

# Observation Status Final Rule: Retrospective Appeals Process

## WHO CAN APPEAL?

To file a retrospective appeal, you must be a Medicare enrollee who:

- ✓ Was admitted as a hospital inpatient on or after January 1, 2009.
- ✓ Was enrolled in Original Medicare at the time of the hospital stay.
- ✓ While in the hospital, was changed from inpatient to outpatient receiving observation services.
- ✓ Received either a Medicare Summary Notice and/or a Medicare Outpatient Observation Notice (MOON) showing that the observation services were not covered under Medicare Part A; and **EITHER**:
  - Was not enrolled in Medicare Part B at the time of the hospitalization; **OR**
  - Stayed at the hospital for 3 or more consecutive days but was designated as an inpatient for less than 3 days. You also need to have been admitted to a nursing facility within 30 days of discharge from the hospital.

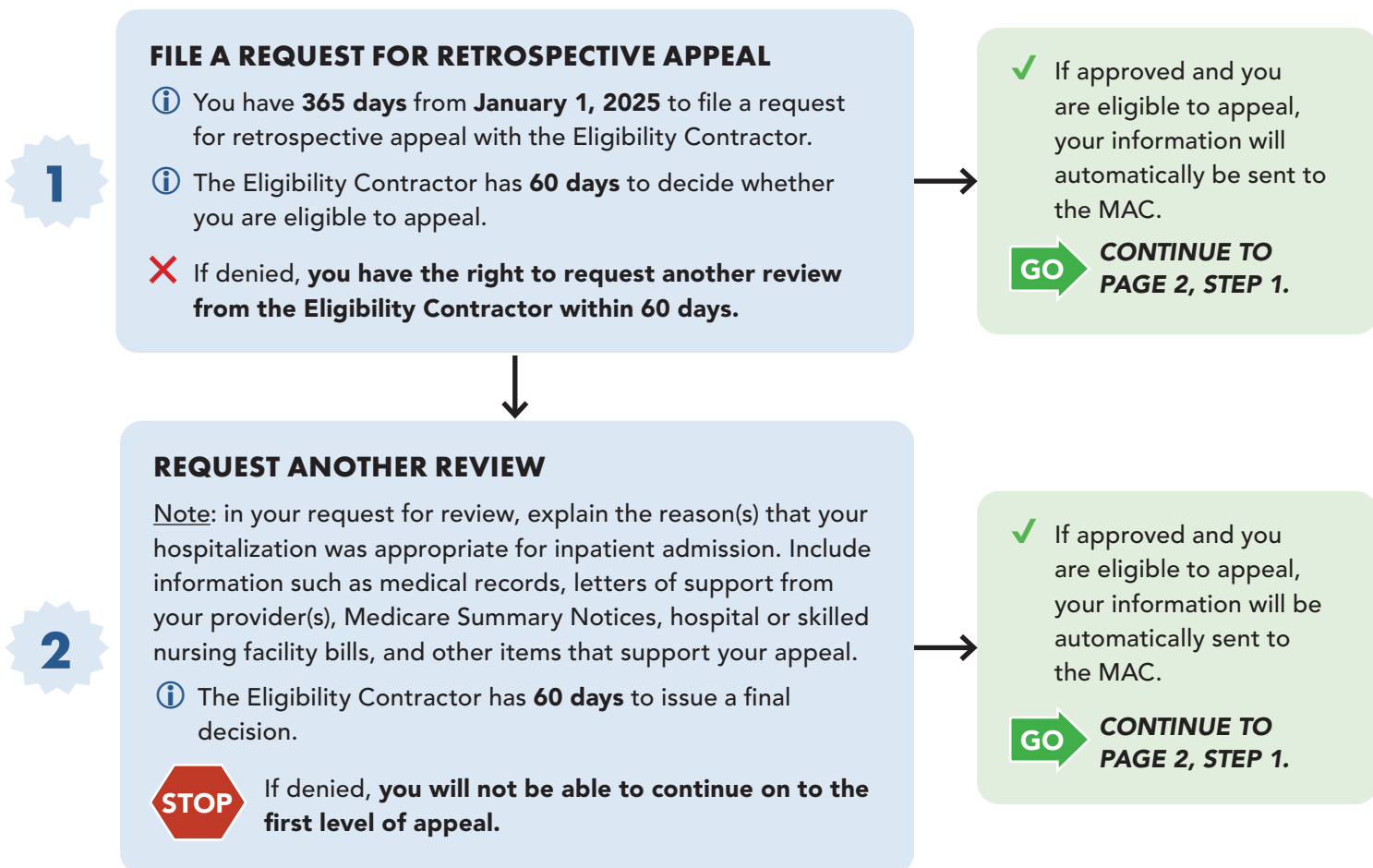
## KEY ROLES

**Eligibility Contractor:** determines if your request for appeal is valid, timely, and contains the required information for an appeal.

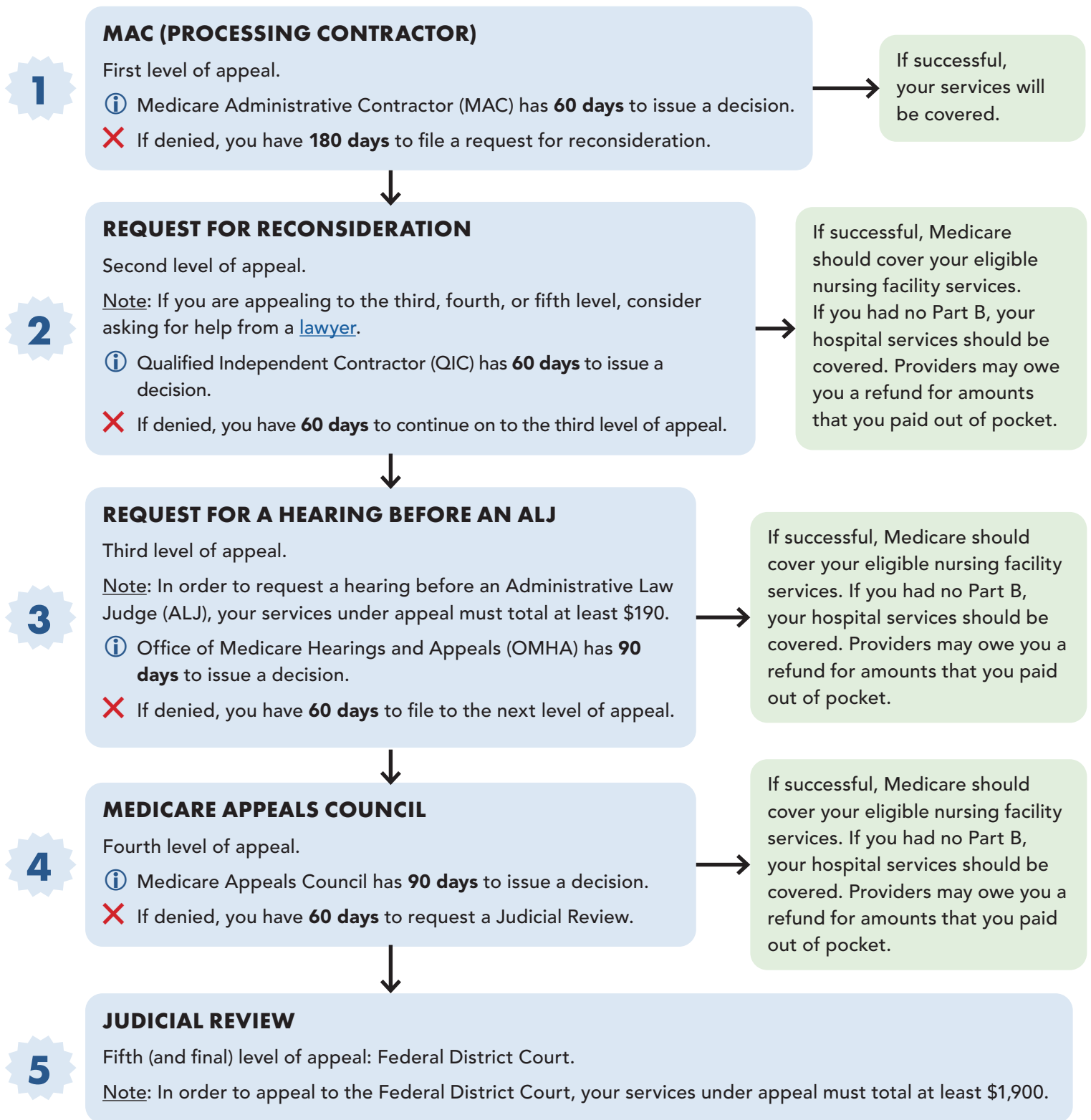
**Medicare Administrative Contractors (MACs) (also called the "Processing Contractor"):** review the information sent by the Eligibility Contractor and decide whether to approve or deny your request.

**Qualified Independent Contractors (QICs):** provide the second level of review (also called reconsideration) and decide whether to approve or deny your request.

## STARTING THE PROCESS: FINDING OUT IF YOU ARE ELIGIBLE



# APPEALS PROCESS OVERVIEW



## WHO CAN HELP?

### Appointed Representative:

An individual you appoint to represent you in the appeal such as a friend, family member, or legal guardian.

### Authorized Representative:

A legal guardian, representative payee or someone acting under state law on your behalf such as a family member with durable power of attorney.

### Note:

Representatives of deceased Medicare enrollees who would have been eligible to appeal, may appeal on behalf of the deceased person.

While providers can provide information, support, and advice, they cannot represent Medicare enrollees.