

Protecting Patients' Rights by Implementing a Medicare Appeal Program

The Issue

Prior to the ground breaking implementation of the Medicare Part D Prescription Drug Benefit program, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) assisted low-income seniors with outpatient prescription drug costs by establishing a Medicare Discount Card and Transitional Assistance Program.

Similar to patient's rights provided in other Medicare and government-sponsored health insurance programs, the legislation mandated the Centers for Medicare and Medicaid Services (CMS) implement an independent appeal program. The purpose of the nation-wide appeal program was to ensure the rights of low-income seniors, particularly those eligible for both Medicare and Medicaid Services and the Discount Drug Card and Transitional Assistance, were protected. By 2004, nearly 4 million low-income beneficiaries signed up for this new program.

The Challenge

The U.S. Department of Health and Human Services published the interim regulations for the Medicare Discount Card and Transitional Programs in December 2003. Therefore, CMS had less than five months to implement a nationwide appeal program. CMS needed to partner with an independent contractor with expertise in Medicare statutes and regulations and experience with appeal programs to accomplish several critical tasks by the May 1, 2004 launch date:

- Hire and train over 50 appeal adjudicators and customer service representatives
- Construct a secure office space and establish secure connectivity with CMS
- Design and maintain a case tracking and workflow systems solution
- Implement toll free telephonic appeal service in both English and Spanish



The Solution

CMS reached out to its long-term partner MAXIMUS Federal to implement and operate this new and highly visible program. Working collaboratively with CMS, MAXIMUS Federal completed all implementation requirements, including the development of a fully operational Oracle-based case tracking system and a management and operations team expert in Medicare and complex health care appeal programs.

Despite the expedited, non-standard timeframe, MAXIMUS Federal completed the work on time and on budget.

MAXIMUS Federal completed a total of 89,921 Medicare Discount Drug Card appeals to protect beneficiaries' rights to affordable health care.

The Outcome

CMS initially forecasted a scope of work of a few hundred phone or written appeals per workday and up to 25,000 appeals per year. However, the actual call volumes rapidly escalated to as many as 2,000 appeal calls each day. In fact, from May 2004 through March 2006, MAXIMUS Federal completed a total of 89,921 Medicare Discount Drug Card appeals. This was 356% percent more volume than originally anticipated. In addition, the MAXIMUS Federal team processed 58,124 pieces of mail, 50,404 facsimiles, and resolved 248,420 telephone inquiries.

Throughout the term of the contract, MAXIMUS Federal maintained the appropriate staffing levels to provide CMS and their beneficiaries the highest quality services. The ultimate goal was to protect beneficiaries' rights to affordable health care through discounted prescription drugs, timely program enrollment and quality customer care. The implementation of the appeal process ensured every beneficiary in the program maintained the rights to:

- Request reconsideration of eligibility determination and late enrollment fees
- Dispute the timeliness, appropriateness, and/or access to services
- Appeal decisions regarding discounts of covered drugs.

MAXIMUS remains committed to helping our clients protect the rights of their beneficiaries. To learn how we can help you create an appeal component for your program, visit us at www.maximus.com or contact us at **1.800.MAXIMUS** or info@maximus.com.



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