

Medicare Claim Denials, Appeals & Reimbursement Policy

Sunflower Mountain Mental Health (SMMH)

Effective Date: January 1, 2025

Purpose

This policy ensures that Medicare beneficiaries receiving services at Sunflower Mountain Mental Health (SMMH) understand their rights and procedures for claim denials, appeals, and reimbursement, in compliance with Medicare regulations.

Medicare Claim Denials

A claim may be denied by Medicare for reasons including but not limited to:

- **Lack of medical necessity** as determined by Medicare guidelines.
- **Incorrect or missing information** on the claim.
- **Service frequency limitations** imposed by Medicare.
- **Non-covered services** that fall outside Medicare-approved treatments.

Medicare Appeals Process

Medicare beneficiaries have the right to appeal denied claims. Appeals follow a **5-level process**:

1. **Redetermination (Level 1)** – Request a review by the Medicare Administrative Contractor (MAC) that processed the claim.
2. **Reconsideration (Level 2)** – If the redetermination is unfavorable, request an independent review by a Qualified Independent Contractor (QIC).
3. **Administrative Law Judge (ALJ) Hearing (Level 3)** – If the QIC denies the claim, request a hearing before an ALJ.
4. **Medicare Appeals Council Review (Level 4)** – If the ALJ decision is unfavorable, request a review by the Medicare Appeals Council.
5. **Federal Court Review (Level 5)** – If all previous levels fail, the case may be taken to federal court.

Medicare Grievances & Ombudsman Assistance

In addition to the appeals process, Medicare beneficiaries have the right to file a **grievance** if they believe:

- They received **inadequate care** from a Medicare provider.

- Their **rights as a Medicare patient were violated**.
- They were **treated unfairly or discriminated against** when receiving services.

How to File a Grievance

Medicare beneficiaries can file a grievance by contacting:

- **Medicare Beneficiary Ombudsman**
 - **Phone:** 1-800-MEDICARE (1-800-633-4227)
 - **Website:** www.medicare.gov
- **Sunflower Mountain Mental Health (SMMH) Compliance Office**
 - **Phone/Text:** (719) 679-5022

The **Medicare Beneficiary Ombudsman** serves as an advocate for Medicare patients, helping them understand their rights, navigate the appeals process, and resolve complaints.

For more information on Medicare appeals, claim denials, and grievance procedures, refer to the **Medicare Billing & Refund Compliance Policy**.

How to File a Medicare Appeal

- **Patients must file an appeal within 120 days** of receiving a denial notice.
- Patients must complete the **Medicare Redetermination Request Form** and submit it to Medicare.
- Appeals can be filed online through www.medicare.gov or by calling **1-800-MEDICARE (1-800-633-4227)**.

SMMH Assistance with Appeals

- SMMH can provide supporting **medical documentation** for appeals upon patient request.
- Patients may contact **SMMH's Billing Department** at (719) 679-5022 for guidance on appeals.

Reimbursement & Overpayments

- If a patient **overpays** due to an incorrect charge, SMMH will process a **refund within 60 days** of identifying the overpayment.
- If Medicare **retroactively approves** a previously denied claim, any patient payments made will be **refunded within 30 days** of reimbursement from Medicare.

Compliance & Monitoring

- SMMH staff are trained **annually** on Medicare denial, appeal, and reimbursement policies.
 - All Medicare claims and appeals are **documented and monitored** for compliance.
 - Patients receive **written notices of appeal rights** when claims are denied.
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***Last Updated:** March 2025*

For further assistance, please contact SMMH at **(719) 679-5022** or visit www.sunflowermountainmentalhealth.com.