

## Medicare Appeals Council

After an ALJ makes his or her determination and issues a decision, a provider can appeal the decision to the Medicare Appeals Council (the Council). An appeal to the Council must be made within 60 days of receiving the ALJ's decision. Notably, the Council conducts a *de novo* review of an ALJ's opinion, meaning that it has nearly full reign in decided the issues that the ALJ decided. In-person hearings are generally unavailable at the Council, although in rare instances the Council may request to hear argument on a given topic. Council appeals are generally quite complex and must be treated like an appellate level type of forum.

**Liles Parker has significant experience filing and handling appeals to the Medicare Appeals Council as well as corresponding and interacting with the Council on various issues. Call today to learn more.**