



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Low Volume Appeals Settlement

February 13, 2018

Presenter:

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Agenda

- Introduction
- Settlement Background
- Settlement Status
- Eligibility for Settlement
- Settlement Process Walk-through
- Question and Answer Session



Low Volume Appeals (LVA) Settlement Details

As part of the broader Department of Health & Human Services commitment to improving the Medicare appeals process, CMS will make available the LVA option for certain providers and suppliers (appellants) with appeals pending at the Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council (Council) at the Departmental Appeals Board levels of review.

The option will allow for settlement of the outstanding appeal in exchange for timely partial payment of 62% of the net approved amount of the appeal.



Eligibility

- **An appellant (You)** may be eligible if:
 - You are a Medicare Part A or Part B provider, physician, or supplier
 - You have less than 500 appeals across all your associated National Provider Identifiers (NPIs) pending in total as of November 3, 2017 at both OMHA and the Council levels of review
- **An appellant (You)** *are* not eligible if:
 - You are a beneficiary, enrollee, their family member, or estate
 - You are a State Medicaid Agency
 - You are a Medicare Advantage Organizations (Medicare Part C) or Part D sponsor
 - You are currently in bankruptcy or expect to file for bankruptcy

Certain appellants may be excluded from this settlement opportunity based on False Claims Act litigation or investigations, or other program integrity concerns, including pending civil, criminal, or administrative investigations.



Eligibility Continued

- An **appeal** is eligible if:
 - The appeal was pending before the OMHA and/or Council level of appeal as of November 3, 2017;
 - The appeal has a total billed amount of \$9,000 or less;
 - The appeal was properly and timely filed at the OMHA or Council level as of November 3, 2017;
 - The claims included in the appeal were denied by a Medicare contractor and remain in a fully denied status in the Medicare system;
 - The claims included in the appeal were submitted for payment under Medicare Part A or Part B;
 - The claims included in the appeal were not part of an extrapolation; and
 - As of the date the executed Administrative Agreement (Agreement) is fully executed, the appeal was still pending at the OMHA or Council level of review.



Initiating Settlement

- The settlement can be initiated by submitting an Expression of Interest (EOI) found at <http://go.cms.gov/LVA> to MedicareAppealsSettlement@cms.hhs.gov during the allotted submission timeframes below:
 - appellants with **NPIs** ending in an **even** number (0, 2, 4, 6, 8), EOIs will be accepted between February 5, 2018 and March 9, 2018.
 - appellants with **NPIs** ending in an **odd** number (1,3,5,7,9), EOIs will be accepted between March 12, 2018 and April 11, 2018.

Note: Submission of an EOI outside the above defined timeframes will result in rejection of the EOI and request to resubmit during the allotted timeframe.



Settlement Process

- Once CMS receives the EOI we will take the following steps:
 - Verify you submitted during the allotted timeframe, meet appellant eligibility criteria, and have eligible appeals.
 - If you don't meet eligibility criteria, we will notify you within 30 days of submitting your EOI, along with instructions on how to dispute eligibility decision via the Eligibility Determination Request process.
 - If you pass the eligibility review, you will receive an Administrative Agreement (Agreement) and Spreadsheet of potentially eligible appeals (Spreadsheet) within 30 days of submitting their EOI.



Settlement Process Continued

- Once you receive the Agreement and Spreadsheet and agree with the Spreadsheet, sign the associated Agreement and send it to CMS within 15 days of receipt of the Spreadsheet and Agreement.
- If you are not in agreement with the Spreadsheet, submit an Eligibility Determination Request (EDR) to request appeals be added or removed from the spreadsheet within 15 days of receipt of the Spreadsheet and Agreement.



Settlement Process-Eligibility Determination Request

The Eligibility Determination Request (EDR) can be used to dispute appellant and/or appeal eligibility

- The EDR template with instructions is available at <http://go.cms.gov/LVA>
- Disputing Appellant Eligibility
 - The completed EDR should be submitted to CMS within 15 days of CMS' appellant eligibility decision.
 - CMS will notify you of their final appellant eligibility decision within 30 days.



Settlement Process-Eligibility Determination Request

Example of EDR to be completed by appellant for appellant eligibility:

Appellant Name		
NPI		
Appellants POC Name		
POC Telephone Number		
POC Email		
Appellant TIN	Corrected TIN (if applicable)	Dispute Reason

Settlement Process-Eligibility Determination Request

Example of EDR to be completed by appellant for appellant eligibility:

Appellant Name	Dr. South West	
NPI	1234567890	
Appellants POC Name	Val East	
POC Telephone Number	555-55-5555	
POC Email	Southwest@medical.org	
Appellant TIN	Corrected TIN (if applicable)	Dispute Reason
123-45-6789		I had a change of ownership and am no longer associated with that TIN.

Settlement Process-Eligibility Determination Request Continued

Adding or Removing Appeals from/to Spreadsheet

- The completed EDR should be submitted to CMS within 15 days of receiving your Agreement and Spreadsheet.
- CMS, the appellant, and the appellant's Medicare Administrative Contractor (MAC) will work together to come to a consensus on appeal eligibility for to 30 days after EDR receipt.
- **CMS retains the right to make final eligibility decision.**
- **Only 1 EDR may be submitted to dispute appellant eligibility and 1 for appeal eligibility per NPI.**



Settlement Process-Eligibility Determination Request Continued

Example of EDR to be completed by appellant for adding/removing appeals:

Appellant Name						
NPI						
Appellant POC Name						
POC Telephone Number						
POC Email						
Please populate claim and appeal numbers as they appear on eligible appeal spreadsheet provided by CMS.						
Active Appeal Number	Currently Pending at Level of Appeal (ALJ or Council)	Associated ALJ Appeal Number (if applicable)	QIC Appeal Number	DCN Claim Number	Date of Service	Disagreement Reason

Settlement Process-Eligibility Determination Request Continued

Example of EDR tab to be completed by appellant for adding/removing appeals:

Appellant Name	Dr. South West					
NPI	1234567890					
Appellant POC Name	Val East					
POC Telephone Number	555-555-5555					
POC Email	Southwest@medical.org					
Please populate claim and appeal numbers as they appear on eligible appeal spreadsheet provided by CMS.						
Active Appeal Number	Currently Pending at Level of Appeal (ALJ or Council)	Associated ALJ Appeal Number (if applicable)	QIC Appeal Number	DCN Claim Number	Date of Service	Disagreement Reason
1-XXXXXXXXXX	ALJ		1-XXXXXXX	XXXXXXXXXXXX XXXXXX	12/10/16	This appeal is no longer pending. We received a decision on this appeal on 12/30/17.



Settlement Process Continued

- You must settle all eligible appeals.
- You may not choose to settle some eligible appeals and continue to appeal others.
- Failure to provide a signed Agreement or EDR to CMS within 15 days of receipt of the Agreement and Spreadsheet will result in CMS removing you from the settlement process.



Settlement Process Continued

- CMS will countersign the Agreement.
 - A copy of the fully executed Agreement will be sent to you once signed by CMS.
 - At this point your appeals included in the Spreadsheet are removed from the appeals process.
- A copy of the fully executed Agreement is sent to your associated MAC for final eligibility verification, and pricing.
 - There is a possibility that during the final validation, appeals and associated claims may be removed from settlement for not meeting eligibility criteria; you will be notified if this occurs.
- Payment will be made within 180 days of CMS' signature on the Agreement.
- The appeals associated with settled claims are dismissed, and appeals associated with un-settled claims, if any, are returned to their position in the appeals queue to continue in appeals process.



Question and Answer Session



Acronyms in this Presentation

- **LVA:** Low Volume Appeals Settlement
- **OMHA:** Office of Medicare Hearing and Appeals
- **Council:** Medicare Appeals Council at the Departmental Appeals Board
- **NPI:** National Provider Identifiers
- **EOI:** Expression of Interest
- **EDR:** Eligibility Determination Request



Acronyms in this Presentation Continued

- **POC:** Point of Contact
- **TIN:** Tax Identification Number
- **ALJ:** Administrative Law Judge
- **QIC:** Qualified Independent Contractor
- **DCN:** Document Control Number
- **MAC:** Medicare Administrative Contractor



Resources

- LVA Website: <http://go.cms.gov/LVA>
- Email address for submissions: MedicareAppealsSettlement@cms.hhs.gov
- Email address for questions: MedicareSettlementFAQs@cms.hhs.gov
- OMHA's Settlement Facilitation Conference:
<https://www.hhs.gov/about/agencies/omha/about/special-initiatives/settlement-conference-facilitation/medicare-part-a-alj-appeals/index.html>



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