

Related Change Request (CR) #: 2620
 Related CR Release Date: February 6, 2004
 Related CR Transmittal #: R97CP
 Effective Date: October 1, 2004
 Implementation Date: July 6, 2004

Medlearn Matters Number: MM2620
Revised



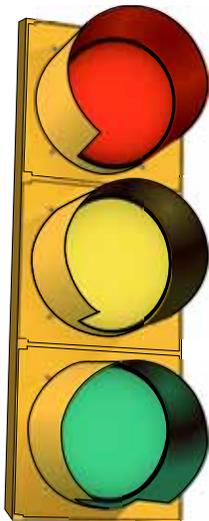
Note: This article was revised on September 30, 2004, to show that providers and patients will receive the Medicare Redetermination Notice for any partially favorable or unfavorable decision made on a redetermination request made on or after October 1, 2004.

MMA-Implementation of New Medicare Redetermination Notice

Providers Affected

All Medicare physicians, providers, and suppliers.

Provider Action Needed



STOP – Impact to You

Redeterminations are the new first level of appeal for fee-for-service appeals. You and your patients will receive a formal notification letter, the Medicare Redetermination Notice (MRN), for any partially favorable or unfavorable decision made on a request for redetermination made on or after October 1, 2004.

CAUTION – What You Need to Know

Contractors who judge these redetermination appeals must make their decisions within 60 days as a result of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and must then notify the providers and beneficiaries involved via the MRN. This document describes the redetermination process, explains the results of the Medicare appeal, and provides information about how to file an appeal regarding Medicare's decision.

GO – What You Need to Do

The newly initiated Redetermination Appeals Process provides for timely notification of beneficiaries and providers via the MRN. Ensure that you understand how these new procedures affect your appeal rights.

Disclaimer

Medlearn Matters articles are prepared as a service to the public and are not intended to grant rights or impose obligations. Medlearn Matters articles may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Background

The Medicare claims appeal process was amended by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA, section 521). Section 1869 (a)(3)(C)(ii) required contractors to mail a written notification of the redetermination decision to the parties of an appeal. This section was then amended by MMA [Sections 1869 (a)(5) and 1869 (a)(4)(B)] to include specific requirements for the notices themselves. The requirements ensure that claim appellants receive complete, accurate, and understandable information about their redetermination decisions, as well as information explaining the process of further appeals.

CMS has provided a model cover letter and an MRN to serve as guidelines for Medicare carriers and intermediaries who make the redeterminations. The MMA also ensures that redetermination decisions are made in a timely manner by requiring that 100 percent of redeterminations be completed and mailed within 60 days of the receipt of the request [Section 940(a)(1)].

Additional Information

The MRN must be written in language that is clear and understandable to the beneficiary and must be printed legibly on white paper using black ink. The MRN must include specific required elements such as the sections outlined below:

- An *Introductory* section.
- A *Summary Statement* about the appeal decision.
- A *Summary of the Facts* section with information specific to the appeal and background information.
- A *Decision* section stating whether the claim is covered by Medicare and whether the beneficiary is responsible for payment.
- An *Explanation of the Decision* section outlining the logic and specific reasons that led to the redetermination. This must include relevant clinical or scientific evidence used in making the redetermination.
- A *Who is Responsible for the Bill* section with information on limitation of liability, waiver of recovery, and physician/supplier refund requirements.
- A *What to Include in Your Request for Independent Appeal* section explaining what policy was used to make the decision and to identify documentation required to appeal at the Independent Appeal Level.
- An *Additional Relevant Information* section to present any additional relevant information, not including any sensitive medical information.
- A section on *Important Information About Your Appeal Rights*, including contact information and an explanation of the next level of the appeal process.

The official instruction issued to your carrier regarding this change, including a copy of a model MRN, can be found at:

http://www.cms.hhs.gov/manuals/pm_trans/R97CP.pdf

Disclaimer

Medlearn Matters articles are prepared as a service to the public and are not intended to grant rights or impose obligations. Medlearn Matters articles may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.