




## A Medicare Appeals Resource Guide

### FOR ADVOCATES SERVING MEDICARE BENEFICIARIES

This is a resource guide designed for advocates and attorneys appealing denial of Medicare coverage for health care services on behalf of clients, or for those who need to find helpful resources within Vermont for understanding Medicare services and assistance with Medicare issues. This guide was produced as a collaborative effort of the Community of Vermont Elders, Vermont Legal Aid, the Office of Health Care Access of Vermont, and representatives of health care providers and durable medical equipment suppliers.

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USERS PLEASE NOTE: This resource guide on Medicare appeals was prepared in the summer of 2004. In May 2005, due to changes in federal law, several changes were made to the Medicare Part A appeals process. This process now includes an independent review by medical personnel prior to the right to a hearing before an Administrative Law Judge. This new level of review is called "QIC," which stands for Qualified Independent Contractor. Beneficiaries will receive notice as to how to proceed through the QIC process as part of the documentation they receive after a redetermination. A similar change is going to be made to Part B appeals beginning in January 2006. Advocates preparing QIC reviews or with questions regarding changes in the appeals process are welcome to call the Medicare Advocacy Project of Vermont Legal Aid, Inc., in Springfield at (802) 885-5181 for technical support.

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