The Medicare Appeal Process

By
Judith S. Parnes
LCSW, CMC
Executive Director

In my last column I addressed the growing issues surrounding the practice of being classified as an "outpatient" during a hospitalization, even if you had an overnight stay in a hospital room. As I reviewed, this determination of "outpatient status" has greater implications for those insured by Medicare, especially if you should need sub acute rehabilitation after your hospital stay. Medicare requires a 3 day **IN**patient hospital stay before they will cover a stay in a sub acute rehabilitation facility.

If a hospital determines that your stay was not medically necessary and your stay is reclassified as "outpatient" The Center for Medicare and Medicaid Services (CMS) explicitly requires that you be notified promptly is writing in the form of Advanced Beneficiary Notice (ABN).

However, this often is not the case, and patients are often not aware of their status.

What can you do if coverage is denied?

Immediately file an appeal of any Advanced Benefit Notice you may receive while still in the hospital. This appeal must be in writing. Instructions directing how and where to file the appeal are included on the ABN.

If you are not notified while still hospitalized you have several options. These include:

File an appeal after you receive your Medicare Summary Notice denying coverage. Again, instructions for filing an appeal are included with the Medicare Summary Notice.

If you are transferring from the hospital to a subacute facility and have concerns about your stay being covered by Medicare, ask the nursing home to bill Medicare when you enter the facility. Medicare will deny the facility claim if you do not have the required three inpatient day. You can then appeal the decision.

Complete a Notice of Exclusions from Medicare Benefits: Skilled Nursing Facility form. Ask the nursing home to submit it to Medicare to get a decision about coverage. The nursing home will not bill you while you wait for a response.

A geriatric Care Manager or other trained professional can help not only with completion and follow up of the paperwork but also as an advocate on your behalf. As an advocate they can gather medical records to establish the services and treatments you received while hospitalized. They will also be able to help obtain all documents used by the hospital in order to present the medical facts and physician support to demonstrate the criteria for an inpatient stay was met.

Most importantly, the Geriatric Care Manager can help to coordinate care and obtain a determination of inpatient status while you are still hospitalized avoiding the need for these measures as well as any appeals.

Judith S. Parnes, L.C.S.W., C.M.C., Gerontologist and Elder Care Consultant is Executive Director of Elder Life Management, Inc., Ocean, NJ. ELM provides quality elder care planning , management and Medicaid application services to older adults and their families. Please visit www.elderlifemanagement.org or call (732) 493-8080 for more information