Skilled Services Appeals*

Notice of Non-coverage Issued by Provider

Hospital Appeals

Important Message from Medicare Issued by Hospital

Appeal Filed by Medicare Beneficiary or Representative

Medical Record Requested and Received by KEPRO

KEPRO’s Nurse and Physician Review the Medical Record

KEPRO’s Physician Makes a Determination. Beneficiary and Provider (and Plan if Necessary) are Notified of the Decision

If Appeal is Denied, a Reconsideration may be Requested by Beneficiary or Representative

* Skilled Nursing Facility (SNF), Home Health, Hospice, Comprehensive Outpatient Rehabilitation Facility (CORF)

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Beneficiary Complaint Process

Medical Record Requested and Received by KEPRO

Documentation Assessed by Nurse Reviewer

Documentation Complete

Nurse Reviewer Applies Screens and Critical Thinking

Physician Reviewer Completes Review

No Quality Concerns

Quality Concerns Found

No Re-Review Requested

Disclosure Letters and Beneficiary Final Letter Sent with an Opportunity to Request a Beneficiary Reconsideration

No Reconsideration Requested; Review is Complete

Reconsideration Requested; Different Physician Reviewer Completes Review

Determination Letter Sent; Review is Complete

Documentation Incomplete

Information Received

Initial Inquiry Letter Sent to Facility/Physician

Physician Reviewer Reviews Response (If Sent) and Completes the Review

Confirm Quality Concern

No Re-Review Requested

Final Letter Sent with an Opportunity to Request a Re-Review

Yes

Technical Denial Issued

Information Not Received within 15 Days

Request More Information

No Quality Concerns

Physician Reviewer Completes Review

Re-Review Requested; Different Physician Reviewer Completes Re-Review and Confirms or Resolves the Quality Concern

Determination Letter Sent; Review is Complete

Reconsideration Requested; Different Physician Reviewer Completes Review

Determination Letter Sent; Review is Complete

No Reconsideration Requested; Review is Complete