



## *Birmingham Medical News: End in Sight for Medicare ALJ Backlog?*

Articles / Publications  
01.17.2017

***Reprinted with Permission from the Birmingham Medical News***

As providers who are currently undergoing a Medicare claims appeal know, there is a lengthy delay to having an appeal actually heard by an Administrative Law Judge ("ALJ"). Some estimates indicate that it will currently take over ten (10) years to have an appeal heard. Due to a recent Court Order, that delay may be shortening over the years to come, which brings much needed relief to providers awaiting an ALJ hearing.

Before discussing the recent Court Order, a brief review of the Medicare claims appeal process is in order. When a provider receives notice that a Medicare claim has been improperly paid and that an overpayment exists, the provider has the right to appeal that decision. The first level of appeal is called a Redetermination. Under the Redetermination phase, the appeal is heard by the provider's Medicare Administrative Contractor ("MAC") based on written submission. While the provider has 120 days to file a Request for Redetermination review, if the request is filed within thirty (30) days, the filing stays the recoupment of funds. In other words, the appeal filing prevents the MAC from offsetting the alleged overpayment with current or future amounts owed to the provider. This stay is a huge benefit for providers who disagree with the overpayment finding and are pursuing an appeal.

To read the remaining list, download "End in Sight for Medicare ALJ Backlog?"

RELATED PROFESSIONALS

Kelli Carpenter Fleming