarding system capabilities/limitations prior to implementation and utilization of the secure portal.	X	X	X	X	X					
6958.9	For appeal purposes only, an electronic, digital, and/or digitized signature shall be considered an acceptable signature on an appeal request submitted via a CMS approved secure Internet portal/application.	X	X	X	X	X					
6958.9.1	For appeal purposes only, contractors utilizing a secure portal/application shall include a date, timestamp, and statement regarding the responsibility and authorship related to the electronic, digital, and/or digitized signature within the record. At a minimum, this shall include a statement indicating that the document was, "electronically signed by" or "verified/approved by" etc.	X	X	X	X	X					
6958.9.2	For appeal purposes only, contractors shall not accept redetermination requests submitted on the CMS 20027 form or other documentation (such as blank claim form) submitted with a stamp signature or other indication that a "signature is on file."	X	X	X	X	X					
6958.10	Contractors utilizing a secure Internet portal/application shall ensure adhere to security standards in the Health Insurance and Portability and Accountability Act (HIPAA).	X	X	X	X	X					
6958.11	Contractors utilizing a secure Internet portal/application shall educate appellants that participation/enrollment in the secure portal/application is the discretion of the appellant and that the appellant bears the responsibility for the authenticity of the information being attested to.	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6958.12	Contractors shall handle a 2nd (or more) request for redetermination as an inquiry if a decision notice has already been issued or the claim for the item/service at issue has already been adjusted/paid in accordance with the redetermination decision.	X	X	X	X	X					
6958.13	Contractors shall not issue a second dismissal notice if it receives a request to vacate a previous dismissal and/or a request to correct a previously incomplete appeal request that has not adequately addressed the deficiencies previously identified in the dismissal notice and/or is not otherwise a valid appeal request.	X	X	X	X	X					
6958.14	Contractors shall combine a 2nd (or more) request for redetermination and issue a decision or dismissal within 60 days of the latest filed request, if a decision or dismissal notice has not been previously issued or the claim for the item/service at issue has not otherwise been paid.	X	X	X	X	X					
6958.14.1	Contractors shall include verbiage indicating that multiple requests for redetermination have been received (on what dates and via what venues, if multiple venues are utilized) so that it is clear to the appellant that the decision or dismissal was issued timely in accordance with 42 CFR 405.944(c).	X	X	X	X	X					
6958.14.2	Contractors shall provide additional education to appellants regarding appeals processing delays that occur when multiple requests for appeal are submitted, if the contractor identifies a pattern in which an appellant or groups of appellants are repeatedly submitting multiple requests for redetermination.	X	X	X	X	X					
6958.15	Contractors utilizing a secure Internet portal/application to accept redetermination requests shall ensure that appropriate procedures are in place to provide appellants with confirmation of receipt of the appeal request and verbiage instructing the appellant not to submit additional redetermination requests for the same item/service via different venue.	X	X	X	X	X					
6958.16	Contractors shall considered the date the redetermination is received as the date it is received in the corporate mailroom, the date received via facsimile, or the date received in the secure Internet portal/application.	X	X	X	X	X					
6958.17	Contractors shall accept request for good cause consideration/supporting documentation on untimely redetermination requests received in writing via hard copy mail, through a facsimile, or through a secure Internet portal/application.	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6958.18	Contractors that have received CMS approval for use of a secure Internet portal/application may provide mailed copies of the redetermination decision or dismissal notice or, as approved by CMS, may also provide an electronic copy of the redetermination decision or dismissal notice via the secure Internet portal/application.	X	X	X	X	X					
6958.18.1	Affirmations processed via a CMS approved secure Internet portal/application shall be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application.	X	X	X	X	X					
6958.18.2	Partial reversals processed via a CMS approved secure Internet portal/application shall be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application.	X	X	X	X	X					
6958.18.3	Dismissals processed via a CMS approved secure Internet portal/application shall be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application.	X	X	X	X	X					
6958.19	Contractors utilizing a secure portal/application shall ensure that there is a process in place by which an appellant can submit additional documentation/materials concurrent with the appeal request submitted via secure application/portal.	X	X	X	X	X					
6958.19.1	Contractors utilizing a secure portal/application shall ensure the portal/application has the capability to accept additional documentation and/or other materials to support the appeal request.	X	X	X	X	X					
6958.20	Contractors may accept additional documentation, evidence and/or other materials to support an appeal request via facsimile.	X	X	X	X	X					
6958.21	Contractors utilizing a secure Internet portal/application shall ensure that appellants may save and print the redetermination decision or dismissal notices transmitted and that the secure portal includes a mechanism by which the date/time of the notification is tracked/marked so as to adequately inform the appellant of the timeframes for ensuring timely submission of future appeal requests for the claim at issue.	X	X	X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6958.22	Contractors utilizing a secure portal/application shall also provide mailed copies of the redetermination or dismissal notice to beneficiaries and/or other parties to the appeal that do not have access to/utilize the secure portal/application.	X	X	X	X	X					
6958.22.1	Contractors utilizing a secure portal/application shall ensure that the date of the mailed redetermination or dismissal notice is the same date that the contractor transmits the notice/dismissal to the provider and/or other appellant(s) utilizing the secure portal/application.	X	X	X	X	X					
6958.23	Contractors utilizing a secure Internet portal/application shall provide the QIC with a printed copy of the appeal decision and any other materials related to the case file in accordance with the SOW and manual requirements.	X	X	X	X	X					
6958.24	Contractors may modify the model dismissal letter template to include additional verbiage/instructions if a contractor has received approval to receive appeal requests via a secure Internet portal/application.	X	X	X	X	X					
6958.25	Contractors may issue an appeal decision via a secure Internet portal/application only if the appellant has submitted the request for appeal through that application.	X	X	X	X	X					
6958.26	Contractors shall ensure that decisions and/or dismissals issued through a secure Internet portal/application comply with all of the requirements as outlined in Pub. 100-04, chapter 29.	X	X	X	X	X					
6958.27	Contractors may accept requests for withdrawal of a redetermination request from a party via facsimile and/or a secure Internet portal/application.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6958.28	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X					

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
	None

Section B: N/A

V. CONTACTS

Pre-Implementation Contact: Kathleen McCracken (Kathleen.McCracken@cms.hhs.gov) or 410-786-7487.

Post-Implementation Contacts: FIs and carriers: appeals business function leads; Medicare administrative contractors: project officers

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs), include the following statement:
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the party or parts in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Claims Processing Manual

Chapter 29 - Appeals of Claims Decisions

Table of Contents
(Rev. 1986, 06-11-10)

310.10 – System and Processing Requirements for Use of Secure Internet Portal/Application to Support Appeals Activities

310.1 - Filing a Request for Redetermination

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

A request for redetermination must be filed with the contractor in writing. The request may be made by a party to the appeal as defined in §260 and/or the party's representative as defined in §270. Also, for beneficiaries there are special rules described below in subsection A. *Appeal requests submitted electronically via a facsimile or secure Internet portal/application shall be considered to have been received in writing.*

***NOTE**: Contractors are not required to utilize a facsimile and/or a secure Internet portal/application for performing appeals activities. Contractors may not require an appellant to file an appeal electronically (e.g., via facsimile and/or a secure Internet portal/application). Submission of appeal requests via facsimile or a portal/application shall be at the discretion of the appellant. Contractors shall continue to accept appeal requests in hardcopy via mail.*

A. Written Redetermination Requests Filed on Behalf of the Beneficiary

Someone other than an appointed representative may submit a written request for redetermination on behalf of a beneficiary. The contractor honors the request for redetermination if the request clearly shows the beneficiary knew of or approved the submission of the request for redetermination (e.g., the request is submitted with a written authorization from the beneficiary or with the beneficiary's MSN). However, if the contractor has information that the redetermination request was not submitted at the request of the beneficiary, the contractor does not conduct the redetermination unless and/or until it receives confirmation from the beneficiary that the request was submitted with the beneficiary's approval. The person submitting the request does not automatically become the representative until and unless an appointment of representative form or other written statement is completed (see §270 for instructions on developing an incomplete or absent appointment of representative). In cases of redeterminations filed on behalf of the beneficiary, the contractor need not develop an absent appointment of representative if the request for redetermination clearly shows the beneficiary knew of or approved the submission of the request for redetermination. However, the contractor may send the individual filing on behalf of the beneficiary a notice including information on how to become a representative of the beneficiary and what the individual should know if the individual fails to complete the appointment (e.g., that the individual will not receive a decision or other notices, will not be the official representative).

Persons who often act on behalf of a beneficiary in filing a redetermination request include: the spouse, parent, daughter or son, sister or brother, or neighbor/friend. Beneficiary advocacy groups and Members of Congress may also submit a request for redetermination on behalf of a beneficiary (see below for further discussion on requests submitted by Members of Congress). Even though someone other than his/her appointed representative makes the redetermination request on behalf of a beneficiary, all written notices related to the appeal must be sent only to the beneficiary, not the individual making the request for redetermination.

Although the contractor may have honored a request for redetermination filed by someone other than the beneficiary or the beneficiary's appointed representative, only the beneficiary or representative should be contacted or consulted for further information when processing the redetermination and when issuing the determination (unless the requestor is the beneficiary's legal guardian, in which case no appointment is required).

There will be circumstances where the mental and/or physical incapacity of the beneficiary becomes an issue. Based on all the documented medical information available, the contractor may decide to allow the person submitting the request for redetermination to act on behalf of a beneficiary who is mentally or physically incapacitated. The contractor's decision, as well as the beneficiary's incapacitation, should be documented in the file and supported by relevant medical documentation. (See §270, for more information on this subject.)

1. Requests for Redetermination Submitted by Members of Congress

When the contractor has honored a request for redetermination filed by a Member of Congress pursuant to a Congressional inquiry made on behalf of a beneficiary or provider, physician or other supplier, the contractor may continue to provide a Member of Congress with status information on the appeal at issue. Status information includes the progression of the appeal through the administrative appeals process, including information on whether or when an appeal determination or decision has been issued and what the decision was (e.g., favorable, unfavorable, partially favorable), but does not include release of personal information about a beneficiary that the Member of Congress did not already have in his/her possession. A beneficiary may want a Member of Congress to obtain more detailed information about his/her appeal without appointing the Member of Congress as a representative. In this case it would be necessary for the beneficiary to sign a release of information. The contractor must accept any of the following as releases of information:

1. A signed copy of correspondence from the beneficiary expressing a desire for the congressional office to obtain information on his/her behalf;

2. A release of information form developed by the congressional office; or

3. A release of information form developed by the contractor for this purpose.

If the Member of Congress expresses an interest in acting as the representative of a beneficiary or of a provider, physician, or other supplier, the party must complete an appointment of representative form or written statement.

B. What Constitutes a Request for Redetermination

1. Written Requests for Redetermination Made by Beneficiaries

Beneficiaries may request a redetermination in writing by filing a completed Form CMS-20027. Beneficiaries may also request a redetermination in writing instead of using the form. As noted above, appeal requests received via a facsimile or secure Internet portal/application shall also be

considered received in writing. Requests for redetermination may be submitted in situations where beneficiaries assume that they will receive a redetermination by questioning a payment detail of the determination or by sending additional information back with the MSN, but don't actually say: I want a review. For example, a written inquiry stating, "Why did you only pay $10.00?" is considered a request for redetermination. Common examples of phrasing in letters from beneficiaries that constitute requests for redetermination include, but are not limited to:

"Please reconsider my claim."

"I am not satisfied with the amount paid - please look at it again."

"My neighbor got paid for the same kind of claim. My claim should be paid too."

Or the request may contain the word appeal or review. There may be instances in which the word review is used but where the clear intent of the request is for a status report. This should be considered an inquiry.

2. Written Requests for Redetermination Submitted by a State, Provider, Physician or Other Supplier

States, providers, physicians, or other suppliers with appeal rights must submit written requests *via mail, facsimile (if the contractor chooses to receive requests via facsimile), or secure Internet portal/application* indicating what they are appealing and why. The acceptable written ways of doing this *are via*:

a. ***A completed Form CMS-20027 constitutes a request for redetermination.*** *The contractor supplies these forms upon request by an appellant. "Completed" means that all applicable spaces are filled out and all necessary attachments are included with the request.*

b. ***A written request not on Form CMS-20027.*** *At a minimum, the request shall contain the following information:*

1. Beneficiary name;
2. Medicare health insurance claim (HIC) number;
3. The specific service(s) and/or item(s) for which the redetermination is being requested;
4. The specific date(s) of the service; and
5. The name and signature of the party or the representative of the party.

Frequently, a party will write to a contractor concerning the initial determination instead of filing Form CMS-20027. How to handle such letters depends upon their content and/or wording. A letter serves as a request for redetermination if it contains the information listed above and either: (1) explicitly asks the contractor to take further action, or (2) indicates dissatisfaction with the contractor's decision. The contractor counts the receipt and processing of the letter as an appeal only if it treats it as a request for redetermination. It must note the details of its

actions (e.g., when action was taken and what was done) for possible subsequent evidentiary and administrative purposes.

c. ***A secure Internet portal/application.*** *If a contractor has received CMS approval for the use of a secure Internet portal/application to support appeals activities, appellants may submit redetermination requests via the secure Internet portal/application. Written requests submitted via the portal/application shall include the required elements for a valid appeal request as outlined above under §310.1.B.2.b.*

NOTE: Some redetermination requests may contain attachments. For example, if the RA is attached to the redetermination request that does not contain the dates of service on the cover and the dates of service are highlighted or emphasized in some manner on the attached RA, this is an acceptable redetermination request.

3. Requirements for a Valid Signature on an Appeal Request:

For appeal purposes, the only acceptable method of documenting the appellant's signature on the appeal request is by written, digital, digitized, or electronic signature as discussed below:

- *A **written signature** may be received via hard copy mailed correspondence or as part of an appeal request submitted via facsimile.*

- *An **electronic, digital, and/or digitized signature** is an acceptable signature on a request submitted via a CMS-approved secure Internet portal/application. The secure Internet portal/application shall include a date, timestamp, and statement regarding the responsibility and authorship related to the electronic, digital, and/or digitized signature within the record. At a minimum, this shall include a statement indicating that the document submitted was, "electronically signed by" or "verified/approved by" etc.*

- *A **stamp signature or other indication that a "signature is on file"** on the CMS 20027 form or other documentation (such as a blank claim form) submitted to support the appeal request **shall not** be considered a acceptable/valid signature regardless of whether the appeal request is submitted via hard copy mail or via facsimile.*

4. How to Handle Incomplete Requests *for Redetermination*:

If any of the above information referenced in Section 2 is not included with the appeal request, the contractor dismisses it to the State or provider with an explanation of the information that must be included (See §310.6 for more information on dismissals). For beneficiary requests, please refer to § 310.1(B)(1) and §310.6.3.

5. How to Handle Multiple Requests for Redetermination for the Same Item/Service:

If a contractor receives multiple timely requests for redetermination for the same item or service from either multiple parties or via multiple venues (i.e., hard copy mail, facsimile, or via a secure Internet portal/application) the contractor shall act as follows:

- *If a decision or dismissal notice has already been issued or the claim for the item/service at issue has been adjusted/paid in accordance with the redetermination decision and the contractor receives additional redetermination request(s) for the same items/services, the contractors shall treat the additional request as an inquiry and follow the instructions in Pub. 100-09, chapters 2 and 6 with regards to inquiries. Contractors **shall not** issue a dismissal notice.*

***NOTE:** In accordance with Pub.100-04, chapter 29, section 310.6.3, if an appellant requests that the contractor vacates its dismissal action or refiles a corrected appeal in response to the dismissal and the contractor determines that it cannot vacate the dismissal; it sends a letter notifying the appellant accordingly. The contractor shall not issue a second dismissal notice to the appellant.*

- *If a decision or dismissal notice has not been issued (i.e., the appeal is pending), and the claim for the items/services at issue has not been otherwise adjusted/paid following the redetermination decision, then upon receipt of additional redetermination request(s) for the same items/services, the contractor shall:*

    - *Combine the redetermination requests and issue a decision within 60 days of the latest filed request, in accordance with the requirements as outlined in 42 CFR §405.944(c).*

    - *When issuing the decision or dismissal notice, the contractor shall include verbiage indicating that multiple requests for redetermination had been received (on what dates and via what venues, if multiple venues were utilized) so that it is clear to the appellant that the decision or dismissal was issued timely in accordance with 42 CFR §405.944(c)).*

- *If the contractor identifies a pattern in which an appellant or groups of appellants are repeatedly submitting multiple requests for redetermination via multiple venues, the contractor shall take additional steps to educate the appellant regarding the appeals process.*

6. Letters and Calls That Are Considered Inquiries

See Pub. 100-09, Medicare Contractor Beneficiary and Provider Communications Manual. The contractor considers the letter or telephone call an inquiry (i.e., not an appeal request) if:

- It is clearly limited to a request for an explanation of how Medicare calculated payment;

- It is a request clearly limited to an update on a previously submitted appeal request or correspondence. The contractor states in its reply that is responding to a status request. It does not use the word “review” in its reply;

- It is a request for information;

- The party asks only for a second *copy* of a notice; or

- There is not an initial determination (see 42 CFR 405.924 for *a*ctions that are initial determinations and 42 CFR 405.926 for *a*ctions that are not initial determinations).

NOTE:

- If the contractor receives a 'request for reconsideration' (assuming the appellant is using the wrong form or incorrect terminology), but determines that a redetermination has not been conducted, the contractor does not forward the request to the QIC. The contractor shall conduct a redetermination.

- If the contractor receives a 'request for reconsideration' as misrouted mail, and the contractor has already conducted a redetermination, the contractor shall forward the request to the appropriate QIC, along with the case file within 30 calendar days of receipt in the corporate mailroom. Refer to §320.1.

Parties to a claim must file a request for redetermination with the proper contractor based on the claims processing jurisdiction rules established by the Medicare program. Jurisdiction is established based on either the state where the service was provided (for Part B claims **not** involving DME), the state where the beneficiary resides (for Part B DME claims only), or the location of the fiscal intermediary or A/B Medicare Administrative Contractor (for Part A provider claims). There may be instances where requests for redetermination are directed to the wrong contractor. Contractors shall have standard operational procedures, including maintaining a record of these cases, in place to ensure that misdirected requests are forwarded to the proper contractor jurisdiction within 30 calendar days of receipt.

310.2 - Time Limit for Filing a Request for Redetermination

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

A party must file a request for redetermination within 120 days of the date of receipt of the notice of initial determination (MSN or RA) with the contractor indicated on the notice of initial determination. The date of filing for requests filed in writing is defined as the date received by the appropriate contractor in the corporate mailroom*, the date received via facsimile, or the date received in the secure Internet portal/application*. If the party has filed the request in person with the contractor, the filing date is the date of filing at such office, as evidenced by the receiving office's date stamp on the request. If the party has mailed the request for redetermination to CMS, SSA, RRB office, or another contractor or Government agency within the time limit, and the request did not reach the appropriate contractor until after the time period to file a request expired, the contractor considers good cause for late filing. (See §240 for more information on good cause.) Likewise, if the request is filed with CMS, SSA, RRB, or another contractor or Government agency in person, the contractor considers good cause for late filing.

The contractor may extend the period for filing if it finds the party had good cause for not requesting the redetermination timely. (See §240.2 for a discussion of good cause.) In order for good cause to be considered, the appeal request must be in writing, *received via hard copy mail,*

through a facsimile, or through a secure Internet portal/application. If the contractor finds that the party did not have good cause for *failing to request a redetermination in a timely manner,* it may, at its discretion, consider reopening. (See Pub. 100-04, chapter 34.)

310.4 - The Redetermination

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

The redetermination is an independent, critical examination of a Part A or B claim made by contractor personnel not involved in the initial claim determination. In performing a redetermination of the services requested by the appellant, contractor personnel must examine all issues in the claim.

A. Timely Processing Requirements

The contractor must complete and mail a redetermination notice for all requests for redetermination within 60 days of receipt of the request (with the exception of (D)(4) below). The date of receipt for purposes of this standard is defined as the date the request for redetermination is received in the corporate mailroom *or the date when the electronic request for appeal is received via facsimile or through the secure Internet portal/application*.

Completion is defined as:

1. For affirmations, the date the decision letter is mailed to the parties. Affirmations processed via a CMS approved secure Internet portal/application shall be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application.

2. For partial reversals and full reversals, when all of the following actions have been completed:

   a. The decision letter*, if applicable*, is mailed to the parties *or if processed via a CMS approved secure Internet portal/application shall be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application,* and

   b. The actions to initiate the adjustment action in the claims processing system are taken.

When the adjustment action is completed, this action must be included on the next scheduled release of the MSN/RA. Appropriate follow-up action should be taken to ensure that the adjustment action results in the issuance of proper payment.

3. For withdrawals and dismissals, the date dismissal notice is mailed *or if processed via a CMS approved secure Internet portal/application shall be considered complete on the date the*

notice is transmitted to the appellant through the secure Internet portal/application, to the parties.

B. Development of Appeal Case File

The reviewer must obtain and review all available, relevant information needed to make the determination. All information considered by the appeals adjudicator in conducting the redetermination must be included in the case file. Other areas within the contractor may have information relevant to the claim(s) at issue. For example, the program integrity area (including medical review, overpayments, and fraud and abuse) may submit evidence to the reviewer for inclusion in the case file. Such evidence must be made available for inspection by an appellant or party upon request. Reviewers must exercise care in determining the weight to give allegations of fraud and abuse where the source of the specified information is not provided. Although the name of the beneficiary or other source that provided the information that triggered an investigation is not always provided or necessary when reviewing the evidence, the case file must include information on the independent, subsequently developed investigation that supports *the claim decision* (See subsection D, below, for instructions on development of documentation.)

The development of the case file is important not only for the redetermination, but also to prepare for a potential appeal to the QIC. Proper development of the case file will assist the contractor in timely transmitting the case file to the QIC upon request. In cases of large overpayment cases involving many claims, this case file development is extremely important. When a reconsideration request is filed with the QIC, and the QIC requests a case file for a large overpayment case, it is critical the QIC obtain the case file timely so it can begin adjudication. Therefore, it should be a priority for the contractor to adequately develop case files.

C. Elements of the Redetermination

The following elements are essential to performing an adequate redetermination:

The reviewer must not be the same person who made the initial determination.
How the contractor conducts its redetermination depends on the appellant's request and what is at issue. There may be times where the appellant requests a redetermination of an entire claim and there may be times where he/she requests a redetermination of a specific line item on the claim. The contractor should review all aspects of the claim or line item necessary to respond to the appellant's issue. For example, if the appellant questions the amount paid, the contractor must also review medical necessity, coverage, deductible, and limitation on liability, if applicable.

If the appellant requests a redetermination of a specific line item, the contractor reviews all aspects of the claim related to that line item. If appropriate, it reviews the entire claim. If it reviews more than what the appellant indicated, it includes an explanation in the rationale portion of the redetermination letter of why the other service(s)/item(s) were reviewed.

For appeals of a specific line item or service, the initial determination is the date of the first MSN or RA that states the decision. Adjustments to the claim that are included on later copies of the

MSN or RA (and do not revise the initial determination) do not extend/change the appeal rights given under the initial determination. All other line items not yet reviewed may be reviewed within 120 days from the receipt of the initial determination, if requested.

Although the reviewer may not make a finding of criminal or civil fraud (see §280, "Fraud and Abuse"), the reviewer should review the claim to see if there is sufficient documentation and evidence supporting that the items or services were actually furnished or were furnished as billed.

If the appellant challenges the validity of the sampling methodology, the contractor reviews the claims in question as well as any methodology used to extrapolate the overpayment amount. For background on how the PSCs use statistical sampling to estimate overpayments, see Pub. 100-08, chapter 3, section 10. If a reconsideration is subsequently requested, the entire case will be sent.

Per Pub. 100-06, chapter 3, sections 70 and 90, the contractor shall consider whether there was an overpayment, whether the amount of the overpayment was correctly calculated and extrapolated (if applicable), whether the appellant is liable for repayment, and whether recovery of the overpayment is waived.

Appellants must have the opportunity to submit written evidence and arguments relating to the claim at issue. This does not mean the reviewer must request such material, but he/she must accept and consider any relevant documentation submitted. *Contractors may also accept this information via facsimile and/or a secure Internet portal/application.*

D. Requests for Documentation

1. Requesting documentation for State-Initiated Appeals

The reviewer should not request documentation directly from a provider or supplier for a State-initiated appeal. If additional documentation is needed, the reviewer should request that the submitter of the appeal (i.e., the State or the party authorized to act on behalf of the Medicaid State Agency) obtain and submit necessary documentation. *The requested documents may be submitted via facsimile or via a secure Internet portal/application.*

2. Requesting documentation for Provider, Supplier, or Beneficiary-Initiated Appeals

For provider, supplier, or beneficiary initiated appeals, when necessary documentation has not been submitted, the reviewer advises the provider or supplier to submit the required documentation. The reviewer notifies the provider or supplier of the timeframe the provider or supplier has to submit the documentation. The reviewer documents his/her request in the redetermination case file. The requested documents may be submitted via facsimile *and/or via a secure Internet portal/application.* In some situations, a provider or supplier may inform the reviewer that it is having trouble obtaining supporting documentation from another provider or supplier (e.g., an ambulance supplier who is requested to submit hospital admission records). In this situation, the contractor may assist the provider or supplier in obtaining records. If the additional documentation that was requested is not received within 14 calendar days from the

date of request, the reviewer conducts the redetermination based on the information in the file. The reviewer must consider evidence that is received after the 14-day deadline but before having made and issued the redetermination. See paragraph 4 below for information on the extension of the decision making timeframe for additional documentation that is submitted after the request.

3. Requesting documentation for Beneficiary-Initiated Appeals

For provider, supplier, or beneficiary initiated appeals, when necessary documentation has not been submitted, the reviewer advises the provider or supplier to submit the required documentation. For beneficiary-initiated appeals, the reviewer notifies the beneficiary (either in writing or via a telephone call) when the reviewer has asked the beneficiary's provider or supplier for additional documentation. The beneficiary is advised (either in the letter or during a telephone call) that the provider or supplier has 14 calendar days to submit the additional documentation that has been requested, and that if the documentation is not submitted, the reviewer will decide based on the evidence in the case file. If the reviewer sends the beneficiary a letter, it must include a description of the documentation that has been requested.

4. Extension for Receipt of Additional Documentation

*Contractors shall educate parties to include all supporting documentation with the redetermination requests submitted via mail, facsimile or a secure Internet portal/application. However, w*hen a party submits additional evidence *(via mail, facsimile or a secure Internet portal/application)* after filing the request for redetermination, the contractor's 60-day decision-making timeframe is automatically extended for 14 calendar days for each submission. This additional 14 days is allowed for all documentation submitted by a party after the request, even when the documentation was requested by the contractor. Although this extension is granted to contractor for making decisions, it should not routinely be applied unless extra time is needed to consider the additional documentation.

5. General Information

The contractor routinely includes instructions on the appropriate information to submit with appeal requests in its provider newsletters and other educational literature. Providers and suppliers are responsible for providing all the information the contractor requires to adjudicate the claim(s) at issue.

310.5 - The Redetermination Decision

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

The law requires contractors to conclude and mail *and/or otherwise transmit, as noted below,* the redetermination within 60 days of receipt of the appellant's request, as indicated in §310.4. For unfavorable redeterminations, the contractor mails the decision letter to the appellant, and mails copies to each party to the initial determination (or the party's authorized representative and appointed representative, if applicable).

Contractors shall provide the decision, as required below; in writing via hard copy mail unless the contractor has submitted a request and received approval for use of secure Internet portal/application as part of the appeals process and the appellant has submitted the request for appeal electronically. Contractors may transmit appeal decisions (favorable, partially favorable, or unfavorable) via a secure Internet portal/application if the appeal request was received via that mechanism.

For partially favorable redeterminations, the contractor mails *and/or otherwise transmits as described above* the decision letter to the appellant, and mails copies to each party to the initial determination (or the party's authorized representative, if applicable) an adjusted MSN or RA and a redetermination letter including the rationale for the decision. The contractor shall ensure that the appropriate MSN or RA messages are included regarding refunds of payments, including when necessary any coinsurance or deductible collected. If a party has an appointed representative, the contractor mails the decision letter to the appointed representative. Sending the decision letter to the appointed representative has the same force and effect as if the letter was sent to the party. In addition, the contractor sends an MSN or RA to each party (or the party's authorized representative, if applicable). The contractor does not send an MSN or RA to an appointed representative.

For fully favorable redeterminations, the contractor mails an MSN or RA reflecting the adjustment action to each party (or the party's authorized representative, if applicable) on the next scheduled release. The MSN provides the beneficiary with information as to his/her financial liability with regard to the claim(s) that are now payable. The contractor does not send an MSN or RA to an appointed representative. Unless otherwise specified in its statement of work, contractors are not required to send a fully favorable letter to parties until further notice, except in those situations where the parties will not receive notice of effectuation via an MSN or RA (e.g., MSP overpayments, non-MSP overpayments which do not result in a refund or payment, etc.). In these cases, the contractor mails *and/or otherwise transmits via secure Internet portal/application* a notice to such parties or authorized/appointed representative if applicable, that references the claims appealed, and briefly explains the outcome of the redetermination.

B. Determinations That Result in Refund Requirements

If, as the result of a denial, a provider or supplier is required to make a refund to a beneficiary for amounts collected from the beneficiary for the items or services at issue, then the contractor must include the following language in the redetermination.

When the beneficiary is not liable, include the following language:
Therefore, you (the beneficiary) are not responsible for the charges billed by (provider's name) except for any charges for services never covered by Medicare. If you (the beneficiary) have paid (provider's name) for these services (including payment of co-insurance and deductible), you may be entitled to a refund. To get this refund, please contact this office and send the following items:

- A copy of this notice,

- The bill you received for the services, and

- The payment receipt, your cancelled check, or any other evidence showing that you have already paid (provider's name for the services at issue.

You should file your written request for refund within 6 months of the date of this notice.

If, as the result of a denial, a provider or supplier is required to make a refund to a beneficiary for amounts collected from the beneficiary for the items or services at issue, then the *contractor* must send a copy of the adjusted RA in the following situations:

1. A nonparticipating physician not accepting assignment who, based on the redetermination, now has a refund obligation under §1842(l)(1) of the Act;

2. A nonparticipating supplier not accepting assignment who is determined to have a refund obligation pursuant to §1834(a)(18), due to a denial under either §1834(a)(17)(B) or §1834(j)(4) of the Act; or,

3. A denial based on §1879(h) of the Act of an assigned claim submitted by a supplier, where it is determined under §1834(a)(18) of the Act that the supplier must refund any payments (including deductibles and coinsurance) collected from the beneficiary.

C. Paid Claim Appeals

If a contractor receives a valid appeal request on a claim that was processed and paid subsequent to the filing of that appeal but prior to issuance of the Medicare Redetermination Notice, the contractor shall issue an unfavorable decision letter using the following template or something similar to the appellant:

Model Redetermination
Paid Claim Appeal

XYZ NAME
Xx Main Street, Suite 000
Town, State 00000

Medicare Number of Beneficiary:
111111111 A

RE:

Beneficiary: John Smith

HIC #: 000000000A

Appellant: Provider/Supplier

Contact Information

If you have questions, write or call:

Contractor Name

Street Address

City, State Zip

Phone Number

Dear Appellant Name:

This letter is to inform you of the decision on your Medicare appeal. An appeal is a new and independent review of a claim. You are receiving this letter because you requested a redetermination, for <SERVICE(s)> on <DATE>.

The redetermination decision is unfavorable *because t*he service(s) in question has already been paid by the FI/CARRIER/MAC on <DATE>. We have evaluated what was submitted and there does not appear to be any errors impacting the payment amount, which is the maximum allowed by Medicare for this service. As a result, we are issuing an unfavorable decision on your request for redetermination on this claim.

If you disagree that the claim in question was previously processed for payment and/or you otherwise disagree with this decision, you may appeal to a Qualified Independent Contractor. You must file your appeal, in writing, within 180 days of receipt of this letter.

[INSERT QIC INFORMATION]

For Sincerely,

NAME TITLE

QIC CONTRACTOR NAME

310.6 – Dismissals

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

The contractor may dismiss a request for a redetermination under the following circumstances:

1. Request of Party

A request for redetermination may be withdrawn at any time prior to the mailing *or transmission of the decision via a secure Internet portal/application* upon the request of the party or parties filing the request for redetermination. The request to withdraw is one of the reasons for which a case can be dismissed. A party may request a dismissal by filing a written notice of such request with the contractor or *contacting the contractor by* telephone. *Contractors may accept requests for withdrawal via facsimile and/or a secure Internet portal/application, if approved by CMS.* This dismissal of a request for redetermination is binding unless vacated by the contractor.

2. Dismissal for Cause

The contractor may dismiss a redetermination request, either entirely or as to any stated issue, under either of the following circumstances:

- Where the party requesting a redetermination is not a proper party or does not otherwise have a right to a redetermination.

3. Failure to File Timely

When a request for redetermination is not filed within the time limit required and the contractor did not find good cause for failure to file timely, it should dismiss the request.

4. Appointment of Representative is Incomplete or Absent

When an individual who is attempting to act as a representative of an appellant who is not the beneficiary submits an incomplete appointment form and the appointment is not corrected within the time limit discussed above in §270 or when the individual fails to include an appointment with the appeal request, the contractor should dismiss the request.

NOTE: If the appellant resubmits *an* appeal request with an appointment of representative form, the contractor *should consider the request as a duplicate and should not count the resubmission as additional workload.* (See chapter 6 of the Medicare Financial Management Manual, Pub. 100-06.)

5. Party Failed to Make A Valid Request

When the contractor determines the provider, supplier, or State failed to make out a valid request for redetermination that substantially complies with §310 (B) (1) or (2).

6. Beneficiary Dies While Request is Pending

When a beneficiary or the beneficiary's representative files a request for redetermination, but the beneficiary dies while the request is pending, and all of the following criteria apply:

(a) The beneficiary's surviving spouse or estate has no remaining financial interest in the case. In deciding this issue, the contractor considers if the surviving spouse or estate remains liable for the services for which payment was denied or a Medicare contractor held the beneficiary liable for subsequent similar services under the limitation of liability provisions based on the denial of payment for services at issue;

(b) No other individual or entity with a financial interest in the case wishes to pursue the appeal; and

(c) No other party filed a valid and timely redetermination request.

310.6.2 - Vacating a Dismissal

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

A party to the redetermination may also request the contractor to vacate its dismissal within 6 months of the date of the mailing *and/or other transmission, if the contractor is utilizing a CMS approved secure Internet portal/application,* of the dismissal notice if good and sufficient cause is established. The contractor determines if there is good and sufficient cause and if there is, the contractor vacates its prior dismissal and issues a redetermination. For the purposes of counting workload in CROWD, this action should be counted as a redetermination and not a reopening.

310.6.3 - Dismissal Letters

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

The contractor *shall* issue *in writing and/or otherwise transmit, as noted above, a notice* of dismissal to all parties to the appeal. The dismissal notice must inform parties that they may request the contractor vacate the dismissal within 6 months from the date of the notice of dismissal upon a showing of good and sufficient cause. The dismissal notice is sent to the party requesting the redetermination at his/her last known address, *and/or otherwise transmitted as noted above,* as well as to his/her representative and all other parties to the appeal. The dismissal notice includes the reason for the dismissal.

Contractors who have requested and received CMS' approval to utilize a secure Internet portal/application to receive and process appeals may provide electronic dismissal notices, if the appeal request was received via a secure portal/application.

Contractors shall include the following language, or something similar, in dismissal letters (also see the model dismissal letter in Exhibit 4):

If you disagree with this dismissal, you have two options:

1. If you think you have good and sufficient cause for <insert reason for dismissal>, you may ask us to vacate our dismissal. We will vacate our dismissal if we determine you have good

and sufficient cause. If you would like to request us to vacate this dismissal, you must file a request within **6 months** of the date of this notice. In your request, please explain why you believe you have good and sufficient cause. Please send your request to:

Insert AC Address

2. If you think we have incorrectly dismissed your request (for example, you believe <insert reason (e.g., you did file your request on time, you were a proper party, the contractor did issue an initial determination on the claim)>), you may request a reconsideration of the dismissal by a Qualified Independent Contractor. Your request must be filed within **60 days** of receipt of this letter. The Qualified Independent Contractor will have 60 days to complete the reconsideration. In your request, please explain why you believe the dismissal was incorrect. Please note that the Qualified Independent Contractor will not consider any evidence for establishing coverage of the claims(s) being appealed. Their examination will be limited to whether or not the dismissal was appropriate. Please send your request to:

Insert QIC Address

Incomplete Requests- The requirements for written requests for redetermination are found in §310.1(B)(2) (**NOTE:** Beneficiary requests are never considered incomplete, see §310.1(B)(1)). Contactors must handle and count incomplete redetermination requests as dismissals. The above requirements under §310.6.2 for vacating and appealing dismissals apply to incomplete requests as well. Parties to the redetermination also have the option to refile their request if any time remains in the filing period (i.e., 120 days from receipt of the initial determination). When a request is refilled that meets the requirements, the previous dismissal is vacated and reopened. Contractors must notify parties of their options in the dismissal notice. Please see the model dismissal notice for an incomplete request in §310.6.4.

NOTE: If an appellant requests that the contractor vacates *the* dismissal action, and the contractor determines that that it cannot vacate the dismissal, *the contractor* sends a letter notifying the appellant. The contractor shall not issue a second dismissal letter to the appellant since a dismissal should only be issued in response to an appeal request. A request to vacate a dismissal is not a request for an appeal.

310.6.4 - Model Dismissal Notices

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

***NOTE**: This is a model letter and may need to be adjusted to include additional verbiage/instructions if a contractor has received approval to receive appeal requests via a secure Internet portal/application.*

Model Redetermination

Dismissal Notice for Incomplete Request

MONTH, DATE, YEAR

Medicare Number of Beneficiary:
111111111 A

APPELLANT'S NAME

ADDRESS

CITY, STATE ZIP

Contact Information
If you have questions, write or call:
Contractor Name
Street Address
City, State Zip

Dear Appellant's Name:

This letter is in response to your redetermination request that was received in our office on (insert date). The redetermination was requested for the following dates of service (insert date(s)). Your redetermination request has been dismissed because it did not contain all the information we need to process your request. In order to process a redetermination request, we need the following pieces of information:

- The beneficiary's name;
- The Medicare health insurance claim number of the beneficiary;
- The specific service(s) and/or item(s) for which the redetermination is being requested and the specific date(s) of service; and
- The name and signature of the person filing the redetermination request.

Your request has been dismissed because it did not contain (insert the item that was missing).

You may file your request again if it has been 120 days or less since the date of receipt of the initial determination notice. When you file your request, please make sure you include all the above listed items. Please send your request to:

Insert AC Address

If you disagree with this dismissal, you have two additional options:

1. If you think you have good and sufficient cause for failing to include all these items in your request, you may ask us to vacate our dismissal. If you would like us to vacate our dismissal, **you must file a request within 6 months of the date of receipt this notice**. In your request, please explain why you believe you have good and sufficient cause for failing to include the proper information in your request. Please send your request to:

Insert *AC* Address

2. If you think we have incorrectly dismissed your request (that is, you believe you did include all the above listed items in your request), you may request a reconsideration of this dismissal by a Qualified Independent Contractor. Your request must be filed within **60 days** of receipt of this letter. The Qualified Independent Contractor will have 60 days to complete their review of this dismissal action. In your request, please explain why you believe the dismissal was incorrect. Please note that the Qualified Independent Contractor will not consider any evidence for establishing coverage of the claim(s) being appealed. Their examination will be limited to whether or not the dismissal was appropriate. Please send your request to:

Insert *QIC* Address

Sincerely.

Review Name
Contractor Name
A Medicare Contractor

Model Redetermination

Dismissal Notice For An Untimely Appeal

MONTH, DATE, YEAR

Medicare Number of Beneficiary:
111111111 A

Contact Information
If you have questions, write or call:
Contractor Name
Street Address
City, State Zip

APPELLANT'S NAME

ADDRESS

CITY, STATE ZIP

Dear Appellant's Name:

This letter is in response to your redetermination request that was received in our office on (insert date). The redetermination was requested for the following dates of service (insert date(s)). Your redetermination request has been dismissed because the denial of the date(s) of service in question is/are past the time limit to file a request for a redetermination. A redetermination must be requested within 120 days of receipt of the initial determination date on the Medicare Remittance Notice or the Medicare Summary Notice.

When we receive a request that has been filed late, we consider whether the appellant had good cause for filing late. In special circumstances, we may allow additional time to file. In this case, we did not find good cause for filing your request late.

If you disagree with this dismissal, you have two options:

1. If you think you have good and sufficient cause for filing late, you may ask us to vacate our dismissal. We will vacate our dismissal if we determine you have good and sufficient cause for filing late. If you would like to request us to vacate this dismissal, **you must file a**

request within 6 months of the date of receipt of this notice. In your request, please explain why you believe you have good and sufficient cause for filing late. Please send your request to:

Insert AC Address

2. If you think we have incorrectly dismissed your request (for example, you believe you did file your request on time), you may request a reconsideration of this dismissal by a Qualified Independent Contractor. Your request must be filed within **60 days** of receipt of this letter. The qualified independent contractor will have 60 days to complete their review of this dismissal action. In your request, please explain why you believe the dismissal was incorrect. Please note that the qualified independent contractor will not consider any evidence for establishing coverage of the claim(s) being appealed. Their examination will be limited to whether or not the dismissal was appropriate. Please send your request to:

Insert QIC Address

Sincerely.

Review Name
Contractor Name
A Medicare Contractor

310.7 - Medicare Redetermination Notice (For Partly or Fully Unfavorable Redeterminations)

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

The contractor uses the following Medicare Redetermination Notice (MRN) format or something similar and standard language paragraphs *whether the redetermination notice is delivered via hard copy mail or via a CMS-approved portal/application.*

NOTE: This is a model letter and should be adjusted on a case by case basis if necessary. Contractors may also include additional resources, including their Web site address(es) and/or telephone number(s). Appeals that involve issues such as Medicare Secondary Payer (MSP) and overpayment recoveries may require contractors to deviate from the sample given in this manual section.

The fill-in-the-blank information (specific to each redetermination) is in italics. The contractor must ensure that the information identified in each section of the model letter below is included and addressed, as needed, in the MRN. Contractors shall include the request for reconsideration form with the MRN. The contractor must fill in the contract number and "appeal number" on each request for reconsideration form. The contract number is only required for contractors who have multiple locations in which a QIC will need to request a case file. The "appeal number" is

any number used to identify the associated appeal and will be used by the QIC to request a case file. The contractor also shall include the contractor logo or CMS logo with the contractor name and address on the reconsideration request form for identification purposes. This logo will be used by the QIC to identify which contractor to request the case file from.

A. Redetermination Letterhead

The redetermination letterhead must follow the instructions issued by CMS for contractor written correspondence requirements, unless otherwise instructed and/or agreed to by CMS.

Medicare Appeal Decision

MONTH, DATE, YEAR
APPELLANT'S NAME
ADDRESS
CITY, STATE ZIP

(If the appellant is a provider or supplier, in the beneficiary's letter, include the following statement:) **This is a copy of the letter sent to your provider/physician/supplier.**

Dear Appellant's Name:

This letter is to inform you of the decision on your Medicare Appeal. An appeal is a new and independent review of a claim. You are receiving this letter because you requested an appeal for (insert: name of item or service).

The appeal decision is

(Insert either:) **unfavorable.** Our decision is that your claim is not covered by Medicare.
OR
partially favorable. Our decision is that your claim is partially covered by Medicare.

More information on the decision is provided below. If you disagree with the decision, you may appeal to a qualified independent contractor. You must file your appeal, in writing, within 180 days of receiving this letter. However, if you do not wish to appeal this decision, you are not required to take any action. For more information on how to appeal, see the section of this letter entitled, "Important Information About Your Appeal Rights."

A copy of this letter was also sent to (Insert: Beneficiary Name or Provider Name).

(Insert: Contractor Name) was contracted by Medicare to review your appeal.
Summary of the Facts

Instructions: You may present this information in this format, or in paragraph form.

Provider	**Dates of Service**	**Type of Service**
(Insert: Provider Name)	(Insert: Dates of Service)	(Insert: Type of Service)

- A claim was submitted for (insert: kind of services and specific number).
- An initial determination on this claim was made on (insert: Date).
- The (insert: service(s)/item(s) were/was) denied because (insert: reason).
- On (insert: date) we received a request for a redetermination.
- (Insert: list of documents) was submitted with the request.

Decision

(Instructions: Insert a brief statement of the decision, for example "We have determined that the above claim is not covered by Medicare. We have also determined that you are responsible for payment for this service.")

Explanation of the Decision

(Instructions: This is the most important element of the redetermination. Explain the logic/reasons that led to your final determination. Explain what policy (LCD, NCD), regulations and/or laws were used to make this determination. Make sure that the explanation contained in this paragraph is clear and that it includes an explanation of why the claim can or cannot be paid. Statements such as "not medically reasonable and necessary under Medicare guidelines" or "Medicare does not pay for X" provide conclusions instead of explanation, and are not sufficient to meet the requirement of this paragraph.)

Who is Responsible for the Bill?

(Instructions: Include information on limitation of liability, waiver of recovery, and physician/supplier refund requirements as applicable, for example:)

“After reaching a decision that the service/item will not be covered by Medicare, we must decide who is liable for denied service/item. The instructions contained in Section 1879 of the Social Security Act require two steps. First, we must decide if the beneficiary either knew or could be reasonable expected to know that the service/item would not be covered under §1861(a)(1) or §1861(a)(9) of the Social Security Act. Next, we must decide if the provider either knew or

could be reasonably be expected to know that the service/item would not be covered under §1861(a)(1) or §1861(a)(9) of the Social Security Act.

By following these instructions, we have decided (Option 1) that the beneficiary either knew or could be reasonably expected to know that the service/item would not be covered. (Option 2) that the beneficiary did not know nor could reasonably have been expected to know that the service/item would not be covered.

CMS has further decided (Option 1) that the provider either knew or could be reasonably expected to know that the service/item would not be covered. (Option 2) that the provider either did not know or could reasonably been expected to know that the service/item would not be covered.

The contractor shall also explain the basis for their determination of knowledge. For example, a CMS publication or a contractor publication, specific policy posted on the contractor's Web site, etc.

Note, under §1879 and 42 CFR 411.402, if the provider is found to be liable, the provider cannot bill the patient for any denied services or for any deductible or coinsurance amounts related to them."

Refer to Pub.100-04, chapter 30, §§40 and 120 for more information.

What to Include in Your Request for an Independent Appeal

(Instructions: If the denial was based on insufficient documentation or if specific types of documentation are necessary to issue a favorable decision, please indicate what documentation would be necessary to pay the claim. Use option 1 if evidence is indicated in this section or option 2 if no further evidence is needed.)

Option 1:

Special note to Medicare physicians, providers, and suppliers only: Any additional evidence as indicated in this section should be submitted with the request for reconsideration. All evidence must be presented before the reconsideration is issued. If all additional evidence as indicated above and/or otherwise is not submitted prior to issuance of the reconsideration decision, you will not be able to submit any new evidence to the administrative law judge or further appeal unless you can demonstrate good cause for withholding the evidence from the qualified independent contractor.

NOTE: You do not need to resubmit documentation that was submitted as part of the redetermination. This information will be forwarded to the QIC as part of the case file utilized in the reconsideration process.

Option 2:

Special note to Medicare physicians, providers, and suppliers only: Any additional evidence should be submitted with the request for reconsideration. All evidence must be presented before the reconsideration is issued. If all evidence is not submitted prior to the issuance of the reconsideration decision, you will not be able to submit any new evidence to the administrative law judge or further appeal unless you can demonstrate good cause for withholding the evidence from the qualified independent contractor.

NOTE: You do not need to resubmit documentation that was submitted as part of the redetermination. This information will be forwarded to the QIC as part of the case file utilized in the reconsideration process.

Sincerely,

Reviewer Name
Contractor Name
A Medicare Contractor

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

Your Right to Appeal this Decision: If you do not agree with this decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The next level of appeal is called reconsideration. A reconsideration is a new and impartial review performed by a company that is independent from (insert: contractor name).

How to Appeal: To exercise your right to an appeal, you must file a request in writing within 180 days of receiving this letter. Under special circumstances, you may ask for more time to request an appeal. You may request an appeal by using the form enclosed with this letter.

If you do not use this form, you can write a letter. You must include: your name, your signature, the name of the beneficiary, the Medicare number, a list of the service(s) or item(s) that you are appealing and the date(s) of service, and any evidence you wish to attach. You must also indicate that (insert: contractor name) made the redetermination. You may also attach supporting materials, such as those listed in item 10 of the enclosed *Reconsideration* Request Form, or other information that explains why this service should be paid. Your doctor may be able to provide supporting materials.

If you want to file an appeal, you should send your request to:

QIC Name
Address
City, State Zip

Who May File an Appeal: You or someone you name to act for you (your appointed representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you.

If you want someone to act for you, you may visit http://www.medicare.gov/basics/forms/default.asp to download the "Appointment of Representative" form, which may be used to appoint a representative. Medicare does not require that you use this form to appoint a representative. Alternately, you may submit a written statement containing the same information indicated on the form. If you are a Medicare enrollee, you may also call 1-800-MEDICARE (1-800-633-4227) to learn more about how to name a representative.

Other Important Information: If you want copies of statutes, regulations, policies, and/or manual instructions CMS used to arrive at this decision, or if you have any questions specifically related to your appeal, please write to us at the following address and attach a copy of this letter:

Contractor Name,
A Medicare Contractor
Address
City, State Zip

Resources for Medicare Enrollees: If you want help with an appeal, or if you have questions about Medicare, you can have a friend or someone else help you with your appeal. You can also contact your State health insurance assistance program (SHIP). You can find the phone number for your SHIP in your "Medicare & You" handbook, under the "Helpful Contacts" section of www.medicare.gov Web site, or by calling 1-800-MEDICARE (1-800-633-4227). Your SHIP can answer questions about payment denials and appeals.

For general questions about Medicare, you can call 1-800-MEDICARE (1-800-633-4227), TTY/TDD: 1-877-486-2048.

Remember that specific questions about your appeal should be directed to the contractor that is processing your appeal.

Contractor Logo or CMS Logo with Contractor Name and Address

Redetermination/ Appeals Number: XXXXXX

Reconsideration Request Form

Directions: If you wish to appeal this decision, please fill out the required information below and mail this form to the address shown below. At a minimum, you must complete/include information for items 1, 2a, 6, 7, 11, & 12, but to help us serve you better, please include a copy of the redetermination notice with your request.

QIC Name

Address

1. Name of Beneficiary: _____

2a. Medicare Number: _____

2b. Claim Number (ICN / DCN, if available): _____

3. Provider Name: _____

4. Person Appealing: ☐Beneficiary ☐Provider of Service ☐Representative

5. Address of the Person Appealing: _____

_____

6. Item or service you wish to appeal: _____

7. Date of the service: From _____ To _____

8. Does this appeal involve an overpayment? ☐Yes ☐No

9. Why do you disagree? Or what are your reasons for your appeal? (Attach additional pages, if necessary.) _____

_____

10. You may also include any supporting material to assist your appeal. Examples of supporting materials include:

☐ Medical Records ☐ Office Records/Progress Notes

☐ Copy of the Claim ☐Treatment Plan ☐ Certificate of Medical Necessity

11. Name of Person Appealing: _____

12. Signature of Person Appealing: _____ Date: _____

Contractor Number _____ (Contractor number is optional for contractors with only one location for QICs to request case files)

310.8 - Medicare Redetermination Notice (For Full Favorable Redeterminations)

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

NOTE: Due to budget constraints, this activity is NOT required until further notice, unless otherwise specified in the contractor's statement of work, except in those situations when the parties will not receive notice of effectuation via a MSN or RA (MSP overpayments, non-MSP overpayments which do not result in a refund or payment., etc.). Contractors will also have to modify the language to ensure that the letter appropriately addresses the MSP overpayment or non-overpayment situations.

The contractor uses the following redetermination format or something similar and standard language paragraphs *whether the redetermination notice is delivered via hard copy mail or via a CMS-approved portal/application*. The fill-in-the-blank information (specific to each redetermination) are in italics. The contractor must ensure that the information identified in each section of the model letter below is included and addressed, as needed, in the MRN.

A. Redetermination Letterhead

The redetermination letterhead must follow the instructions issued by CMS for the contractor written correspondence requirements, unless otherwise instructed and/or agreed to by CMS.

Model Fully Favorable Redetermination Notice

MONTH, DATE, YEAR

Medicare Number of Beneficiary:
111111111 A

APPELLANT'S NAME

ADDRESS

CITY, STATE ZIP

Contact Information
If you have questions, write or call:
Contractor Name
Street Address
City, State Zip

MEDICARE APPEAL DECISION

RE: Include claim identifier or appeal number

Dear Appellant's Name:

This letter is to inform you of the decision on your Medicare Appeal. This appeal decision is **fully favorable** to you. Our decision is that your claim is covered by Medicare. More information on this decision, including the amount Medicare will pay, will follow in a future Remittance Advice or Medicare Summary Notice.

Sincerely,

Reviewer Name
Contractor Name
A Medicare Contractor

310.10 – System and Processing Requirements for Use of Secure Internet Portal/Application to Support Appeals Activities

(Rev. 1986, Issued: 06-11-10, Effective: 10-01-10, Implementation: 10-01-10)

Contractors who develop and utilize a secure Internet portal/application for appeals purposes shall ensure, at a minimum:

- *The CMS approves (i.e., contract manager or project officer, if applicable) the proposed portal/application and usage prior to development and implementation.*

- *The portal/application fully complies and has been tested to ensure compliance with all CMS system security requirements regarding protected health information prior to implementation/usage.*

- *The secure Internet portal/application includes a formal registration process that validates the signature. This process shall include, at a minimum, use of restricted user i.d.s and passwords. Contractors shall include an indication and/or description of the validation methodology in the appeals case file should a higher level of appeal be submitted.*

- *Templates for submission of electronic appeal requests shall include, at a minimum, a method for authenticating that the appellant has completed the portal/application registration process and has been properly identified by the system as an appropriate user.*

- *Contractors utilizing an approved portal/application shall provide education to appellants regarding system capabilities/limitations prior to implementation and utilization of the secure portal/application.*

- *Contractors shall also educate appellants that participation/enrollment in the secure portal/application is at the discretion of the appellant and the appellant bears the responsibility for the authenticity of the information being attested to.*

- *Appropriate procedures are in place to provide appellants with confirmation of receipt of the appeal request via secure Internet/portal and verbiage instructing the appellant not to submit additional redetermination requests for the same item or service via different venue (hard copy mail or facsimile). This information is necessary to discourage appellants from submitting multiple appeal requests for the same item/service through the same or multiple venues (i.e., filed via secure Internet portal/application and at a later date via mail).*

- *Contractors utilizing a secure portal/application shall ensure that there is a process in place by which an appellant can submit additional documentation/materials concurrent with the appeal request so as not to cause a delay in the timely processing of the appeal. The portal/application shall have the capability to accept additional documentation and/or other materials to support appeal requests.*

- *Redetermination decision and/or dismissal notices transmitted via a secure Internet portal/application shall comply with the timeliness and content requirements as outlined in the Pub. 100-04, Medicare Claims Processing Manual, chapter 29, unless otherwise noted above. In addition, contractors shall provide hard copy decision and/or dismissal notices to parties to the appeal who do not have access to the secure Internet portal/application. The notices must be mailed and/or otherwise transmitted concurrently (i.e., mailed on the same day the notice is transmitted via the secure portal/application).*

- *Contractors shall also ensure that appellants may save and print the decision or dismissal notice and that the secure portal/application includes a mechanism by which the date/time of the notification is tracked/marked both in the system and on any printed decision or dismissal notices so as to adequately inform the appellant of timeframes for ensuring timely submission of future appeal requests.*

- *If the contractor receives a request for case file form the QIC, the contractor shall provide the complete case file including a decision or dismissal notice regardless of whether the appeal was processed via a secure Internet portal/application.*