

## **MEDICARE: New to You**

# Fast-Track Appeal Rights

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Medicare provides all beneficiaries with the right to an expedited (fast-track) appeal when you disagree with the termination of skilled services under a Medicare Advantage/managed care plan or regular Medicare fee-for-service (FFS). The new benefit covers services delivered in a skilled nursing facility (SNF), home health agency (HHA), hospice (FFS only) and comprehensive outpatient rehabilitation facility (CORF).

This new right requires your provider to deliver a Medicare Provider Non-Coverage Notice, also known as “generic notice,” informing you of their plan to terminate all Medicare covered services.

The “generic notice” must include the date the notice is delivered, the proposed date of discharge and the date you become financially liable for services. It also must include the name, address and phone number of the Quality Improvement Organization (QIO) that handles an appeal should you disagree with the termination of Medicare covered services. CIMRO of Nebraska is the Quality Improvement Organization for the state of Nebraska.

If you disagree with the services being terminated, you may call CIMRO of Nebraska to request an appeal. For an expedited or fast-track appeal, you must contact CIMRO of Nebraska by noon of the day before the discharge date written on the generic notice **OR** if you are with a Medicare Advantage/managed care plan, you must appeal by noon the day after the notice is delivered. Once an appeal is made, the provider must deliver a detailed notice with specific information that explains why the Medicare covered service(s) is ending and any Medicare coverage rules that apply to the beneficiary. If services are being provided through a home health agency or comprehensive outpatient rehabilitation facility, a physician certification is required that states ending care may place the patient at risk.

When you request an appeal, your medical record will be requested and reviewed to determine if the service that was being provided should continue and if the delivery of the generic notice was appropriate. A CIMRO of Nebraska physician reviewer, who is licensed in Nebraska, will complete the review.

Once the physician reviewer has completed the review and made a determination (typically completed within 48-72 hours), CIMRO of Nebraska will notify the beneficiary, provider and/or physician, to inform them of the appropriateness of delivering the generic notice ending skilled care.

A beneficiary may also appeal CIMRO of Nebraska’s review decision through an appeals process. Information on how to appeal CIMRO of Nebraska’s determination will be provided to you upon completion of review.

For additional information on expedited appeals, call 1-800-MEDICARE or refer to your *MEDICARE and You 2006 Handbook*.



**Resources for better healthcare**

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