NATIONAL MARROW DONOR PROGRAM® BE THE MATCH®

Standard Medicare Appeals Process

When filing a Medicare appeal, the first step is to determine if the patient has Standard Medicare or a Medicare Advantage Plan. If your patient is determined to have Medicare Advantage you can access the appeals tool online: Network.BeTheMatchClinical.org/Reimbursement.

All Medicare plans allow for 5 levels of appeal. The processes vary, so it's important to follow the instructions for the specific plan type your patient has.

If your transplant center is completing the appeal on behalf of your patient, make sure you always include an Appointment of Representative form signed by the patient. Search **"appointment of representative"** at www.cms.gov to download the form.

Medicare has an appeal guide for patients. It can be very helpful if you don't understand any part of the process. Access the guide online: https://www.medicare.gov/Pubs/pdf/11525.pdf.

1st level of appeal: Reconsideration

You have 120 days to file the reconsideration after receiving the Medicare Summary Notice (MSN). The last page of the MSN gives you step-by-step directions on when and how to file an appeal.

Ways to submit	Steps	Reference
Option 1: **Fill out a redetermination request form**	• Send the form to the address specified on the last page of the MSN under appeals • You may also want to send a full appeal letter which will provide you with more room to include important clinical details • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696)	Search **"redetermination form"** at: www.cms.gov to download the form Find the **"Sample Level 1 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form
Option 2: **Fill out the appeals section on the last page of the MSN**	• Circle the lines for the denied services that you disagree with • Attach a full appeal letter to specify why you disagree with the denial • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) • Submit all documents to the address under the appeals section on the MSN	Find the **"Sample Level 1 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form
Option 3: **Send a written request to the company that handles claims for Medicare**	• Submit a full appeal letter • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) • Mail all documents to the address under the appeals section on the MSN	Find the **"Sample Level 1 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form

Helpful tips

The appeal decision will come from the MAC and is called a "Medicare Redetermination Notice." The decision should be rendered no more than 60 days after they received the appeal request.

You have 180 days after you receive the reconsideration determination notice to submit a Level 2 QIC appeal.

Detailed information on this step of the process can be found by searching **"1st level of appeal"** online at: www.cms.gov.

Did you get an approval of your appeal?
☐ Yes; you're done! ☐ No; move to Level 2 of the appeals process

This document includes suggested guidelines for navigating the Medicare appeals process and is provided for educational and informational purposes only. This document is not intended to be and should not be used as a substitute for formal professional advice regarding the Medicare appeals process, whether medical, legal, or otherwise. The content of this document contains information that may not reflect current legal developments or information. Therefore, recipients of this document should not act, or refrain from acting, on the basis of any information included in this document without seeking appropriate legal advice on the particular facts and circumstances at issue from an appropriately licensed attorney.

2nd level of appeal: Qualified Independent Contractor (QIC) Reconsideration

The denial notice you received from your Level 1 appeal will have information on how to file the Level 2 appeal. Medicare allows two ways to submit a QIC reconsideration. Option 1 is a comprehensive option using a CMS form.

Ways to submit	Steps	Reference
Option 1: **Fill out a reconsideration request form**	• Send the completed form to the address specified on the last page of the MSN under appeals • Attach a full appeal letter to specify why you disagree with the denial • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696)	Search **"reconsideration form"** at: www.cms.gov to download the form Find the **"Sample Level 2 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form
Option 2: **Submit a written request to the QIC**	• Submit a full appeal letter to the QIC at the address in the appeals area of the MSN • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696)	Find the **"Sample Level 2 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form

Helpful tips

The QIC will send you a written determination of its decision called a "Medicare Reconsideration Notice." This notice should arrive about 60 days after the QIC received your appeal request and will have details on how to file the next level of appeal.

If the QIC cannot complete its decision in the applicable timeframe, it will inform the appellant, and anyone filing on their behalf, of their right to escalate the case to an Administrative Law Judge.

If you disagree with the reconsideration decision in Level 2, you have 60 days after you get the "Medicare Reconsideration Notice" to submit a Level 3 appeal.

Detailed information on this step of the process can be found by searching **"2nd level of appeal"** online at: www.cms.gov.

Did you get an approval of your appeal?

☐ Yes; you're done! ☐ No; move to Level 3 of the appeals process

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3rd level of appeal: Administrative Law Judge (ALJ) Review		
The denial notice you received from your Level 2 appeal will have information on how to file the Level 3 appeal. Medicare allows two different ways to submit a request for ALJ review. Select the one process that works best for your organization. Option 1 is a very comprehensive appeal using a CMS form.		
Ways to submit	**Steps**	**Reference**
Option 1: **Fill out an Administrative Law Judge Review form**	• Complete the "Request for a Hearing" form (CMS-20034 A/B) • Submit the Transfer of Appeal Rights form and include with your submission (CMS-20031) • You may also want to submit an Appointment of Representative form (CMS-1696) • Attach a full appeal letter to specify why you disagree with the denial • Submit all paperwork to the address on the QIC's reconsideration notice and copy the QIC	Search **"ALJ form"** at: www.cms.gov to download the form Search **"transfer of appeal rights"** at: www.cms.gov to download the form Search **"appointment of representative"** at: www.cms.gov to download the form Find the **"Sample Level 3 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals
Option 2: **Submit a written request to the OMHA office that will handle your ALJ hearing**	• Include an explanation of why you disagree with the reconsideration decision being appealed • Submit the Transfer of Appeal Rights form and include with your submission (CMS-20031) • You may also want to submit an Appointment of Representative form • Attach a full appeal letter to specify why you disagree with the denial • Submit all paperwork to the address on the QIC's reconsideration notice and copy the QIC **You must include the following information in the request**: • The beneficiary's name, address and Medicare health insurance claim number; • The name and address of the appellant, when the appellant is not the beneficiary; • The name and address of the designated representative, if any;	Find the **"Sample Level 3 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"transfer of appeal rights"** at: www.cms.gov to download the form Search **"appointment of representative"** at: www.cms.gov to download the form

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Ways to submit	Steps	Reference
	• The document control number assigned by the QIC, if any; • The dates of service being appealed; • The reasons you disagree with the QIC's reconsideration or other determination being appealed, and • A statement of any additional evidence to be submitted and the date it will be submitted	

Helpful tips
You have 60 days after you get the ALJ's decision to submit an appeals committee review
You **must** send your request/form to the appropriate Office of Medicare Hearings and Appeals (OMHA) Central Operations. You will find the correct address in the QIC reconsideration notice.
If you're requesting that your case be moved from the ALJ to the Appeals Council because the ALJ hasn't issued a timely decision, include the hearing office in which the request for hearing is pending.
Detailed information on this step of the process can be found by searching "**3rd level of appeal"** online at: www.cms.gov.
To find out more about the hearing process, visit: www.hhs.gov/omha and click on **"Coverage and Claims Appeals"** in the left panel.
Did you get an approval of your appeal? ☐ Yes; you're done! ☐ No; move to Level 4 of the appeals process

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4th level of appeal: Medicare Appeals Committee

The denial notice you received from your Level 3 appeal will have information on how to file the Level 4 appeal. Medicare allows two different ways to submit a Medicare Appeals Committee review. Select the one process that works best for your organization. Option 1 is a very comprehensive appeal using a CMS form.

Ways to submit	Steps	Reference
Option 1: Fill out an Administrative Law Judge Decision Dismissal form	• Complete the request for review of Administrative Law Judge Medicare decision/dismissal form (DAB-101) • Submit the form to the address found on Administrative Law Judge letter. • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696)	Search **"ALJ decision form"** at: www.cms.gov to download the form Find the **"Sample Level 4 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form
Option 2: Submit a written request to the Appeals Council	• Include a statement identifying the parts of the ALJ's decision with which you disagree and an explanation of why you disagree • Include the date of the ALJ decision • Submit the statement to the address found on the Administrative Law Judge letter • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696)	Find the **"Sample Level 4 Standard Medicare Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search "**appointment of representative"** at: www.cms.gov to download the form

Helpful tips

You must send your request to the address listed in the ALJ's hearing decision letter.

In most cases, the Appeals Council will send you a written decision within 90 days of getting your request.

If the Appeals Council doesn't issue a timely decision, you can ask the Appeals Council to move your case to the next level of appeal.

Detailed information on this step of the process can be found by searching **"4th level of appeal"** online at: www.cms.gov.

Did you get an approval of your appeal?
☐ Yes; you're done! ☐ No; move to Level 5 of the appeals process

5th and FINAL level of appeal: Judicial Review by Federal Court

You have 90 days after you get notice of denial of the Level 4 appeal to submit the Level 5 appeal to Judicial Review.

The Medicare Appeals Council's decision will contain information about the procedures for requesting judicial review.

Detailed information on this step of the process can be found by searching "**5th level of appeal"** online at: www.cms.gov

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