Medicare Advantage Question and Complaint Process for Provider Organizations

Boston Scientific
Advancing science for life™

The Centers for Medicare & Medicaid Services (CMS) has published a new centralized form and compliant process for providers seeking assistance from the agency in resolving Medicare Advantage (MA) claims issues. While CMS allocates the MA program oversight across the agency's ten regional offices, the agency will now receive and process all MA inquiries and complaints from providers through a centralized email. This will replace the current process of contacting CMS' regional emails for MA complaints and questions.

When to use the complaint process?

- Provider Appeal Complaint: Submitted by a contracted or non-contracted provider alleging an MA plan's failure to follow the applicable appeals process. Noncompliance includes when an MA plan fails to alert the provider of the appeal process or fails to respond to a submitted appeal.
- Claims Payment Dispute: Provider's dispute over the amount the MA plan paid for an approved service. Appealable decisions include those in which the plan partially approved claims or instances when submitted services were altered by theplan, *e.g.*, downcoding, bundling, or approving at a lower level of care, resulting in a lower payment amount.

CMS has made the new form available through the American Hospital Association (AHA) and state hospital associations. For convenience, we have attached it as well. The complaint form is a cover sheet that must be submitted to CMS in a password-protected file, along with the requested documentation as indicated on the form, to the new CMS Drug and Health Plan Operations (DHPO) email at medicarepartcdquestions@cms.hhs.gov.

CMS will direct the MA plan to investigate the case within 30 days and work directly with the provider toward resolution. To follow up on a complaint after submission, the provider should communicate directly with the MA plan. If the MA plan does not respond in a timely manner, the provider may contact the CMS office that received the complaint for a status update. CMS staff will input the complaint into the Complaints Tracking Module and confirm receipt by providing a complaint ID for reference.

For CMS to act upon cases submitted through the new email, the provider must:

- Include all information and documentation requested on the cover sheet.
- Refrain from providing additional documentation *not* listed on the cover sheet (such as medical records).
- Certify that an effort was made to resolve the issue with the MA plan before contacting CMS.

CMS reminds providers that its role is not to determine medical necessity, or payment amounts for disputed cases, but the agency will seek to identify trends in provider complaints and investigate or address broader issues with MA plans where appropriate.

Resources:

- Attached Medicare Advantage (MA) Provider Complaint Submission Form (Page 4 - Appeal/Claim Payment Dispute Cover Sheet)
- CMS Link: HowtoPasswordProtect_or_Encrypt_a_Document

Sources:

https://www.cms.gov/medicare/appeals-grievances/managed-care
https://www.tha.org/wp-content/uploads/2024/08/2024-08-20_MA_CMS-Complaint-Question-Process_f.pdf

Indications for Use: The IntraceptTM Intraosseous Nerve Ablation System is intended to be used in conjunction with radiofrequency (RF) generators for the ablation of basivertebral nerves of the L3 through S1 vertebrae for the relief of chronic low back pain of at least six months duration that has not responded to at least six months of conservative care, and is also accompanied by features consistent with Type 1 or Type 2 Modic changes on an MRI such as inflammation, edema, vertebral endplate changes, disruption and fissuring of the endplate, vascularized fibrous tissues within the adjacent marrow, hypointensive signals (Type 1 Modic change), and changes to the vertebral body marrow including replacement of normal bone marrow by fat, and hyperintensive signals (Type 2 Modic change). Contraindications - Use of the Intracept Intraosseous Nerve Ablation System is contraindicated in: Patients with severe cardiac or pulmonary compromise, patients with active implantable pulse generators (e.g. pacemakers, defibrillators), patients where the targeted ablation zone is < 10 mm away from a sensitive structure not intended to be ablated, including the vertebral foramen (spinal canal), patients with active systemic infection or local infection in the area to be treated, patients who are pregnant, and/or skeletally immature patients (generally ≤ 18 years of age). Refer to the Instructions for Use provided with the Intracept Procedure or www.relievant.com/intracept/ for potential adverse effects, warnings, and precautions prior to using this product. Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

Boston Scientific
Advancing science for life™

NM-2257703-AA