QIC PAE APPEALS DEMONSTRATION NEWSLETTER



April 2021 Vol. 3 Number 2

Appeals Demonstration Available Only Through 2021

C2C wants to encourage you to take advantage of participation in the offered telephone discussions before the Appeals Demonstration ends. The Appeals Demonstration will end December 31, 2021. During these telephone discussions not only is education on Medicare applicable policies covered, but you also have the opportunity to ask questions and provide verbal testimony.



Upcoming Education and Outreach Events

C2C will give the Part A East Appeals Demonstration Telephone Discussion and Reopening Process presentation at the following virtual events:

- On April 19, 2021, the Georgia Health Finance Management Association (HFMA) webinar with Palmetto GBA;
- On May 11, 2021, "The In's and Out's of the Appeals Process" webinar with NGS;
- On June 15, 2021, QIC Appeals Demonstration webinar hosted by Novitas;
- Jurisdiction 6, NGS, has scheduled the following webinars specific to the Part A East QIC Appeals Demonstration. Each of these webinars will give the providers in attendance the opportunity to find out more about the appeals demonstration and ask questions:
 - > April 29, 2021
 - > May 27, 2021
 - > June 24, 2021
- NGS will hold its Jurisdiction K Provider Outreach and Education Advisory Group (POE AG) meeting where C2C will provide an update on the Appeals Demonstration on:
 - > June 3, 2021
 - > September 9, 2021
 - > December 9, 2021

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ADDITIONAL INFORMATION

www.c2cinc.com
Part A East Appeals
Demonstration

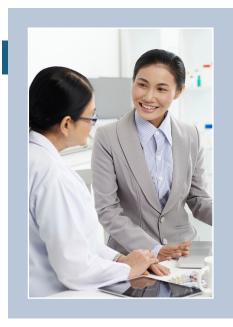
QUESTIONS PAE Appeals Demonstration Information

Phone: 904-224-7371 Fax: 904-224-2732

CONTACT US

C2C Innovative Solutions QIC PAE Demonstration P.O. Box 45310 Jacksonville, Florida 32232-5310





Submit Feedback

To submit feedback to C2C Innovative Solutions, Inc., regarding your telephone discussion or the reopening process, please send your email to: ADemoFeedback@c2cinc.com

Telephone Discussions still taking place

As concerns arise with the coronavirus (COVID-19) threat, C2C wants you to know phone discussions are still taking place on reconsiderations. If you have questions about your scheduled phone discussion or need to reschedule, please contact us at 904-224-7371.

The Qualified Independent Contractor (QIC) wants to ensure that claims are paid appropriately. How can you help?

- Submit to the QIC only the documentation related to the reason of denial.
 It is not necessary to send in documentation that is not related to the reason of denial by the Medicare Administrative Contractor (MAC), Unified Program Integrity Contractor (UPIC), Comprehensive Error Rate Testing (CERT) Contractor or Supplemental Medical Review Contractor (SMRC).

 Some appeals have thousands of pages of documents that are submitted for review. More is not always better. As Joe Friday said, "Just the facts, ma'am."
- 2. If you have already submitted the requested or missing documentation to the MAC, there is no need to resubmit the same information to the QIC. The QIC has access to the information you sent to the MAC through the Medicare Appeals System (MAS). The QIC includes that information in our review prior to making a decision. Therefore, it is not necessary to submit the same information to the QIC. Resubmitting the same information can make it more difficult to find the documentation you would like us to review and the documentation needed to pay your claim.
- 3. If you have already submitted the requested or missing documentation to the MAC and you feel the information was not reviewed or acknowledged, please include with your reconsideration request the name of the document or page number where the required information can be found. Including a snip/picture of the documentation you want the QIC to review can help the QIC to see exactly what you are referring to or exactly what you feel supports claim payment.
- 4. Please do not highlight, write notes on, or alter medical records. Highlighting can obscure the information and make it difficult to read. Writing notes in margins or altering medical records after the services are rendered in an attempt to make the information more visible, can call into question the validity of the documentation. Please make sure that you are complying with the Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.5, Amendments, Corrections and Delayed Entries in Medical Documentation.