Medicare Appeals and Patient’s Rights

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Objectives

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

Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO)
Quality Innovation Network - Quality Improvement Organization (QIN-QIO)
What is a BFCC-QIO?
Who is Livanta?

• BFCC-QIOs are Beneficiary and Family Centered Care - QIOs.

• As a BFCC-QIO, Livanta provides:
  • Appeal review;
  • Complaint review; and
  • Advocacy services.

• Medicare beneficiaries have the right to access BFCC-QIO services.

• All services provided by Livanta are at no cost to Medicare patients and families.
Quality Innovation Network – Quality Improvement Organization (QIN-QIO)

- QIN-QIOs engage with providers on quality improvement:
  - Behavioral health outcomes
  - Opioid misuse
  - Patient safety
  - Chronic disease self-management
  - Quality of Care transitions
  - Nursing home quality
• QIO jurisdiction is determined by the state or territory where the care was received.

• Locate your QIO at http://www.qioprogram.org/locate-your-qio
How does Livanta help Medicare patients and caregivers?

For Medicare Beneficiaries, Livanta will:

**Review Appeals**
Not ready for discharge or services to end? We’ll review the case.

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

**Advocacy Services**
Ongoing issues can be addressed by Livanta’s Immediate Advocacy program.
Eligibility & Care Settings

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

For quality of care complaints:
- All care settings that accept Medicare
- Excludes dialysis facilities for end stage renal disease treatment

For immediate advocacy:
- All care settings that accept Medicare

Applies to:
- Beneficiaries with Original Medicare and those who are dual-eligible
- Beneficiaries with Medicare Advantage plans
Healthcare providers are required to give Medicare beneficiaries certain notices about their care.

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

Important Message from Medicare

Patient name: DORIAN, JOHN D Patient number: 8675309-J

Your Rights as a Hospital Inpatient:

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

- A Medicare QIO appeal is a review action performed by a Medicare BFCC-QIO.
- QIO appeals ensure providers are ending Medicare-covered services appropriately.
- Appeals are a Medicare patient’s right.
- Beneficiaries can file appeals from: Hospitals, Hospices, Home Health, Skilled Nursing, and Comprehensive Outpatient Rehab Facilities.
What is QIO Appeal *is not*

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

• **Hospital Appeals**
  - Acute Care Hospitals, Long-term Acute Care (LTAC), Acute Specialty Facilities (ex. Psychiatric hospitals, etc.)
  - Hospital stays are for patients in crisis and considered to be in imminent danger of death.
  - During an appeal case, patients who appeal will remain covered by Medicare (appeal must be timely).

• **Non-Hospital Appeals**
  - Hospice, Skilled Nursing Facilities, Home Health and Comprehensive Outpatient Rehab, Swing Beds
  - Financial liability may be incurred if the appeal is made in the last day of the covered services.
  - Appeals should be filed as soon as possible to avoid any additional financial liability.
Types of Appeals and Levels

- **QIO Appeal**
  - Performed by the BFCC-QIO where care was received.
  - Conducted in 24-72 hours

- **Second-Level Appeal**
  - Performed by a Qualified Independent Contractor (QIC) or a BFCC-QIO
  - Conducted in 3-14 days

- **Administrative Law Judge (ALJ) Hearing**
  - Assigned to a regional ALJ
  - May take several weeks or months to be heard

- **Medicare Appeals Council**
  - Final level of appeal
Fictional Case Study: Appeal

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

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

**Call Center Hours (local time):**
- Weekdays 9 a.m. to 5 p.m.
- Weekends 11 a.m. to 3 p.m. (local time)

**Voicemail is available 24 hours a day.**
- Provide Livanta with a direct call-back number if you leave a message.
How do I become a representative?

- **Appointment of Representative Form**
  - CMS Form 1696
  - Download from CMS or Livanta’s website.
  - Anyone may be designated by the patient.
What happens after I call?

- A licensed, board certified doctor reviews the medical records.
- Appeals are reviewed in 24-48 or 72 hours.
- Complaint reviews take 30-45 days to complete.
- Advocacy is completed in 5-7 days.
- Appeal outcomes are delivered by phone.
- Complaint outcomes are delivered by mail.
Livanta requested the medical record from the healthcare provider for Mrs. Knott’s hospital stay.
Livanta received the medical record.
Physician Reviewer reviewed the medical records and drafted a response.
Livanta Physician Review: Part 2

• The Physician Reviewer found that while Mrs. Knott may report unreadiness, all her vital signs and ambulation progress reports show that she is ready for the next stage of her recovery through home health services.

• Livanta Appeals Managers review the Physician Reviewer’s notes.
Next Steps: Notifications

- Calls are made to Mrs. Knott and her son to inform them of the outcome of the doctor’s review.
- Livanta Appeals Manager discusses the next steps and options with Mrs. Knott and her son.
- Second-level appeals, Immediate Advocacy, and Beneficiary Care Management are discussed but declined by the caregiver.
- A written outcome letter is posted.
Next Steps: What are my options?

• Higher Level Appeals
  • Qualified Independent Contractor or Livanta
  • Administrative Law Judge Hearing
  • Medicare Appeals Council

• Immediate Advocacy
  • Provided by Livanta
  • Informal dispute resolution service

• Beneficiary Care Management Program
  • Provided to beneficiaries with certain chronic conditions
  • May be requested at the conclusion of an appeal
Track cases online

1. **What is a Medicare QIO appeal?**
   - A QIO performed review of a provider’s decision to end Medicare covered services.

2. **How much do appeals cost?**
   - BFCC-QIO appeal reviews are conducted at no expense to the patient. This is a Medicare benefit.

3. **Can I use a successful appeal to sue my provider?**
   - No. QIO Reviews are intended to be used for quality improvement and not punitive actions.
Medicare Quality Helpline App

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

* Message & data rates may apply
Stay in touch with Livanta

Email our team*
Email Communications@Livanta.com

Follow us – we’re social!
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Find us on the web
Website
www.LivantaQIO.com

Subscribe to The Livanta Compass
Subscribe to Livanta’s award-winning weekly e-journal
www.LivantaQIO.com/en/About/the_livanta_compass

*Do not email Protected Health Information or Personally Identifiable Information (PII)
Livanta’s Medicare Helpline

1-877-588-1123

Weekdays 9 a.m. - 5 p.m.
Weekends and holidays 11 a.m. - 3 p.m.
24-hour voicemail available
Live foreign language interpreters - over 200 languages!

www.LivantaQIO.com
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