



*The Medicare Quality Improvement Organization for Florida
The right care for every person, every time.*

Fast Track Appeals

Appeals for Florida Skilled Nursing Facilities, Home Health Agencies, Hospice and Comprehensive Outpatient Rehabilitation Facilities.

Use your Medicare Rights.

As a Medicare beneficiary, you have guaranteed rights. These rights apply to people in the traditional Medicare program as well as those in Medicare Advantage Plans. It is important to know your rights, and how to use them.

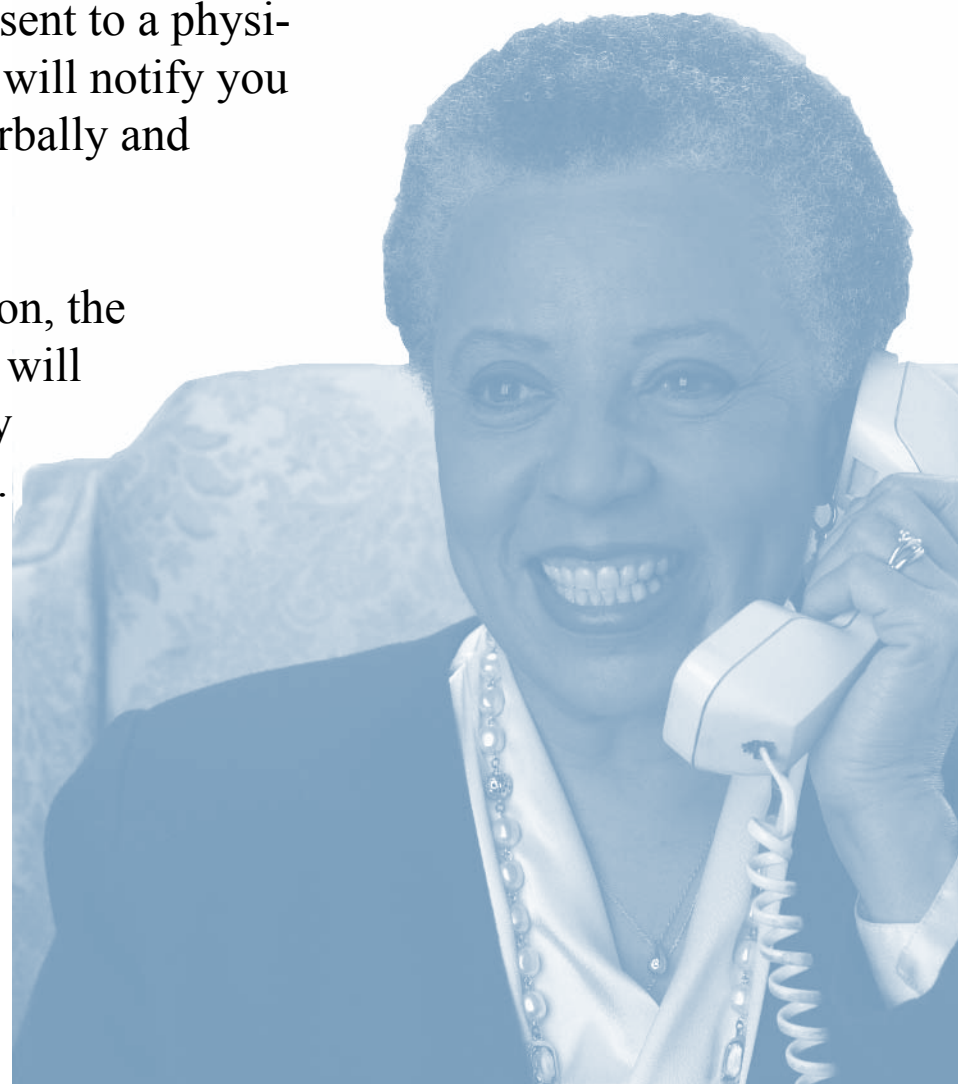
If you are enrolled in the Original Medicare Plan or a Medicare Advantage Plan (HMO), you have the right to a fast appeal when your Medicare provider services are ending. This fast appeal is called an expedited review. You can get an expedited review whenever your Medicare services are stopped from a skilled nursing facility, home health agency, comprehensive outpatient rehabilitation facility or hospice.

You will get a notice from your provider that will tell you how to ask for an appeal if you believe that your Medicare services are ending too soon. You will be able to get an expedited review of this decision, with independent doctors looking at your case to decide if your Medicare services need to continue. You must request an appeal by noon of the day prior to termination of coverage.

To request an expedited review if you live in Florida, call FMQAI, the Medicare Quality Improvement Organization for Florida, at 866-800-8768 TTY 866-800-8751.

FMQAI will notify the provider that an appeal has been filed. We will request the available information and may contact the provider, you and your physician for additional information. The medical record and any other important information will be sent to a physician for review. When the review is complete, FMQAI will notify you and the provider of the determination decision, both verbally and in writing.

- If FMQAI reverses the original termination decision, the provider may give you a new notice and coverage will continue until the new date on the notice. You may appeal again if you feel you still need the services.
- If FMQAI agrees with the provider that services should end, you will be liable for any services continued after that date unless FMQAI's decision is reversed on appeal.



Fast Track Appeals FAQs

When can I appeal?

When you are receiving services from a skilled nursing facility, home health agency, hospice or comprehensive outpatient rehabilitation facility, you have the right to appeal the discontinuation of services.

How do I appeal?

When you receive a Notice of Non-coverage, call 1-866-800-8768. FMQAI will take your information and the appeal process will begin.

Can a family member call on my behalf?

Yes. You can appoint a family member to act on your behalf.

Can I appeal if I have a Medicare Advantage organization (HMO)?

Yes. All Medicare beneficiaries are eligible for the appeal rights. If you have a Medicare Advantage plan, you still call FMQAI to appeal the discontinuation of services.

How does the physician make the decision regarding the continuation of services?

The physician looks at the medical record to determine whether it is medically necessary for services to continue.

What happens if FMQAI agrees that the services should continue?

You would continue to get the same services and you will not have any financial liability. However, the provider can issue another Notice of Non-coverage and you would have to appeal again for continuation of services.

If FMQAI agrees that the services should continue, how long will I receive the services?

FMQAI does not determine how long the services should continue. The provider can issue a new Notice of Non-coverage and you would have to appeal again for continuation of services.

Can I appeal on weekends and holidays?

Yes. The appeals process continues seven days a week from 8:00 a.m. – 4:30 p.m. You can also leave a message on the voice mail after hours and your call will be returned the next day.

Can I ask for a reconsideration if FMQAI agrees with the discharge?

Yes. Medicare Advantage (HMO) plan members can request a reconsideration through FMQAI. If you have original Medicare, you would call Maximus. Details for filing a reconsideration are explained in the decision letter that FMQAI sends to you.

Can I appeal if I have exhausted my benefits?

Once your benefits are exhausted, you are not able to appeal through FMQAI. You can call 1-800-MEDICARE (1-800-633-4227) to get more information about your coverage and benefits.

What happens if I don't sign the Notice of Non-coverage?

Signing the Notice of Non-coverage does not mean that you agree with the discharge. It just means that you have been informed of your effective date and your appeal rights.

Beneficiary Complaint Involving Prescription Drugs

The Medicare Part D Pharmacy Benefit

Medicare began paying for prescription drugs for beneficiaries on January 1, 2006. This prescription drug benefit is also known as “Medicare Part D.”

FMQAI, as the Medicare Quality Improvement Organization for Florida, is responsible for reviewing written complaints about the quality of care or services provided to Medicare beneficiaries in all kinds of settings.

That responsibility includes reviewing beneficiary complaints about Medicare Part D (pharmacy) services.

Here are some examples of the kinds of complaints related to the new benefit that FMQAI could help to resolve:

- You believe that your doctor gave you misleading or incorrect medical information about

Your Quality of Care Concerns

What should you do if you have a concern about, or are not satisfied with the quality of care you received?

1. Call FMQAI at 1-800-844-0795 and describe your concern. One of our registered nurse case managers will listen and help you decide what to do. One of your choices is to make a formal complaint.

2. If you decide you want to make a formal complaint, we can help you put it in writing. Once FMQAI receives the written complaint, the quality of care review will begin. Your case may be suitable for mediation, a new alternative to resolve your concerns by talking directly with your doctor. This is a free service for Medicare members.

Who conducts the review and what does it include?

Depending on the case, any of our physician reviewers can review your complaint. (A physician reviewer is a practicing physician who works with FMQAI to address quality of care concerns.) A case manager will contact you once the complaint is filed and serve as your point of contact throughout the process.

the medicines you take.

- You experienced an allergic reaction to a drug that was prescribed for you, even though the family member who accompanied you to the doctor told the doctors that you had a bad reaction to that medicine in the past.

- You think you received incorrect medical information from a representative of a pharmacy plan's Medication Therapy Management Program.

The physician reviewer looks at all aspects of care surrounding your complaint and makes an initial finding that is shared with the health-care provider or facility your complaint is related to. Your healthcare provider/facility also has the opportunity to comment. FMQAI works

directly with you and your provider to resolve the problem and make sure that you and other Medicare members receive the best care possible. The entire process can take anywhere from three to six months.

How and When to Contact Us

We're here Monday through Friday 8:00 a.m. to 4:30 p.m. However, you can leave a message on

the line any time of the day or night, Monday through Sunday.

Our toll-free number is 1-800-844-0795. If English is not your primary language, we will assist you with translation services.

You can also visit www.medicare.gov for general information on Medicare.

Examples of Poor Quality of Care

- Wrong medication
- Unnecessary surgery/diagnostic testing
- Overdose of medication
- Delay in service
- Inadequate care or treatment by a Medicare hospital or doctor
- Premature discharge
- Change in condition that was not treated/misdiagnosis
- Inadequate discharge instruction

- You believe that your medications were inappropriately changed after receiving Medicare Therapy Management Program services.

Remember, if you have quality of care concerns or complaints about your prescription drugs, you have the right to complain. Call 1-800-MEDICARE (1-800-633-4227) or FMQAI directly at 1-800-844-0795.

The right care for every person, every time.

Important Telephone Numbers



Quality of Care

Report quality of care concerns to the FMQAI Beneficiary Complaint Response Program. The number to call is 1-800-844-0795.

Hospital Services

If you think you are being discharged from the hospital too soon, call 1-800-844-0795.

Non-Hospital Services (Skilled Nursing Facilities, Home Health Agencies, Hospice, and Comprehensive Outpatient Rehabilitation Facilities)

Traditional Medicare: If you receive a Notice of Medicare Provider Non-coverage, call 1-866-800-8768 (TTY 1-866-800-8751.). Ask for an Expedited Determination of your case.

Medicare Advantage: If you receive a Notice of Medicare Non-coverage, call 1-866-800-8768 (TTY 1-866-800-8751.). Ask for a Fast Track appeal.

Telephone lines are open seven days a week from 8:00 a.m. to 4:30 p.m. – even on Saturday, Sunday and holidays.

Other Questions

For answers to general benefit questions or other Medicare inquiries, call 1-800-MEDICARE (1-800-633-4227) (TTY/TDD 1-877-486-2048), or visit Medicare's Web site, www.medicare.gov.



Who is FMQAI?

FMQAI is an independent corporation dedicated to assessing and improving the quality of health care. An expert in the field of health care evaluation and quality improvement, FMQAI is under contract with the federal government to assess the quality of health care provided to Medicare beneficiaries. To learn more about FMQAI, visit our Web site at www.fmqai.com