

# Jeopardy

Timeframes	Appeals	Grievances	Part D	Hodgepodge
<u>Q \$100</u>	<u>Q \$100</u>	<u>Q \$100</u>	<u>Q \$100</u>	<u>Q \$100</u>
<u>Q \$200</u>	<u>Q \$200</u>	<u>Q \$200</u>	<u>Q \$200</u>	<u>Q \$200</u>
<u>Q \$300</u>	<u>Q \$300</u>	<u>Q \$300</u>	<u>Q \$300</u>	<u>Q \$300</u>
<u>Q \$400</u>	<u>Q \$400</u>	<u>Q \$400</u>	<u>Q \$400</u>	<u>Q \$400</u>
<u>Q \$500</u>	<u>Q \$500</u>	<u>Q \$500</u>	<u>Q \$500</u>	<u>Q \$500</u>

Final Jeopardy

# \$100 Question from Timeframe

The day that the clock starts counting the processing time of a member grievance.



# \$100 Answer from Timeframe

What is the day following receipt of the grievance?



## \$200 Question from Timeframe

The number of days that a plan may extend the timeframe for development of a standard appeal if additional time is required to obtain evidence from a non-contracting provider.



# \$200 Answer from Timeframe

What is 14 days?



# \$300 Question from Timeframe

The processing of an expedited organization determination begins at this point.



# \$300 Answer from Timeframe

What is when the oral or written request for expedited organization determination is received by the office or department that has been designated by the organization?



# \$400 Question from Timeframe

This notice must be delivered to the Medicare member on the same day because the health plan is notified of the appeal by the QIO prior to 4:30PM.



# \$400 Answer from Timeframe

What is the Detailed Explanation of Non-Coverage (DENC)?



# \$500 Question from Timeframe

2 days.



# \$500 Answer from Timeframe

What are the timeframes for delivery of discharge information on the Important Message from Medicare and the Notice of Medicare NonCoverage for discharge information following a SNF stay?



# \$100 Question from Appeals

The notice that all beneficiaries receive, date and sign upon admission to an acute care hospital.



# \$100 Answer from Appeals

What is the Important Message from Medicare?



# \$200 Question from Appeals

The term for the appeal process used when a beneficiary appeals to the Quality Improvement Organization (QIO) because the Medicare Advantage organization made a decision to terminate home health services.



# \$200 Answer from Appeals

What is a Fast Track Appeal or Expedited Appeal?



# \$300 Question from Appeals

The health plan must always expedite the processing of an appeal under this circumstance.



# \$300 Answer from Appeals

What is when a physician states that applying the standard timeframe would jeopardize the beneficiary's health?



# \$400 Question from Appeals

The lawsuit that resulted in the establishment of the managed Care expedited appeal process for discharges from skilled nursing facilities, home health agencies, or comprehensive outpatient rehabilitation facilities.



# \$400 Answer from Appeals

What is the Grijalva court case?



# \$500 Question from Appeals

The correct categorization of a request for expedited appeal, when compiling a universe for a CMS audit, when the Medicare health plan determines that the appeal should have been processed using the standard timeframe.



# \$500 Answer from Appeals

What is the case remains categorized as an expedited appeal?



# \$100 Question from Grievance

A type of grievance filed with the QIO and which may be filed and investigated beyond the 60 day timeframe.



# \$100 Answer from Grievance

What is a quality of care grievance?



# \$200 Question from Grievance

The recourse that a beneficiary has when the plan refuses to grant an expedited review and transfers the case to the standard appeal process.



# \$200 Answer from Grievance

What is the expedited grievance process?



# \$300 Question from Grievance

The 2 methods by which a beneficiary may submit a grievance to a Medicare Health Plan.



# \$300 Answer from Grievance

What are verbally and in writing?



# \$400 Question from Grievance

A circumstance when a written grievance response is required.



# \$400 Answer from Grievance

What is when a beneficiary submits a grievance request in writing, requests a written response, or a grievance involves a quality of care issue?



# \$500 Question from Grievance

The notice to the member refusing to grant a request for expedited organization determination must contain these provisions.



# \$500 Answer from Grievance

What are 1) the organization will transfer the request to the standard timeframe, 2) advises of the right to file an expedited grievance 3) the beneficiary may resubmit with physician support about the need to expedite and 4) explain the expedited grievance process and its timeframes?



# \$100 Question from Part D

Prescription drug coverage that is expected to provide benefits, on average, at least as much as Medicare's standard prescription drug coverage.



# \$100 Answer from Part D

What is Creditable Coverage?



## \$200 Question from Part D

A decision made by a Part D plan regarding the prescription drug benefits an enrollee may be entitled to receive.



# \$200 Answer from Part D

What is a Coverage Determination?



# \$300 Question from Part D

It is the amount that CMS uses a percentage of when calculating the beneficiary's Late Enrollment Penalty.



# \$300 Answer from Part D

What is the national base beneficiary premium benchmark?



# \$400 Question from Part D

The individuals who may request a standard coverage determination.



# \$400 Answer from Part D

Who are the member, member's  
AOR and the member's physician?



# \$500 Question from Part D

## Double Jeopardy

Provide 3 of the 7 types of documents that must be included when preparing the case file for the IRE.



# \$500 Answer from Part D

What are: 1) Appeal Transmittal Cover Sheet, 2) Reconsideration Background Data Form 3) Case narrative 4) An AOR form or equivalent written notice per state law, if applicable 5) all written and oral evidence submitted by the enrollee or physician 6) documentation of attempts made to obtain medical evidence from member or physician 7) copy of the sponsor's coverage determination and redetermination notices if applicable?



# \$100 Question from Hodgepodge

A form that is needed when an enrollee has a friend file a grievance on his/her behalf.



# \$100 Answer from Hodgepodge

What is an Appointment of Representative (AOR).



# \$200 Question from Hodgepodge

The term used when a beneficiary misses the deadline for filing an appeal but provides a reason for the late filing.



# \$200 Answer from Hodgepodge

What is a Good Cause Extension  
or Good Cause for Late Filing.



# \$300 Question from Hodgepodge

The number of cases selected for a CMS audit, when the standard appeals universe contains less than 10 cases and there are 2 appeals for each enrollee and the dates of appeal are the same.



# \$300 Answer from Hodgepodge

What are all of the appeals on the universe list.



# \$400 Question from Hodgepodge

This is the only situation in which the IRE dismisses the appeal and returns it to the Medicare Health Plan for proper processing.



# \$400 Answer from Hodgepodge

What is when the IRE determines that the complaint is subject to the grievance process rather than the appeals process. All other dismissals are not returned to the plan for additional processing.



# \$500 Question from Hodgepodge

The specific type of care that is evaluated for a potential appeal under the following circumstances: 1) treating Dr. at non-plan hospital determines the condition has stabilized, 2) transfer proposed to a contracted facility 3) member refused transfer 4) NDMC issued denying continued care at non-contracted facility 5) member files an appeal.



# \$500 Answer from Hodgepodge

What is post stabilization care situations that result in an appeal process.



# Final Jeopardy

Name of the lawsuit that resulted in the establishment of the expedited appeal process for discharges from the acute hospital.



# Final Jeopardy Answer

What is the Weichardt lawsuit?

