# REQUEST FOR RE-REVIEW OF MEDICARE CLAIMS RELATED TO THE SETTLEMENT AGREEMENT IN *RYAN V. PRICE*

**BACKGROUND**

On January 11, 2018, the U.S. District Court for the District of Vermont approved a settlement agreement in the case of *Ryan v. Price* (*Ryan*). As part of the *Ryan* settlement agreement, Medicare will re-review eligible claims for Home Health services that were denied on the basis that the beneficiary class member was not "confined to home," otherwise referred to as not meeting Medicare "homebound" requirements, when that beneficiary had previously received a determination through the Medicare appeals process that the beneficiary had met the homebound requirements.

**RE-REVIEW OF DENIED CLAIMS**

The *Ryan* settlement agreement provides for the re-review of certain denied Medicare claims in order to apply the "great weight" review criteria as previously found in § 6.2.1 (B) of the Medicare Program Integrity Manual to determine whether the beneficiary meets the homebound requirement under the Medicare home health benefit. This re-review process is available only to beneficiaries in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, or Vermont.

**DOES YOUR CLAIM QUALIFY FOR RE-REVIEW UNDER THE *RYAN* SETTLEMENT AGREEMENT?**

In order to qualify for re-review under the *Ryan* settlement agreement, your claim must meet certain criteria. Please answer the following questions about your claim to determine whether it qualifies to be re-reviewed.

| | YES | NO | DON'T KNOW |
|---|---|---|---|
| 1. Are you a Medicare beneficiary (or an appointed or authorized representative of a beneficiary) in Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, or Vermont?<br>**Note:** Providers, suppliers, Medicaid state agencies, or other insurers may not request re-review on behalf of a beneficiary under the terms of the settlement agreement. | ☐ | ☐ | ☐ |
| 2. Did you receive home health services on or before August 2, 2015 that Medicare denied on or after January 1, 2010 on the basis of not being homebound or confined to home? | ☐ | ☐ | ☐ |
| 3. *Prior to* the Medicare denial referenced in question #2 above, had you received a favorable final decision in the Medicare appeals process that you were homebound or confined to home?<br>**Note:** The favorable final appellate decision could come from any of the four levels of Medicare administrative appeal. | ☐ | ☐ | ☐ |
| 4. Did you appeal the Medicare denial referenced in question #2 above and was that appeal pending or within the time for appeal at any level of Medicare administrative appeal as of March 5, 2015? | ☐ | ☐ | ☐ |
| 5. Were the services referenced in question #2 above not covered or paid for by Medicare or by any insurer?<br>**Note:** Insurer does not include Medicaid. | ☐ | ☐ | ☐ |

**If you answered "YES" or "DON'T KNOW" to all of the questions above**, you may be eligible to receive re-review of the Medicare denial referenced in question #2 above under the *Ryan* settlement agreement. To request re-review, please complete the re-review request form below, submit the requested documentation, and certify that the information included on the form is accurate to the best of your knowledge. If a telephone number is provided, you may be contacted further for additional information. If you want further information or assistance, consult the website of Vermont Legal Aid at **https://vtlawhelp.org/** for information about the right to re-review under the *Ryan* settlement agreement.

**TIMEFRAME FOR REQUESTING A RE-REVIEW**

| YOUR REQUEST FOR RE-REVIEW MUST BE POSTMARKED/FAXED NO LATER THAN: |
|---|
| **AUGUST 1, 2019** |

**SUBMIT FORM AND REQUESTED DOCUMENTATION TO ONE OF THE FOLLOWING:**

| FAX | MAIL |
|---|---|
| Subject Line: *RYAN* Review<br>Fax Number: (315) 442-4391 | National Government Services, Inc.<br>Appeals Department — Ryan Review<br>P.O. Box 7111<br>Indianapolis, IN 46207–7111 |

## REQUEST FOR RE-REVIEW OF MEDICARE CLAIMS RELATED TO THE SETTLEMENT AGREEMENT

| | |
|---|---|
| Beneficiary's Name (First Name, Last Name) | Health Insurance Claim Number |
| Requester's Name (If Different from Beneficiary) | Relationship to Beneficiary |
| Address of Person Requesting Re-Review of Claim | Telephone # of Person Requesting Re-Review of Claim |
| Date(s) of Service of Home Health Service(s) Referenced in Question #2 | Date(s) of Initial Denial by Medicare of the Claims for Payment for Home Health Service(s) Referenced in Question #2 |
| Appeal or Correspondence Number for Appeal(s) of Denial of Home Health Claim Referenced (See Question #4) ****Include copy of decision(s) if available** | Date of Appeal(s) of Denial of Home Health Claim (See Question #4) |
| Name of Person/Entity That Filed Appeal of Denial of Home Health Claim (See Question #4) | Relationship to Beneficiary |
| Appeal or Correspondence Number of Prior Favorable Final Appellate Decision That Beneficiary Was Homebound (See question #3) ****Include copy of decision if available** | Date of Prior Favorable Final Appellate Decision That Beneficiary Was Homebound (See question #3) |

**REASON(S) FOR DISAGREEMENT WITH THE FINAL CLAIM DECISION**

Do you have additional evidence that you would like Medicare to consider? (If yes, attach to form.)

YES ☐ NO ☐

**SIGNATURE OF PERSON REQUESTING RE-REVIEW OF CLAIM**

*I hereby certify that the foregoing information is true, accurate, and complete to the best of my knowledge.* (Please sign and date in the spaces below and submit this page with your request for review.)

To help process your claim, please also include with your request page 1 of this form showing answers to Questions 1-5.

**PRIVACY STATEMENT**

The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your request. Information you furnish on this form may be disclosed by the Centers for Medicare & Medicaid Services to another person or government agency only with respect to the Medicare Program and to comply with Federal laws.