

# Implementation of BIPA 521

Mike Crochunis, Director  
Division of Appeals Operations

# BIPA 521 Provisions

- ◆ Standardizes procedures/timeframes for Part A & B appeals
- ◆ Requires that all 2nd level appeals be conducted by QICs
  - Must give weight to LCDs, but not bound by LCDs
  - Must utilize a comprehensive data system to collect and share information
  - Panel review of medical necessity denials
- ◆ No minimum AIC required for 2nd level appeals, standardizes the minimum AIC to \$100 for both Part A and Part B requests for ALJ hearings

# BIPA 521 Provisions

- ◆ Allows the appellant to escalate an appeal to the next level when an adjudicator fails to process their appeal timely.
- ◆ Establishes an expedited review process for beneficiaries who receive notice that a provider plans to terminate needed services or discharge a beneficiary.

# MMA Provisions

- ◆ Reduces the minimum number of QICs from 12 to 4.
- ◆ Increases the decision timeframe for the redetermination and reconsideration level from 30 to 60 days.
- ◆ Requires full and early presentation of evidence.
- ◆ Increases information in appeals decision notices.

# Implementation Progress

- ◆ Published the BIPA 521 NPRM on November 15, 2002
- ◆ Awarded a contract for the development of the Medicare Appeals System, September 2003
- ◆ Released the QIC RFP on 11/6/03
- ◆ Received QIC proposals on 1/22/04
- ◆ Issued Medicare redetermination notice CR 2620

# BIPA § 521 Regulation

- ◆ Currently in agency clearance
- ◆ Expected to be issued in final by early fall
- ◆ Details CMS' proposed implementation strategy

# Medicare Appeals System (MAS)

- ◆ Target release date for Increment A is 9/15/04
- ◆ Increment A includes QIC workflow management and data analysis capabilities
- ◆ Increment B development will run from May 2004 through December 2004

# MAS, cont.

## *Increment B will focus on:*

- ◆ Enhancements to Increment A
- ◆ Additional system interfaces
- ◆ Additional functionality for other appeals entities [ALJ, MAC]
- ◆ Medicare Advantage Independent Review Entity processing requirements

# QIC Contracting

- ◆ The IDIQ contract will be awarded this summer
  - CMS will compete approximately 7 task orders
    - 4 Part B/DMERC
    - 1 AdQIC
    - 2 Part A/RHHI
- ◆ The AdQIC Task Order will be awarded late summer
- ◆ The FI/RHHI Task Orders – TBD
- ◆ The Carrier/DMERC Task Orders – TBD

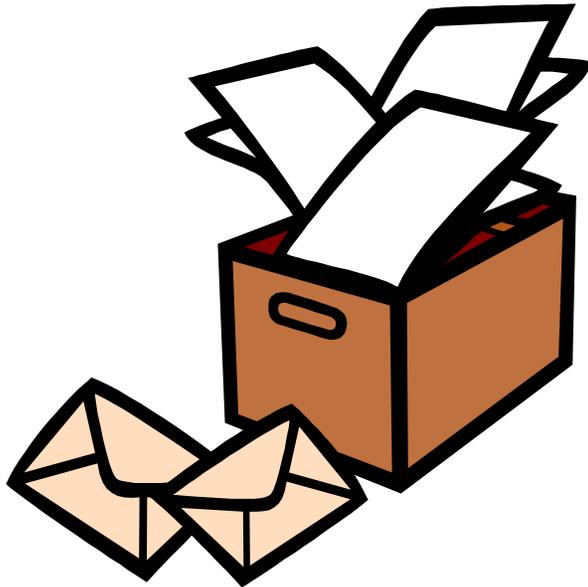
# Impact - Contractors

- ◆ CMS instructions related to QIC implementation
- ◆ Input to QIC JOA development
- ◆ Coordination with QICs
- ◆ QIC effectuations
- ◆ Provider and beneficiary education

# CR 2620: Medicare Redetermination Notices

- ◆ Implements the new decision timeframes at the redetermination level (60 days)
- ◆ Implements the new requirements for the appeals notices
- ◆ Effective October 1, 2004

# Administrative QIC (AdQIC)



- ◆ Protocol development
- ◆ Data analysis
- ◆ Training of QIC personnel
- ◆ Case file distribution

# Questions & Comments



Implementation ideas  
and concerns may  
be sent to  
[mcrochunis@cms.hh  
s.gov](mailto:mcrochunis@cms.hh.s.gov)