

## **Eli's Rehab Report**

### **News Briefs: Brace for Changes in the Appeals Process**

Providers who submit claims to a Medicare fiscal intermediary will be operating under revised claims appeals rules starting in August. CMS has finalized wide-ranging revisions to appeals in a May 23 Federal Register notice.

Among the changes is a requirement that providers must add any issues to an appeal within 60 days of the original 180-day period for appealing the claim payment.

Multiple commenters argued against this change, CMS notes in the rule. They said it restricts provider appeal rights, denies access to appeals and fails to give providers enough time to identify issues. But CMS stuck by its guns. "For the efficient administration of the appeals process, we believe our policy of having the appeal resolved as early as possible, while at the same time giving the parties to the hearing ample opportunity to present their cases, is appropriate," the agency maintains.