



NEW MEDICARE APPEALS PROCESS FIXES A SYSTEM THAT ISN'T BROKEN

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New appeals procedures for the traditional Medicare program, released today by the Centers for Medicare & Medicaid Services (CMS), the government agency responsible for the Medicare program, will make it harder, not easier, for Medicare beneficiaries to get a fair and fast review when denied coverage for a Medicare service, according to the Center for Medicare Advocacy, Inc.

“The new procedures take away the right of Medicare beneficiaries to have a face-to-face hearing with an impartial Administrative Law Judge, and require that hearings be conducted by video-teleconference,” Center for Medicare Advocacy executive director Judith Stein explains. “Even people with cognitive, visual and hearing impairments will be required to travel to VTC centers with no assurance that accommodations will be made to allow them to participate in the only level of review where they get to tell their side of the story.”

Under the new procedures, appeals will be conducted more like trials, meaning that fewer beneficiaries will be able to negotiate the system themselves without an attorney. Yet the rules will make it harder for beneficiaries to obtain lawyers to represent them. According to attorney Vicki Gottlich, “it’s a no win situation for older and disabled people who have been denied the Medicare benefits to which they are entitled.”

The Center will ask CMS to change the rule to ensure face-to-face in-person hearings in all situations. Ms. Stein explains, “The Center for Medicare Advocacy has won thousands of ALJ hearings on behalf of beneficiaries. This level of appeal has been the best chance for people with Medicare to win coverage to which they are entitled. It is not a broken system and does not need to be fixed.”