



Part A Providers: QIC Appeals Demonstration Call

Moderated by: Diane Maupai
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question and answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Diane Maupai. Thank you. You may begin.

Announcements & Introduction

Diane Maupai: Thank you, Dorothy. This is Diane Maupai from the Provider Communications Groups at CMS, and I am your moderator today. Welcome to this Medicare Learning Network call about Part A Provider Qualified Independent Contractor Appeals Demonstration.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL – go.cms.gov/mln-events. Again, that URL is go.cms.gov/mln-events.

Today's event is not intended for the press and remarks are not considered on the record. If you are a member of the press, you may listen in. But, please refrain from asking questions during the question and answer session. If you have inquiries, contact press@cms.hhs.gov. I will now turn the call over to Kathy McCracken.

Presentation

Kathy McCracken: Hi, everyone. My name is Kathy McCracken. I work at CMS in the Division of Appeals Operations. And also, in the room with me from Appeals Operations is Teri White and Maria Ramirez. In addition, we have Emily Barnes, the Education and Outreach Specialist from C2C Innovative Solutions.

We are very excited to be here today and to share with the Part A provider community, and other CMS stakeholders, more information regarding opportunities to participate in the QIC telephone discussion and reopening process appeals demonstration. Now, I am going to turn the mic over to Emily to do a brief walkthrough of the Medicare Fee-For-Service appeals process, and a detailed discussion on the appeals demonstration and the current opportunities.

Emily Barnes: Good afternoon. As Kathy said, my name is Emily Barnes. The Medicare QIC appeals demonstration contains two distinct components, telephone discussion and the reopening process. And I will be addressing both of these and can answer any of your questions at the end.

On slide 3, you will see the acronyms that are available for you and on slide 4 our agenda for today's call.

Medicare Fee-For-Service (FFS) Appeals Process Overview

Beginning with slide 5, you can see in the Medicare appeals process the first level of appeal is to the Medicare administrative contractor or MAC. This is the redetermination level. The QIC is the second level of appeal or the reconsideration level. And the Administrative Law Judges at the Office of Medicare Hearings and Appeals, or OMHA, are the third level.

At our level, we normally have 60 days to render our decisions. But, for telephone discussion appeals, we are allowed 120 days. Although that is a bit longer than the normal QIC appeal, it is a lot sooner than if you go to



the ALJ. And I think you can all agree. This demonstration has the potential to increase the percentage of proper claim submission through the education, which will help reduce the number of appeals that go through the appeals process.

Who is C2C Innovative Solutions, Inc. (C2C)

Now on slide 6. C2C is the Qualified Independent Contractor, or QIC, for CMS, the second level or reconsideration level in the appeals process. We currently hold 3 QIC task orders where we adjudicate appeals for CMS – Part B North, Part B South and Part A East.

Medicare Appeals Demonstration

Looking at slide 7, you can see how we got to where we are today. In 2016, CMS implemented the telephone discussion and reopening process demonstration in the DME QIC. The first telephone discussion was held by C2C in February of 2016. Originally, this demonstration was limited to oxygen and glucose diabetic testing supplies in MAC jurisdictions C and D – that is CGS and Noridian – with the remaining jurisdictions serving as the control group.

This demonstration was expanded to all DME plan types after just 10 months and, eventually, to all 4 DME MAC jurisdictions. Just recently, in April of 2019, CMS expanded the appeals demonstration to Part A East. We sent out our first invitations for a telephone discussion on May 1. And C2C held our first telephone discussion on May 21, 2019.

On slide 8, you can see the ultimate goal of the appeals demonstration is to test whether further engagement with suppliers or providers in the QIC will improve understanding of the cause of appeal denials with, eventually over time, resulting in more proper claim submission at the first level or the MAC from the suppliers and providers who are participating in the appeals demonstration.

This is a 5-year demonstration and is scheduled to end December 31 of 2020. IMPAQ International is conducting the evaluations of the demonstration. And participants might be contacted by IMPAQ to find out feedback on their experience.

Positive Outcomes - DME Demonstration Activities

Slide 9. You can see some of the positive outcomes that we saw with the DME demonstration. C2C conducted the DME demonstration activities from January 2016 through December 2018. At the end of this period, the supplier acceptance rate was at 82 percent.

Also, during this same time frame, over 134,000 telephone discussions were conducted with our medical reviewers. Looking at the third bullet, we saw that after a telephone discussion was held, 63 percent of the reconsideration decision were fully or partially favorable.

With the reopening component of the DME demonstration, more than 247,000 claims were reopened and favorably resolved or withdrawn from the Administrative Law Judge within the Office of Medicare Hearings and



Appeals or OMHA. We are hoping to see the same success that we saw on the DME demonstration with the Part A East appeals demonstration.

Positive Feedback from Demonstration Participants

On slide 10 and 11, you will see some feedback that other participants have had with the appeals demonstration. I want to point out to you on slide 10 that this participant in the top statement shared that they feel at times that the denials can seem a bit confusing. The example they gave us was the request for supporting documentation but for what and that during the discussion they have been told exactly what documentation is needed.

On slide 11, the top statement – this participant has had over a 75 percent favorable rate since they have been participating in the phone discussions. In the last statement, that emphasizes how nice it is to actually talk to someone and finally have a voice.

Scope of the Part A Appeals Demonstration

On slide 12, you will see that the Home Health and Hospice jurisdictions are different than the MAC jurisdictions. You will have to look at the breakdown specifically by either MAC or Home Health and Hospice based on the type of appeal. So, for example, you will notice CGS have Home Health and Hospice for J15 and they are eligible for the demonstration, but not MAC J15. And that's because they actually cover different states.

The demonstration is offered to MAC for JH, which is Novitas; JJ, Palmetto; JK, which is NGS; JL, Novitas; JM, Palmetto; and JN, First Coast; Home Health and Hospice appeals in J15, CGS; in J6, NGS; and then a portion of JM, Palmetto; and JK, NGS. Everything that is not listed here will be the control group for the demonstration period.

And on the next slide, you will see more details as to which state are in each of these jurisdictions and are eligible for the demonstrations. All appeal categories are eligible for the demonstration except appeals of service terminations and expedited appeals as well as beneficiary appeals and appeals that are already part of another CMS initiative, such as the SCF or the Settlement Conference Facilitation or LVA, which is a Low-Volume Appeal.

Part A East Jurisdictions

On slide 13, you can see a visual of the states scattered in Part A East. The scope of the Part A demonstration is focused on the providers that are in the QIC Part A East jurisdiction.

On slide 14, you can see the specific states for each of the Fee-For-Service MACs jurisdictions that are eligible for the Part A East appeals demonstration. Slide 15 is a visual of the same information. Again, the demonstration is eligible for Fee-For-Service MAC appeals in JH, JL, JJ, JM, JK, and JN.



HHH MAC Jurisdictions

On slide 16 – here, you can see the breakdown of each of the Fee-For-Service Home Health and Hospice jurisdictions that are eligible for the Part A East appeals demonstration. In slide 17 is a visual of the same information. Again, it is part of JM, part of J15, JK and part of J6.

Demonstration Features

So, now, looking at slide 18, some features to the demonstration. The telephone discussions are recorded, and the audio recording is added to the case file. With this becoming a part of the case file, the judge at OMHA will be able to access the recording and any other evidence within the case file.

Another feature to the demonstration is the reopening QIC is conducting on appeals that have been previously adjudicated by the QIC and are currently pending at OMHA or have not been appealed just yet to OMHA. And I'll tell you more about this process in just a minute.

Two Components of the Demonstration

On slide 19, the Part A East appeals demonstration has two distinct components. Telephone discussions, going across the top of the flowchart, are held on incoming reconsiderations. Reconsiderations that have not had a decision made on them yet by the QIC. These are appeals that have been denied by the MAC and now have been appealed to C2C. These are the ones that are eligible for phone discussion.

Then, the other component, going along the bottom of the flowchart, is the reopening process where we are looking at appeals that are currently at the ALJ level and remaining then back to our level. So, this is a two-phase approach to reducing the number of appeals at the ALJ level. The telephone discussions on the incoming reconsideration are helping reduce the number of appeals that are going to the ALJ. And the reopening process on the appeals that are currently at the ALJ helps to reduce the number that are waiting for a hearing.

Telephone Discussion Process

Moving on to slide 20. The telephone discussion demonstration process goes as follows. Prior to the call, we conduct a cursory review of the case. If we identify a piece of missing documentation, we will notify the provider in writing in a scheduling letter.

So, first, C2C will mail out a scheduling letter to the provider. This letter will contain the date and time of the scheduled call. The general format of this letter looks like all other correspondence that C2C sends out. So, please be alert to the words "Telephone discussion demonstration notification and scheduling" that would be in the subject line.

If you choose to participate, the contact form needs to be returned to C2C within 14 days. This form requires the name of the person who will participate in the call or the discussion. And it must also indicate what telephone number we will call you at.



Once we receive the completed contact form, the call is conducted at the scheduled time. If during the call it is determined that additional documentation is needed, you will have 14 days from the date of the call to submit that requested documentation into C2C. One the 14 days have passed, policy is applied and the final decision is rendered.

Now, looking at slide 21. Participation in the appeals demonstration is voluntary. As mentioned earlier, participation in the demonstration allows the QIC 120 days to process the reconsideration rather than the existing 60 days. And that is because we have to conduct the precursory review, schedule the call, mail the scheduling letter and wait for the remittance, then hold the call and wait 14 days after the call for any additional documentation that is needed before applying policy and rendering the decision.

By participating in the demonstration, the provider does not lose their appeal rights. If, for some reason, your appeal is denied after the phone discussion, you will have the ability to appeal to the next level.

That last statement refers to providers who use a third party to handle submitting their reconsideration requests. If you do use a third party and are interested in participating in a phone discussion, please reach out to either my email or the ADemoFeedback email, both on which are on slide 51.

Benefits of Telephone Discussion Participation

Looking at slide 22. What are the benefits to participating? First and foremost, the telephone discussion gives a voice to the provider and an opportunity for a collegial discussion. The provider has the opportunity to speak directly with the health care professional who is issuing the reconsideration decision. At the end of the discussion, the provider will have an enhanced understanding of Medicare requirements for their medically necessary services and improve future claim submission.

On slide 23, as mentioned previously – and this is worth repeating – our goal in discussing Medicare regulations and policy with the provider is to ensure a mutual understanding of applicable Medicare guidance in order to improve future claim submission. This is the opportunity for the provider to provide verbal testimony that would otherwise not have been available until the ALJ hearing. This is the provider’s chance to become an active participant in the appeals process. And with that last bullet, remember the provider has up until 14 days after the call to submit any missing or critical documentation that is needed to secure payment.

Just a couple of other things that I wanted to touch on real quick. Please note that you have the option of providing or not providing verbal testimony. It is always accepted but never required. The phone discussion is not a court proceeding. There are no gavels and no objections. There is no need for an attorney. Our part in the telephone discussion is to listen and accept the information that the provider provides and to consider all of it, including all of the documentation and any verbal testimony that is provided.

Notification and Scheduling Letter

Slide 24 is a sample of the scheduling letter. On the left-hand side, you will see the scheduling letter. Again, as I mentioned earlier, be aware of anything in the subject line that mentions “appeals demonstration” is going to be time sensitive.



On the right-hand side, you can see the top highlighted section shows the date and time of the scheduled call. If this date and time doesn't work for you, please call us and we can get this rescheduled. Our contact number is in the bar on the right-hand side of that cover page.

The next highlight is asking for a specific documentation that we are needing. And the last highlight is telling you that you have 14 calendar days from the date of this letter.

Contact Information Sheet and Cover Page

Slide 25 is a sample of the contact information page as well as the cover sheet for the requested documentation. Again, this is detailed – a detailed request of the documentation to remove any guessing as to the specific documentation that we are needing.

If this is submitted prior to the call, it will be able to be discussed during the call. Otherwise, again, you will have until 14 days after the call to get this requested documentation in to us.

Frequently Asked Questions

Slide 26 is the section of our frequently asked questions. Slide 27, the first question says, "Who can I contact if I want to participate in or have more questions related to the discussion process?"

If you know that you would like to participate in a phone discussion, you can indicate it directly on your reconsideration request that you will mail in to C2C, or include a cover letter to your reconsideration that indicates it on your cover letter that you would like to participate in a phone discussion.

You can find out more information about the appeals demonstration on our website that's listed there. If you have any general comments or questions, there is ADemoFeedback email listed there. You can email those to that email address. And below that is our phone number and fax line that you can always reach out to if you have any questions.

Looking at slide 28, the question is, "I use a third party to manage my QIC and ALJ appeals. Who can I contact if I want to participate in or have more questions related to the discussion and reopening process?"

Again, if you hire a company to submit your appeals, you can still participate in the telephone discussion. Again, you can indicate it with a cover letter or writing it directly on your reconsideration request that you send in to C2C. You can send an email to that ADemoFeedback address that includes your NPI. You can also contact myself at my email address that's listed there. Or you can reach out to the number for our C2C Appeals Demonstration department.

Looking at slide 29, "What if I have to cancel my telephone discussion?" Please just give us a call and leave us a message at that number that's listed there. We will make sure to call you back to reschedule that. When you leave a message with us, please make sure you include your name, the appeal number and the best number to contact you at, and we will get that rescheduled for you.



Slide 30. “Where can I find” – or – I’m sorry – “Where can I fax additional materials for consideration as part of the phone discussion?” You can email us – I’m sorry – not email it – you can fax it in to our fax line that’s listed there. And please include the QIC number that is located in the upper right-hand corner of all correspondence from C2C on anything that you fax in to us.

Slide 31. “What happens if I cannot find and do not submit the documentation requested prior to or during the telephone discussion?” If the documentation is not submitted, the reconsideration professional will continue to make a determination on your appeal based upon the previously submitted documentation and everything that’s in the case file.

Slide 32. “May I decline to participate in a telephone discussion?” Yes. Again, participation in this demonstration is voluntary. If you receive a notice that your appeal has been selected for participation but you do not want to participate or you do not agree with the 120-day processing, please call us and leave a message, and we will make sure we cancel your scheduled discussion and your appeal will continue to go through the standard reconsideration process.

C2C will make sure that we try in every effort to complete the review within 60 days from the date the appeal was received by C2C. But we will have up to an additional 14 calendar days. When you leave us a message, please make sure to include your name, appeal number and the best number to contact you at should we have any questions.

Slide 33. “How long do the phone discussions take?” On average, the first call that you hold with us takes about 20 to 30 minutes. After that, because you are familiar with the process and the way that phone discussions work – after that, on average, they take about 15 minutes.

Telephone Discussion Findings

Slide 34 is the beginning of our telephone discussions findings. On slide 35, you can see for the period of May 2019 through February of 2020, you can see the three highest MAC denial reasons overturned were evidence did not support medical necessity, covered diagnosis, covered indication, face-to-face issues. Example is not related to primary reason for home health services or didn’t support need for skilled services or homebound status.

On slide 36, you can see an example of a common types of issues that is resolved through phone discussions. For inpatient claims that were denied by the MAC due to no covered indication or diagnosis, a phone discussion was beneficial because the medical professional could look at the medical record as a whole. And if the covered indication or diagnosis was supported, the provider could submit a corrected UB-04. That second bullet, you can see providers have said that the discussions have been very helpful for them to understand why the case was denied and what exactly is needed.

On slide 37, you can see an example of a home health homebound status denial where if C2C was able to find that it was supported in other parts of the record, then the reviewer was able to overturn the decision. In the second bullet, discussions are helpful because they give clarity to what is needed and why. Then, the provider may be able to either send in additional records or provide verbal testimony that points out specifics in the documentation that was already submitted.



On slide 38, you can see a specific example of a cataract surgery that the case had been denied by the MAC because the records didn't support that macular degeneration was ruled out prior to the surgery. In this case, the physician participated in the discussion and was able to clarify parts of the record which supported coverage. In this case, additional documentation was not needed, and the case was found favorable.

And, then, the second statement about discussion – I'm sorry – is a statement about discussions with therapists who have been able to point out parts of the record which they felt supported coverage.

Slide 39. Overall, our reviewers who, again, are medical professionals, have said there have been numerous providers who are not specifically clear on why the case was denied or what additional documentation or information was needed. And through the discussion, the provider has finally been able to understand what documentation is needed and provide it or been able to point out or explain parts of the record to support payment.

Reopening Process

Slide 40 begins the reopening process section. So, looking at slide 41 and completely switching gears now to the reopening project, these are claims that are at the ALJ and are pending assignments from OMHA. C2C is looking at these and identifying the missing documentation that could allow your appeals to be resolved favorably.

We also can help facilitate withdrawals. So, if at any point in this process you would like to withdraw your appeal, we can help facilitate that process as well. The last statement shows that reopenings are currently limited to a request for hearing date of April 1, 2017. That's actually recently been changed to October 1 of 2017. We work with OMHA on a regular basis and we update this every 90 days. We are trying to stay one quarter ahead of them, so we are not offering a reopening to you that's also being scheduled for a hearing at the ALJ level. So, again, that date is October 1, 2017.

Looking at slide 42, we will now look at the actual process for the reopening. The provider will be notified in writing of specific documentation that is needed to clear claim payment with a reopening document request letter. If a provider would like to request the potential reopening, this could be done by submitting your NPI to me via email. If we can look at the case, it will depend on the date range that the ALJ is currently assigning.

Now, after we mail out that document request letter, the provider will be given 30 days from the date of that letter to submit the requested documentation back to C2C. If the documentation is not received, C2C will not proceed with the reopening and the case remains in line at the ALJ. It essentially is not even touched.

This is important and I want to restate it. So, when we look at a case that is in line for the ALJ and we find that we are not able to reopen it and allow payment, that case does not lose its place in line and it stays exactly where it was. If you would like to submit a request for a potential reopening, this, again, could be done by emailing your NPI or NPIs to Emily Barnes. And, again, my email address is on slide 51.

On slide 43, this is an example of a reopening document request letter. Please note, again, it looks like all of the correspondence that C2C mails out. So, for whomever opens your mail, please have them be aware of "Appeals demonstration" in the subject line.



The highlight in the second paragraph is reminding you that you only have 30 days to submit the requested documentation. And the information on the second page on the right-hand side of the slide is the appeal details.

Slide 44 now. This is a sample of the reopening process cover letter. This sheet will be included as the last page of the reopening document request letter. This page is going to list the specific documentation that we are needing to secure claim payment. You will notice not only in this example does it states, “Physician’s record” but under that, it lists specifically “Physician progress note around the time of the face-to-face visit.” This paragraph is giving the details needed to remove any assumption as to what is needed.

This form will be sent back as the cover page with the requested documentation. Our fax number is included. It is the recommended method of submitting this requested documentation back to C2C.

Now, continuing with the reopening process on slide 45. So, once C2C receives the requested documentation, we will confirm that it is, in fact, what we need to secure claim payment. And if it is, then C2C will remand the case back from OMHA and reopen and render the favorable decision. We then will send the MAC the effectuation for payment.

If a favorable decision cannot be rendered, the provider will be notified in writing and will not lose their place in line at the ALJ. If we do not receive anything or what we received is not what is needed to secure claim payment, you will be notified in writing that it will not be reopened. And, again, you do not lose your place in line.

Looking at slide 46. This is just to remind you again if the requested documentation is not received, you do not lose your place in line. But, in order for C2C to support a favorable reopening, providers must submit the requested documentation back to C2C within the 30 days from the date of the letter. And, again, if you utilize a third party for your reconsideration, please reach out to me if you are interested in participating in the reopening process.

Education & Outreach

Slide 47 begins our education and outreach section. Slide 48. You can see a snip of our website. Our website is located at www.c2cinc.com. Once you get on our website, if you hover over Appeals Demonstration, you will have a dropdown for Part A East. Once you select Part A East, you will have the following options – purpose, reopening process, FAQs, newsletter, and forms. We produce a quarterly newsletter, which is on our webpage along with a lot of other good information. So, be sure to check it out.

On slide 49, you can see some other education and outreach initiatives that we are a part of. And before starting the question and answer section on slide 50, I just want to let everybody know on slide 51 are resources that are available to you. Again, my email address is listed there as well as the ADemoFeedback where you can send general comments and questions.



CMS also has their website listed there with details about the appeals demonstration and also a designated email address for questions to be sent to CMS. Please make sure that you put “Appeals demonstration” in the subject line if you are submitting questions to CMS. All right. I will now turn it back over to Diane to start our question and answer section.

Question & Answer Session

Diane Maupai: Okay. Thank you, Emily. I will now take your questions. As a reminder, this event is being recorded and transcribed. In an effort to get to as many questions as possible, each caller is limited to one question. To allow participants the opportunity to ask questions, please send questions specific to your organization to the resource mailbox on slide 51 so we can do more research. Preference will be given to general questions applicable to the larger audience, and we’ll be mindful of the time spent on each question. All right, Dorothy, we are ready for our first caller.

Operator: To ask a question, press “star” followed by the number 1 on your touch-tone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset before asking your question to ensure clarity. Once your line is open, state your name and organization.

Please note, your line will remain open during the time you are asking your question, so anything you say, or any background noise, will be heard in the conference. If you have more than one question, press “star,” 1 to get back into the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from the line of Kathleen Watson.

Kathleen Watson: Hi. Thank you so much. Am I to understand correctly on slide 17 that this is available to all Home Health and Hospices?

Emily Barnes: So, it will be just the ones that are in jurisdictions that are on slide 16. So, if you look at slide 16, that lists the specific jurisdictions. And, then, it lists the specific states that are eligible for each of those jurisdictions. Does that make sense?

Kathleen Watson: Yes. I think slide 17 – when I looked at that one – so, it’s not slide 17. It’s specifically 16. Okay.

Emily Barnes: Yes, ma’am. So, slide 17 is just a visual of the entire United States. But, slide 16 lists specifically the states that are eligible in each of those jurisdictions.

Kathleen Watson: Got it. Thank you so much.

Emily Barnes: You are welcome.

Diane Maupai: Thanks, Emily.

Operator: Your next question comes from the line of Susan Kenya.



Susan Kenya: Good afternoon. I have a question about the notification letters that are – will be sent to us – the examples on page 24 and 43. Given that these are time-sensitive, in the past it's been challenging for our organization to narrow down who the patient is when we are not given the full name or the date of birth. Is that something that can be incorporated into the documents as we go forward?

Maria Ramirez: Hi. This is Maria Ramirez. I am the Director of the Division of Appeals Operations. And we have to be very sensitive to data or information that is a specific beneficiary identifier. We will include a beneficiary name sometimes in the decision letters because that – you already have a service that you provided, you have a claim number, you received payment in most cases that are specific to this one beneficiary.

In this portion or in this – at this point of the discussion process, we can only provide a certain number of information because we are trying to protect the beneficiary's privacy. If there is some other type of information that we may be able to include besides the beneficiary name and date of birth, please feel free to send us those suggestions to our mailbox or to Emily. And we will definitely consider what else we could include in the decision to help you identify this beneficiary.

Susan Kenya: The account number that the claim came in under would be the only other thing that we can tie back in our system readily.

Maria Ramirez: The Claim number.

Emily Barnes: We can provide the HIC number.

Susan Kenya: The – which number?

Emily Barnes: The HIC number.

Maria Ramirez: The Medicare beneficiary information. Yes.

Emily Barnes: That number is being included. Yes.

Maria Ramirez: And inaudible.

Susan Kenya: I'm sorry. There's too many people speaking, so I can't hear what you are saying because multiple people are talking.

Emily Barnes: Sorry. It's Medicare Beneficiary Identifier.

Susan Kenya: It's halfway blacked out. You only get the tail of it.

Emily Barnes: Okay. I would say, like Maria said, send us that as an email or a suggestion that you need that other information to further identify it in your system. But, please know, Susan, that any time you can email me, you can call me if there is anything I can do to help you in identifying these. It's a matter of seconds for me to



pull that out if that's something that you are needing to be able to move forward in the process of just identifying whether you want to participate in a phone discussion or not.

If that's something you need to determine if you want to participate in a phone discussion, just let me know, reach out to me and we can – I'll do anything I can to help you. But, again, as you did mention, this is time sensitive. You only have 14 days from the date of this letter to get us that contact information sheet back to let us know that you do, in fact, want to participate.

Susan Kenya: Thank you.

Operator: Your next question comes from the line of Alvin Gore.

Alvin Gore: Yes. Thank you for taking my call. Several times, you referred to review professionals – so, health care professionals. Can you specifically address what is the – what is the specialties or type of professionals that will be doing this review as far as whether they are therapists, nurses, physicians, or otherwise?

Emily Barnes: So, thank you, Alvin. They are all medical professionals. We do try to put therapists in the therapy appeal category. We do try to have them into their specialized sections. But they are all knowledgeable of whatever appeal it is that's being discussed at that time. They are knowledgeable of the entities, the LCDs, the regulations that are going to be discussed. But, if you ever do have a question, you can always reach out to me. But, again, they are all medical professionals.

Alvin Gore: Well, medical professionals is such a wide designation that doesn't describe specifically any specific specialty. That's why I was trying to see what level of professionals are employed.

Emily Barnes: So, like RNs.

Maria Ramirez: I'm not really sure I understand your question, Alvin.

Alvin Gore: Well, my question is are – the people that will be doing the reviews – are they physicians, are they RNs, are they coders, are they physical therapists or the ones inaudible?

Maria Ramirez: It's a combination – it's a combination of all.

Alvin Gore: Okay. Thank you.

Maria Ramirez: Sure.

Operator: Your next question comes from the line of Lisa Banker.

Lisa Banker: Yes. A question for you. I have gone through this demonstration project multiple times and appreciate it being offered. I think it's been a really good thing. One question for you. I've had a couple recently where we sent in the additional information that we thought was necessary. Oftentimes, it's from an outside office and just wasn't available with the initial hospital record.



But, on the last couple, unfortunately, we got a letter back saying it couldn't be reopened. And, I think, we will take it on to the ALJ. But I was wondering what takeaway I should take from that. Was it that the submitted information was still found to not be enough to support the diagnosis or the treatment? Or is there any message I should take from that?

Emily Barnes: So, you can definitely email me the specifics so that I can look into those specific case numbers. Obviously, each case number is going to be a different answer. So, I want to make sure that I provide you with the correct information regarding those specific case numbers.

But, most of the time, if we reply back to you after you send in documentation, then it's either not the requested documentation that we needed, or we didn't receive the documentation. So, if you would just reach to me and send me those case numbers so I can look at into it specifically and I can provide you the specifics as to why it wasn't reopened.

Lisa Banker: Okay. That would be helpful. And that was Emily speaking?

Emily Barnes: Yes, ma'am. EmilyBarnes@c2cinc.com. Thank you.

Lisa Banker: I got that. I got it. Thank you.

Operator: Your next question comes from the line of Christina Gray.

Christina Gray: Thank you for taking my call. I have a question regarding the documentation in terms of process. Once we receive the link that includes the form, it's my understanding that at that point, you are looking for the initial documentation. And, then, when your letter comes regarding the reopening, you would get specifics as to whether there was any missing documentation. Is that correct?

Emily Barnes: So, Christina, I think there is a little bit of confusion between the two processes. With our scheduling letters that we send out where we are holding a telephone discussion, those are on appeals that have not had a decision made at our level yet. Those are the ones that you are going to send that contact information back to us on, we will hold the call at the scheduled date and time and then, a decision will be rendered after that call takes place.

The ones that are at the ALJ level – those are the ones that we are doing the reopenings on. Those are the ones that we are sending you a letter, we are requesting specific documentation. If we receive that specific documentation within 30 days, then we proceed with the reopening. If not, if we don't receive that documentation, we do send you out a letter letting you know that we will not reopen it. Does that answer your question?

Christina Gray: Okay. My question is specific to the reopening of the cases that are currently at ALJ. We emailed the email listed on the website and we received a link to a form that we were to submit if we were interested in reopening.

Emily Barnes: Yes. Okay. Thank you, Christina. So, yes, on our website, we do have a form listed where you can submit your request for us to look at a potential reopening. Once you send that letter in to us, we then



identify if there is missing or critical documentation needed. Your 30 days doesn't start until we send out that request to you.

Christina Gray: So, you don't need us to, when we submit the form to you – to send the documentation at that time?

Emily Barnes: No. Because at that time, we don't know what the documentation is. However, if you have received additional documentation after it was denied by the MAC, then please go ahead and send that into us. We are going to have everything that wasn't at the MAC level and at our level when we reviewed it and essentially denied it. We are going to have access to all of that. But, if there is anything else that you obtain after that, then please send that in when you send in that request.

Christina Gray: Okay. Thank you.

Emily Barnes: Absolutely.

Operator: Your next question comes from the line of Jennifer Bartlett.

Jennifer Bartlett: Hi. Thanks for taking the call. I want to back up about three questions maybe when they were discussing the identifying information and they send them letters and what possible remedies could be – I just wanted to offer a couple of things. And I – and I will have to ask for forgiveness because part of my call got cut out so that I couldn't hear part of the discussion when I was logging my name. So, if it got covered, I apologize.

But, a couple of observations that I've had in this process that would be helpful to consider. The very large organizations possibly like this other questioner was mentioning where it is very challenging with the amount of U.S. mail that is coming in – we have, of course, the limited information that she discussed.

And my observation would be that the patient control number, which is on the EB, which is not identifying in any way that if somebody opens that mail it would know – if that mail was opened out on the street corner, nobody would know what to do with that. The patient control number would be a very good suggestion there.

And, also, everyone is in the email world. And if we have a contact form that we are submitting to the QIC, it would be my recommendation that we are able to respond with an email address for that organization so that, possibly, these letters could also be duplicated to those contact email addresses.

That would probably eliminate 100 percent of the challenges in large organizations with just trying to get that mail within that two-week timeframe of when that call is scheduled because if they are like me and others that I know of, we have extremely packed calendars already.

And, so, if we need to call to request the different time, it's very possible we have another meeting already in that time slot that can't be moved. It would be helpful if we could get that without having to wait on actual physical U.S. Mail processing within the facility. So, I just want to throw those things out. And maybe those are some things that could be considered.



In the tech world, there is a lot of multi-factor authentication that can be done. And that's probably something else that can be incorporated if you still have to have authentication of that person through email before you release the information. However, we need to get there. But I feel like there is a lot of electronic tools that are falling by the wayside in this process.

Maria Ramirez: Thank you very much for your suggestion.

Emily Barnes: Yes, Jennifer, I do appreciate that. And, again, if you would email me those concerns, I would – I would love to have that ...

Jennifer Bartlett: Sure.

Emily Barnes: ... and incorporate that into some of our leadership discussions that we have. When you talk about being a large organization, approximately how many reconsiderations are you submitting on a – on a monthly average?

Jennifer Bartlett: Well, since this is a fairly new process, we look for there to be a greater need for this Part A discussion because we are finding that, you know, – it's a little more useful than that redetermination with the MAC. So, I can't really pinpoint a number for you on the phone.

But I will tell you that with all of our facilities combined, we are probably over 1,000 beds for multiple hospitals combined. So, they are – they are a fair – they are a fair amount for us. So, again, I really can't put a number to that on the fly. But I would be happy to get that to you in an email.

Emily Barnes: Yes. Absolutely. Even if you can just email me your NPI, I can look at the average number of [inaudible] ...

Jennifer Bartlett: Yes. I can.

Emily Barnes: ... sending on an average.

Jennifer Bartlett: Yes. I have multiple and I send those.

Emily Barnes: Great. And if it's a large number, we can definitely work with you on scheduling in that communication via email so that we can make it easier for you. Honestly, we want to do whatever is going to make it easiest for you as well as whatever is going to make it easiest for both of us to make this a successful experience ...

Jennifer Bartlett: Right.

Emily Barnes: ... and a great experience for you.

Jennifer Bartlett: Well, just to lend to that – I mean just my experience in the calls that I've had – the calls themselves have been extremely positive experiences. So, the people that I have dealt with have been very helpful, very kind, very easy to talk to, very easy to deal with. We are extremely satisfied with that process.



If we can now – for us and speaking for us, if we can hone in on just all these notifications and all the paper stuff and trying to eliminate paper where we can, then I would have zero – I would have zero issues – and I don't really want to call it a complaint.

I would have zero observations if we were able to alleviate that one – that one thing which, like I said, for the people that I deal with at the state level and hearing other providers at the state level, I know that I can kind of speak for some of them. And I think that would eliminate a lot.

Diane Maupai: Well, thank you so much. We look forward to getting your letter. We are going to move on to the next caller.

Jennifer Bartlett: Yes.

Operator: Your next question comes from the line of Debbie Walker.

Debbie Walker: Hello.

Diane Maupai: Hi, Debbie.

Debbie Walker: I guess I will just add my feedback to the last caller. When I look at the way that the letters are set up, it looks as if you are sending it to the street address of the organization. And I can tell you that we have had letters come from C2C in the past that were for something similar to this, but we weren't able to participate because the letters were not – did not get to us in time.

And we – I believe we were being asked to submit records and we weren't able to do that within the timeframe. I can tell you that 14 days would be extremely difficult to even get the mail. We also are a very large organization. We are a 700-bed facility. And I can tell you that if it just goes to the street address, it tends to get lost and it takes a while to work its way to the right folks.

Emily Barnes: Great. Well, thank you, Debbie. I'm glad you brought that up. So, that just reminds me that I want to share with everybody if your address has changed from when you submitted that additional – initial reconsideration request, which is for the reopening, we are looking all the way back again to 2016.

So, if your address has changed since then, please feel free to email me. Or you can email the ADemoFeedback email address. Please include the address of where it needs to come to as well as your NPIs so that we can make sure that we are sending all correspondence to the correct address.

Now, for incoming reconsideration, if you would like our correspondence to go to a difference address, then indicate that on that reconsideration request form that you are going to submit to C2C. That's the address that we will use for all correspondence.

Debbie Walker: Okay. That sounds good. Thank you.

Operator: Your next question comes from the line of Candace inaudible. Candace, your line is open. There is no response from that line. Your next question comes from the line of Heather Wheeler.



Heather Wheeler: Are all appeals selected for the telephone discussion, or are these just randomly chosen?

Emily Barnes: So, it is open to Part A East appeals. And as long as it's not involved in another CMS initiative or the expedited appeal, it is eligible. Now, please remember this is a demonstration. So, not all appeals will be selected for calls. But, again, if you want to participate in a phone discussion, please indicate it on your reconsideration form or include a cover letter, and we will do our best to make sure that it is selected for a phone discussion.

Heather Wheeler: Okay. Thank you.

Operator: Your next question comes from the line of Dr. Forian Mosher.

Forian Mosher: Hello. I was just – wanted to know during the discussion or the reopening of the cases, how many persons are able to participate from the provider side and how many are participating from C2C?

Emily Barnes: So, on the C2C side, it's only the medical professional – the reviewer that is going to write the decision in the appeal. On the provider end, really as many as who wants to participate or that will be heard in the discussion. The only thing we ask is that – and the reviewer does it when they are on the call with you – is just identify everybody that's in the room. But, again, there is no restriction on the number of participants on the provider's end.

Forian Mosher: Thank you.

Additional Information

Diane Maupai: Thank you so much, Emily. Unfortunately, that's all the time we have for questions today. If we didn't get to your question, see slide 51. We also hope you take a few minutes to evaluate your experience. See slide 52 for more information. An audio recording and transcript will be available in about two weeks at go.cms.gov/mln-events.

Again, my name is Diane Maupai. I'd like to thank our presenters and also thank you for participating in today's Medicare Learning Network call on the Part A Provider Qualified Independent Contract Appeals Demonstration. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.