



# mln listening session

A MEDICARE LEARNING NETWORK® (MLN) EVENT

## Medicare Part A Cost Report Appeals Listening Session

Tuesday, March 16, 2021

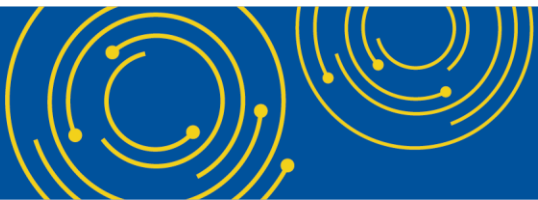
**Presenter:**

Barbara Shadle, CMS



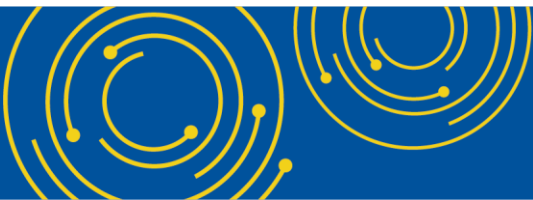
# Agenda

- Introduction
- Medicare Part A Cost Report Appeal Regulation
- Purpose of seeking information
- Listening Session



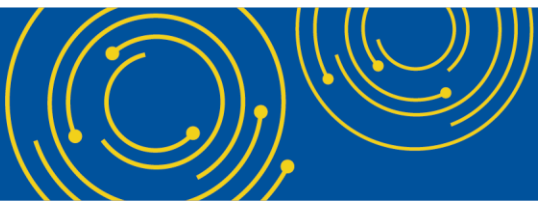
# Medicare Part A Cost Report Appeals

- 42 CFR 405.1835 Right to Board hearing
  - (a) Right to hearing on final contractor determination. A provider (but no other individual, entity, or party) has a right to a Board hearing, as a single provider appeal, with respect to a final contractor or Secretary determination for the provider's cost reporting period, if –
    - (1) The provider is dissatisfied with the contractor's final determination of the total amount of reimbursement due the provider, as set forth in the contractor's written notice specified under 405.1803. *Exception:* If a final contractor determination is reopened under 405.1885, any review by the Board must be limited solely to those matters that are specifically revised in the contractor's revised final determination.
    - (2) The amount in controversy (as determined in accordance with 405.1839) must be \$10,000 or more.
    - (3) Unless the provider qualifies for a good cause extension under 405.1839, the date of receipt by the Board of the provider's hearing request must be no later than 180 days after the date of receipt by the provider of the final contractor or Secretary determination.



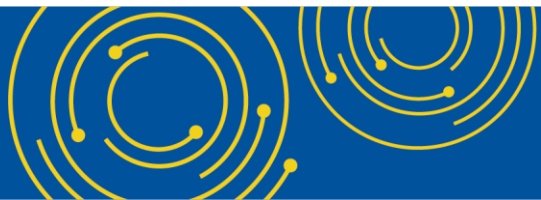
# Purpose of this Listening Session

- CMS is currently reviewing the Medicare Part A Cost Report appeals process.
- In reviewing this process, we are identifying if there are any barriers that impact the resolution of issues under appeal at the Provider Reimbursement Review Board.
- With the information obtained from this listening session, it is CMS' intention to examine the barriers and impacts to resolving appeal issues and determine process improvements or changes that can be explored to make resolution of appeals issues more efficient.



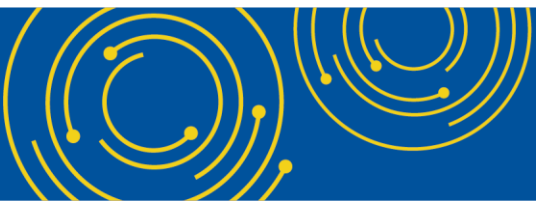
# Feedback Session

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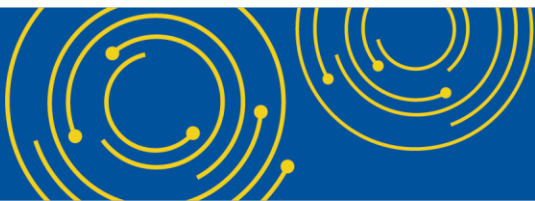
## CMS Seeks Your Feedback on the Following Questions:

- Individual states improved their processes for obtaining Medicaid eligibility information. What else causes delays with obtaining Medicaid eligibility supporting documentation?
- Are you reluctant to request reopenings to resolve solely documentation-based reimbursement issues under appeal? Why?
- What resource issues impact your ability to proceed with reopening, administrative resolution, or appeal hearing?



# Resources

- For additional feedback after this listening session, please email your feedback to:
  - [OFM-FSG-DPAO@cms.hhs.gov](mailto:OFM-FSG-DPAO@cms.hhs.gov) with “Provider Listening Session Feedback” as the subject line.
- Please note that CMS is currently only accepting feedback from the provider and stakeholder community. We intend to utilize this information to identify appeal process pain points to determine if process efficiencies can be implemented. CMS will not be issuing responses to feedback, but be assured, we are listening!



# Thank You

## Visit:

- [MLN Events](#) webpage for more information on our conference call and webcast presentations
- [Medicare Learning Network](#) homepage for other free educational materials for health care professionals

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