



INPATIENT REHABILITATION FACILITY (IRF) APPEALS SETTLEMENT EXPRESSION OF INTEREST (EOI)

Appellants who have filed appeals for Inpatient Rehabilitation Facility (IRF) claims that are pending at the Medicare Administrative Contractor (MAC), Qualified Independent Contractor (QIC), Office of Medicare Hearings and Appeals (OMHA) or the Medicare Appeals Council (Council) at the Departmental Appeals Board may be eligible to settle those pending appeals in exchange for full or partial payment.

Appellants are *ineligible* to participate if they are in bankruptcy or are expected to file for bankruptcy. If you are in bankruptcy or you expect to file for bankruptcy, please do not submit this EOI. Appellants *may* be ineligible to participate if they are involved in False Claims Act litigation, investigations or settlements; or have other program integrity concerns, including pending civil, criminal, or administrative investigations.

An **Appeal** is eligible if:

1. It is either currently pending or within the timely filing period to appeal at the Medicare Administrative Contractor (MAC), the Qualified Independent Contractor (QIC), the Office of Medicare Hearing and Appeals (OMHA), or the Medicare Appeals Council (Council) level of appeal, as of the date of CMS' signature on the Settlement agreement;
2. It was correctly and timely filed at its most recent level of appeal;
3. It was filed with the MAC for redetermination no later than August 31, 2018;
4. It includes only claims that were fully denied by a Medicare contractor and remain in a fully denied status;
5. It does not include claims that were part of an extrapolation;
6. It was not beneficiary initiated;
7. The beneficiary was not found liable for the amount in controversy after the initial determination or participated in the reconsideration;
8. It does not involve items, services, drugs, or biologicals billed under unlisted, unspecified, unclassified, or miscellaneous healthcare codes (e.g., CPT Code 38999 Unlisted procedure, hemic or lymphatic system; K0108 Wheelchair component or accessory, not otherwise specified);
9. It does not arise from a MAC, QIC, OMHA, or Council dismissal order;
10. It includes Part A IRF claims only.

NOTE: All appeals that meet eligibility criteria must be settled. Appellants may not choose to settle some eligible appeals, but continue through the appeals process for others.

To request participation, please submit this completed EOI in PDF format to

MedicareAppealsSettlement@cms.hhs.gov beginning June 17, 2019, EOIs will be accepted through and including September 17, 2019. Original signatures, photocopies, and scanned copies of original signatures are acceptable. Please save or scan your signed EOI into PDF format and then send it as an attachment. Please submit one EOI for each National Provider Identifier (NPI).

Do not email any beneficiary personally identifiable information including beneficiary first or last names, beneficiary names represented by initials, beneficiary addresses, any part of beneficiaries' Medicare Numbers. Failure to protect beneficiaries' private data will result in rejection from the settlement process.

For more information on the settlement process, please visit <https://go.cms.gov/IRF>.

Appellant (Provider/Supplier) Name:

Appellant Point of Contact (POC) (not necessary if represented)		Representative name (if applicable) (must be an individual)	
E-mail Address:		E-mail Address:	
Point of Contact Title (not necessary if represented)		Representative firm or business (if applicable)	
Address		Address	
City	State	Zip Code	City State Zip Code
Phone Number (extension #, if any)	Fax Number	Phone Number (extension #, if any)	Fax Number

Please **type** the NPI. Please submit **one** NPI per EOI.

<u>NPI</u>	<u>Provider Transaction Access Number (PTAN)</u>

Is the Appellant currently in bankruptcy or expected to file for bankruptcy?

- YES NO

Has the Appellant executed a settlement agreement with the United States related to False Claims Act litigation or related conduct since January 1, 2010?

- YES NO

By signing my name below, I affirm that I am authorized to initiate the settlement process on behalf of the Appellant. I am requesting that CMS initiate the settlement process for Appellant’s appeals that are either currently pending or within the timely filing period to appeal at the MAC, QIC, ALJ, or Council levels of appeal. I understand that CMS will review the appeals that Appellant has pending and determine, to the best of its ability, which appeals would be eligible, if any. I understand that this EOI serves only to indicate Appellant’s interest in entering into a settlement. It does not constitute acceptance of an offer to settle any appeal. I understand that CMS is not obligated to enter into a settlement agreement with Appellant. I understand that certain appellants may be excluded from this process based on False Claims Act litigation, investigations, settlements or other program integrity concerns, including pending criminal, civil, or administrative investigations. I also understand that any party, including CMS, may respectfully decline participation in the settlement process at any time before an Administrative Agreement is signed, for any reason, or for no reason. I further understand that once a Spreadsheet of Eligible Appeals is provided to the Appellant, the Appellant has 15 days to respond in order to continue participation. If the Appellant does not respond within 15 days after the receipt of Spreadsheet of Eligible Appeals, the Appellant will be considered to have abandoned the process. I attest that the information provided in this EOI is true and correct to the best of my knowledge.

Appellant POC or Authorized Representative Signature	Appellant POC or Authorized Representative Printed Name	Date
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