



Guidelines to Allow Contractors to Develop and Utilize Procedures for Accepting and Processing Appeals via Facsimile and/or via a Secure Internet Portal/Application – JA6958

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Key Words	MM6958 CR6958, R1986CP, Appeals, Secure, Internet, Portal
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Part A/B Medicare Administrative Contractors (A/B MACs) • Durable Medical Equipment MACs (DME MACs) • Fiscal Intermediaries (FIs) • Regional Home Health Intermediaries (RHHIs)
Provider Types Affected	Physicians, providers, and suppliers, submitting Medicare fee-for-service (FFS) claim appeal requests to Medicare contractors, are affected.



- Change Request (CR) 6958 updates the current instructions in the *Medicare Claims Processing Manual*, Chapter 29, to allow Medicare contractors to accept claim appeal requests via facsimile and/or via a secure Internet portal/application.
- It also provides guidance to Medicare contractors who have already modified or currently wish to modify their procedures to allow for receipt and/or processing of redetermination requests via facsimile and/or via a secure Internet portal/application.
- Contractors may not require an appellant to file an appeal electronically (e.g., via facsimile and/or a secure Internet portal/application). Submission of appeal requests via facsimile or a portal/application is at the discretion of the appellant. Contractors will continue to accept appeal requests in hard copy via mail.

Facsimile and/or Secure Internet Portal/Application Appeals

- At this time, Medicare contractors are not required to accept appeals via facsimile or via secure Internet portal/application.
- Medicare contractors wishing to utilize a secure Internet portal/application must seek approval from the Centers for Medicare & Medicaid Services (CMS) prior to implementation of that portal/application.
- If Medicare contractors allow submission of appeal requests via facsimile and/or via a secure Internet portal/application, it is the provider's decision to use those venues.
- Medicare contractors may not require providers to use those venues.

What Constitutes a Request for Redetermination

- States, providers, physicians, or other suppliers with appeal rights must submit written requests via mail, facsimile (if the contractor chooses to receive requests via facsimile), or where available, secure Internet portal/application, indicating what they are appealing and why.

Acceptable Written Ways of Appealing

- **A completed Form CMS-20027 constitutes a request for redetermination.**
 - The contractor supplies these forms upon request by an appellant.
 - "Completed" means that all applicable spaces are filled out and all necessary attachments are included with the request.
- **A Written request that is not on Form CMS-20027, which (at a minimum) contains the following information:**
 - Beneficiary name;
 - Medicare health insurance claim number;
 - The specific service(s) and/or item(s) for which the redetermination is being requested;
 - The specific date(s) of the service; and
 - The name and signature of the party or the representative of the party.

Frequently, a party will write to a contractor concerning the initial determination instead of filing Form CMS-20027. How to handle such letters depends upon their content and/or wording. A letter serves as a request for redetermination if it contains the information listed above and either:

- (1) Explicitly asks the contractor to take further action, or
- (2) Indicates dissatisfaction with the contractor's decision.

The contractor counts the receipt and processing of the letter as an appeal only if it treats it as a request for redetermination.

- **A secure Internet portal/application may also be used.**
 - If a contractor has received CMS-approval for the use of a secure Internet portal/application to support appeals activities, appellants may submit redetermination requests via the secure Internet portal/application.
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Provider Needs to Know...

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- Written requests submitted via the portal/application will include the required elements for a valid appeal request as outlined under Chapter 29, Section 310.1.B.2.b which is attached to CR6958.

NOTE: Some redetermination requests may contain attachments. For example, if the Remittance Advice (RA) is attached to the redetermination request that does not contain the dates of service on the cover and the dates of service are highlighted or emphasized in some manner on the attached RA, this is an acceptable redetermination request.

Requirements for a Valid Signature

- For appeal purposes, the only acceptable method of documenting the appellant's signature on the appeal request is by written, digital, digitized, or electronic signature as discussed below:
 - **A written signature** may be received via hard copy mailed correspondence or as part of an appeal request submitted via facsimile.
 - **An electronic, digital, and/or digitized signature** is an acceptable signature on a request submitted via a CMS-approved secure Internet portal/application. The secure Internet portal/application will include a date, timestamp, and statement, regarding the responsibility and authorship related to the electronic, digital, and/or digitized signature within the record. At a minimum, this will include a statement that indicates that the document submitted was, "electronically signed by" or "verified/approved by" etc.
 - **A stamp signature or other indication that a "signature is on file"** on the CMS-20027 form or other documentation (such as a blank claim form) submitted to support the appeal request **will not** be considered an acceptable/valid signature, regardless of whether the appeal request is submitted via hard copy mail or via facsimile.

Multiple Requests for Redetermination for the Same Item/Service

- If a contractor receives multiple timely requests for redetermination for the same item or service from either multiple parties or via multiple venues (i.e., hard copy mail, facsimile, or via a secure Internet portal/application) the contractor acts as follows:
 - If a decision or dismissal notice has already been issued or the claim for the item/service at issue has been adjusted/paid in accordance with the redetermination decision and the contractor receives additional redetermination request(s) for the same items/services, the contractors will treat the additional request as an inquiry. Contractors will **not** issue a dismissal notice.

Note: In accordance with the *Medicare Claims Processing Manual* (Chapter 29, Section 310.6.3, which is attached to CR6958), if an appellant requests that the contractor vacates its dismissal action and the contractor determines that it cannot vacate the dismissal; it sends a letter notifying the appellant accordingly. The contractor **will not issue** a second dismissal notice to the appellant since a dismissal should only be issued in response to an appeal request.

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- If a decision or dismissal notice has not been issued (i.e., the appeal is pending), and the claim for the items/services at issue has not been otherwise adjusted/paid following the redetermination decision, then upon receipt of additional redetermination request(s) for the same items/services, the contractor will:
 1. Combine the redetermination requests and issue a decision within 60 days of the latest filed request, in accordance with the requirements as outlined in 42 Code of Federal regulations (CFR) 405.944(c), which may be viewed at http://edocket.access.gpo.gov/cfr_2009/octqtr/pdf/42cfr405.944.pdf on the Internet.
 2. When issuing the decision or dismissal notice, the contractor will include verbiage indicating that multiple requests for redetermination had been received (on what dates and via what venues, if multiple venues were utilized) so that it is clear to the appellant that the decision or dismissal was issued timely in accordance with 42 CFR 405.944(c).
 - If the contractor identifies a pattern in which an appellant or groups of appellants are repeatedly submitting multiple requests for redetermination via multiple venues, the contractor will take additional steps to educate the appellant regarding the appeals process.

Requirements for Timely Processing

- The contractor must complete and mail a redetermination notice for all requests for redetermination within 60 days of receipt of the request (with the exception of the *Medicare Claims Processing Manual*, Chapter 29, Section 310.4(D)(4), which is attached to CR 6958).
- The date of receipt for purposes of this standard is defined as the date the request for redetermination is received in the corporate mailroom or the date when the electronic request for appeal is received via facsimile or through the secure Internet portal/application.

Definition of Completion

Completion is defined as follows:

- **For affirmations, the date the decision letter is mailed to the parties:** Affirmations processed via a CMS-approved secure Internet portal/application will be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application.
 - **For partial reversals and full reversals, when all of the following actions have been completed:**
 - The decision letter, if applicable, is mailed to the parties (or if processed via a CMS-approved secure Internet portal/application, it will be considered complete on the date the electronic redetermination notice is transmitted to the appellant through the secure Internet portal/application), and
 - The actions to initiate the adjustment action in the claims processing system are
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taken.

- **For withdrawals and dismissals**, the date that the dismissal notice is mailed (or if processed via a CMS-approved secure Internet portal/application, it will be considered complete on the date the notice is transmitted to the appellant through the secure Internet portal/application) to the parties.

The Redetermination Decision

- **The law requires contractors to conclude and mail** and/or otherwise transmit, as noted below, the redetermination within 60 days of receipt of the appellant's request, as indicated in the *Medicare Claims Processing Manual*, Chapter 29, Section 310.4, which is attached to CR6958.
- For unfavorable redeterminations, the contractor mails the decision letter to the appellant, and mails copies to each party to the initial determination (or the party's authorized representative and appointed representative, if applicable).
- Contractors will provide the decision, as required below, in writing via hard copy mail (unless the contractor has submitted a request and received approval for use of secure Internet portal/application as part of the appeals process and the appellant has submitted the request for appeal electronically).
- Contractors may transmit appeal decisions (favorable, partially favorable, or unfavorable) via a secure Internet portal/application if the appeal request was received via that mechanism.

Requirements for Use of Secure Internet Portal/Application to Support Appeals Activities

Contractors who develop and utilize a secure Internet portal/application for appeals purposes will ensure, at a minimum:

- CMS approves the proposed portal/application and usage prior to development and implementation.
 - Appropriate procedures are in place to provide appellants with confirmation of receipt of the appeal request (the system must include verbiage instructing the appellant not to submit additional redetermination requests for the same item/service via a different venue).
 - The secure Internet portal/application includes a formal registration process that validates the signature and requires, at a minimum, use of restricted user IDs and passwords.
 - Templates for submission of electronic appeal requests must include, at a minimum, a method for authenticating that the appellant has completed the portal/application registration process and has been properly identified by the system as an appropriate user.
 - Contractors, utilizing an approved portal/application, must provide education to appellants, regarding system capabilities/limitations prior to implementation and utilization of the secure portal/application.
 - Contractors must also educate appellants that participation/enrollment in the secure
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portal/application is at the discretion of the appellant and the appellant bears the responsibility for the authenticity of the information being attested to.

- Contractors, utilizing a secure portal/application, will ensure that there is a process in place by which an appellant can submit additional documentation/materials concurrent with the appeal request, so as not to cause a delay in the timely processing of the appeal. The portal/application will have the capability to accept additional documentation and/or other materials to support appeal requests.
- Redetermination decision and/or dismissal notices transmitted via a secure Internet portal/application will comply with the timeliness and content requirements. In addition, contractors will provide hard copy decision and/or dismissal notices to parties to the appeal and who do not have access to the secure Internet portal/application. The notices must be mailed and/or otherwise transmitted concurrently (i.e., mailed on the same day the notice is transmitted via the secure portal/application).
- Contractors will also ensure that appellants may save and print the decision or dismissal notice and that the secure portal/application includes a mechanism by which the date/time of the notification is tracked/marked both in the system and on any printed decision or dismissal notices, so as to adequately inform the appellant of timeframes for ensuring timely submission of future appeal requests.

Background

- Several Medicare contractors have requested authority from CMS to utilize a secure Internet portal/application to receive and process Medicare FFS claim appeal requests. In addition, several Medicare contractors have begun to accept claim appeal requests received in writing via facsimile.
- CR6958 provides guidance, regarding appeal requests received in writing via facsimile or via a secure Internet portal/application. It also provides guidance to Medicare contractors who have already modified or currently wish to modify their procedures to allow for receipt and/or processing of redetermination requests via these mechanisms.

Operational Impact N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM6958.pdf> on the CMS website.
 The official instruction (CR6958) regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R1986CP.pdf> on the CMS website.