Office of Hearings Case and Document Management System ("OH CDMS")

Provider Reimbursement Review Board ("PRRB") Module

External User Manual

Version 1.0

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1.   Introduction

The Office of Hearings Case and Document Management System ("OH CDMS") is a web-based portal for parties to enter and maintain their cases and to correspond with the Office of Hearings ("OH"). OH supports three distinct administrative hearing functions:

- The **Provider Reimbursement Review Board** ("PRRB"): provider appeals of cost report audits and other final determinations per 42 C.F.R. § 405, Subpart R;

- The **Medicare Geographic Classification Review Board** ("MGCRB"): hospital applications to request geographic redesignation to an alternative payment area per 42 C.F.R. § 412, Subpart L; and

- The **CMS Hearing Officer**: diverse range of matters brought by healthcare institutions, insurance issuers, state Medicaid plans, organ procurement organizations, and other entities per various regulatory authorities.

Access to the various modules is granted as needed based on role. Access to specific cases is limited to the parties of each case, including party representatives.

1.1   Conventions

- The term "system" is used throughout this document to refer to the PRRB module.

- Fields, buttons, and links to be acted upon are indicated in **bold** text.

- Specific objects are identified in screen prints with red outlines and arrows.

- Screen prints were created in a variety of browsers. Depending on the browser you use, your pages may vary from the examples in this manual.

1.2   Cautions & Warnings

1.2.1   Government-Authorized Use of the System

Upon logging in to OH CDMS, the Community Rules of Behavior page provides a warning banner displaying privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this government system. Users must consent to these rules of behavior to use the system.

1.2.2   Board Rules Take Precedence

This user manual is to be used as a guide only. If there are any inconsistencies between this user manual and the Board Rules, then the Board Rules prevail.

1.2.3   Session Expiration

Users will be automatically logged out of the system for security reasons if there is no activity (such as saving a page, navigating through pages, selecting a link, or performing a search) for more than 30 minutes.

Appeals may be saved in draft status prior to submission. However, there is no auto-save function so users must manually save any updates before navigating away from the browser window.

All other actions must be submitted while in an active browser window and may not be saved in a draft status. Entered information will be lost if the browser session expires or if the user navigates away from the browser window before submission.

1.2.4   Confidential Information

The Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule requires a covered entity and its business associates to make reasonable efforts to limit use, disclosure of, and requests for protected health information ("PHI") or other personally identifiable information ("PII") to the minimum necessary to accomplish the intended purpose. While the Privacy Rule permits uses and disclosures for litigation, subject to certain conditions, such information is generally not necessary for documentation submitted to the Board.

Because the record in Board proceedings may be disclosed to the public, the parties must carefully review their documents to ensure that they do not contain patient names, health insurance or social security numbers, addresses, or other information that identifies individuals. If the parties need to include materials with patient names, numbers, or other identifying information, they must redact (untraceably remove) the names and numbers and replace them with non-identifying sequential numbers. Any documentation submitted with unredacted PHI or PII (not submitted under seal) will be permanently removed from the record.

1.3   Accessibility Standards

OH is committed to making its electronic and information technologies accessible to people with disabilities. We strive to meet or exceed the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended in 1998.

If any content or use of any features in OH CDMS cannot be accessed due to a disability, please contact our Section 508 Team via email at 508Feedback@cms.hhs.gov.

For more information on CMS Accessibility and Compliance with Section 508, see the CMS Accessibility & Nondiscrimination for Individuals with Disabilities Notice.

2.   Getting Started

This section contains information on set up, user access, and system navigation.

2.1   Set-up Considerations

OH CDMS pages are designed to be viewed at a minimum page resolution of 800 x 600. To optimize OH CDMS access and performance:

- Disable pop-up window blockers in your browser.
- Verify that the latest version of JAVA and ActiveX are installed. See the JAVA website (www.java.com) or Adobe website (www.adobe.com).
- Ensure JavaScript and cookies are enabled.
- Ensure the following minimum system requirements are met.

Windows

- o 1.4GHz Intel® Pentium® 4 or faster processor (or equivalent) for Microsoft® Windows® XP, Windows 7 or Windows 8; 2GHz Pentium 4 or faster processor (or equivalent) for Windows Vista®
- o Windows 8 (32-bit/64-bit), Windows 7 (32-bit/64-bit), Windows Vista, Windows XP
- o 512MB of RAM (1GB recommended) for Windows XP, Windows 7 or Windows 8; 1GB of RAM (2GB recommended) for Windows Vista
- o Microsoft Internet Explorer 11 or higher; Mozilla Firefox 15.0 or higher; Google Chrome 17.0 or higher

Mac OS

- o 1.83GHz Intel Core™ Duo or faster processor
- o 512MB of RAM (1GB recommended)
- o Mac OS X 10.7.4, 10.8
- o Mozilla Firefox 15.0 or higher; Google Chrome 17.0 or higher

Linux

- o Ubuntu 11.04, 12.04; Red Hat Enterprise Linux 6; OpenSuSE 11.3
- o Mozilla Firefox 15.0 or higher

2.2   User Access Considerations

2.2.1   User Roles

This manual is intended for users from the following organization types. Your access and page display will vary depending on your user role.

- Provider Organization
- Parent Organization (corporate entity with ownership and/or management of multiple providers)
- Representative Organization (external legal or consulting firm)
- Medicare Administrative Contractor ("MAC")
- Appeal Support Contractor ("ASC")

While a provider, parent, or representative organization may file an appeal on behalf of the provider (or group of providers), one organization must be selected as the designated case representative with whom the Board maintains contact. Only the designated representative will have full access to review and take action on the case.

2.2.2   Accessing OH CDMS

Six distinct steps are required to access OH CDMS:

1. Access the CMS Enterprise Portal.
2. Create or confirm a secure CMS Enterprise Portal account via Enterprise Identity Management ("EIDM").
3. Request access to Salesforce within the CMS Enterprise Portal.
4. Request access to the OH CDMS application within the Salesforce App Store.
5. Complete OH CDMS Community Registration and request access to specific OH CDMS user role.
6. Launch OH CDMS.

Please refer to the OH CDMS External Registration and User Access Manual, which provides detailed instructions for users to request access.

2.2.3   Accessing the PRRB Module

Upon launching OH CDMS, the Community Rules of Behavior page is displayed. Review the information regarding access to this government information system. Select the **Accept** button to consent to these rules and continue to the OH CDMS landing page.

Figure 1: Community Rules of Behavior

The OH CDMS landing page is displayed. This screenshot may vary depending on your user role and access to the various modules. If you have Administration access, please refer to the OH CDMS Administration section at the end of this manual.

Select the **PRRB** tile to go to the PRRB home page. The functionality on the PRRB home page is addressed in Section 3, Using the System.

Figure 2: OH CDMS Landing Page

2.3   System Organization & Navigation

2.3.1   General Navigation

The pages in OH CDMS include various tools to navigate the site.

A. **Navigation Bar** with multiple tabs

The tab names differ based on the pre- or post-submission status for the appeal request. Users may click on a tab to navigate directly to the page with the referenced information.

B. **Welcome Bar** with drop-down menu

- **Home**: navigation to the OH CDMS landing page.
- **Help**: navigation to a pop-up window with help desk contact information and service hours
- **Logout**

C. **Action Buttons**

See table of standard action buttons below.

Figure 3: PRRB Page with Navigation Options

Button	Function
Save	Saves the current state of the fields within the appeal and refreshes the current page.
Save and Continue	Saves the current state of the fields within the appeal and navigates to the next page.
Cancel	Removes all input information since the last save.
Certify and Submit	Saves the current state of the fields within the appeal and electronically sends appeal to the PRRB for review. Button displays only on the Certify and Submit page.
Previous	Saves the current state of the fields within the appeal navigates to the prior page of the appeal. Displays on appeal pages after the General Information page.
Proceed	Navigates to a separate page to review or enter specific information or to confirm an action.

Table 1: Standard Action Buttons

2.3.2   User Interface

2.3.2.1   Required Fields

All fields are required unless specifically identified as optional.

2.3.2.2   Hover Messages

Hover over buttons and hyperlinks to view a brief message describing the navigation or action that will occur.
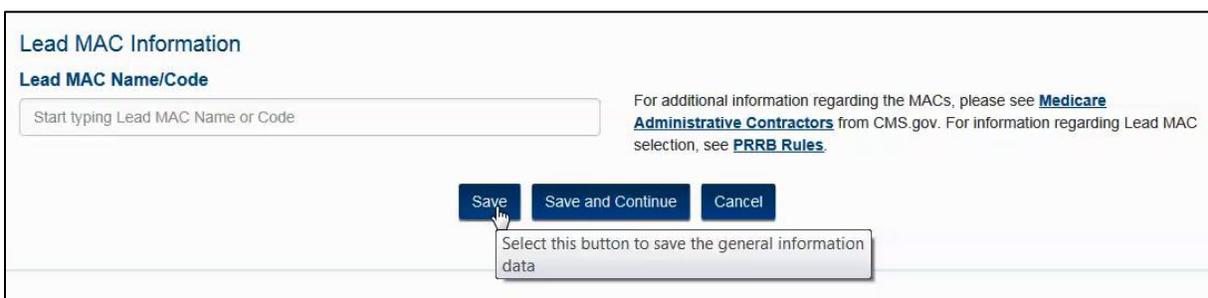
Figure 4: Hover Message

2.3.2.3   Predictive Text Fields

Throughout the system, there are a number of predictive text fields. When at least two characters are entered into the field, the system will display a list of possible entries that match the entered text. Continue entering characters to narrow the list. You must select the appropriate entry from the list to ensure the final data is captured.

Figure 5: Predictive Text Field

2.3.2.4   Confirmations

Throughout the system, an instant pop-up window is displayed to confirm each submission. Select the **Close** button to return to your page.
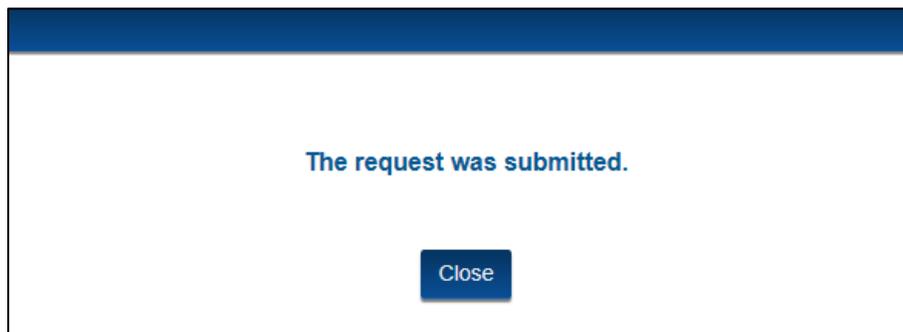
Figure 6: Submission Confirmation Message

Subsequently, both parties will receive an email with a detailed confirmation of correspondence document attached. That document will be stored in the case history for reference.

2.4   Upload Supporting Documents

Throughout the PRRB Module, users will be required to upload supporting documents. Although the window titles differ based on the context, the upload processes as noted below is the same regardless of the document type.

Note: It would be helpful for the Board and opposing party for the file names to be descriptive of the document being uploaded, both related to the type of document and case number (or provider if upload to a new case).

2.4.1   Direct Upload
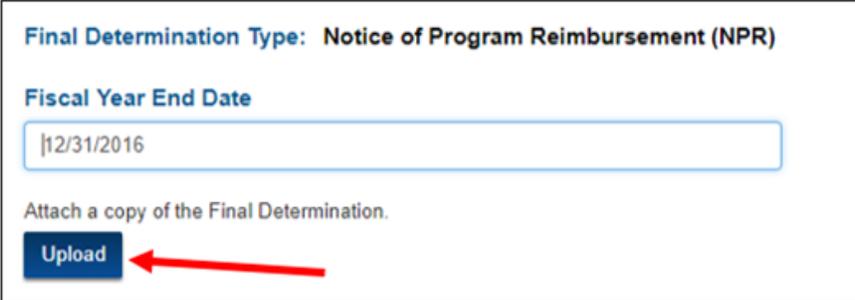
1. Select the **Upload** button.

Figure 7: Upload Button for Direct Upload

2. A pop-up window is displayed to attach the document. Select the **Browse** button if using Internet Explorer 11 or Mozilla Firefox browser (or select the **Choose File** button if using Google Chrome).
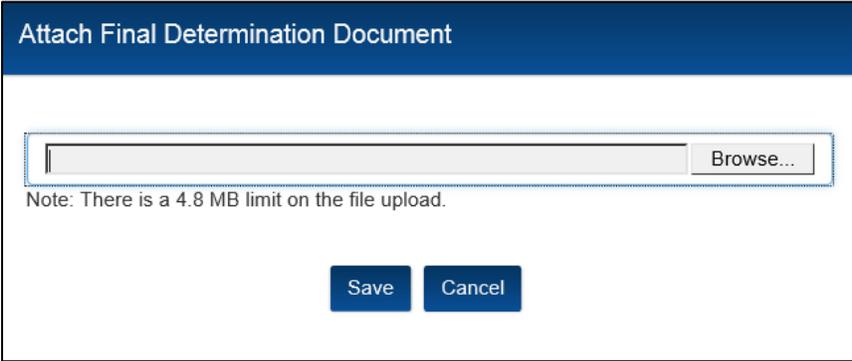
Figure 8: Attach Document Window in Internet Explorer
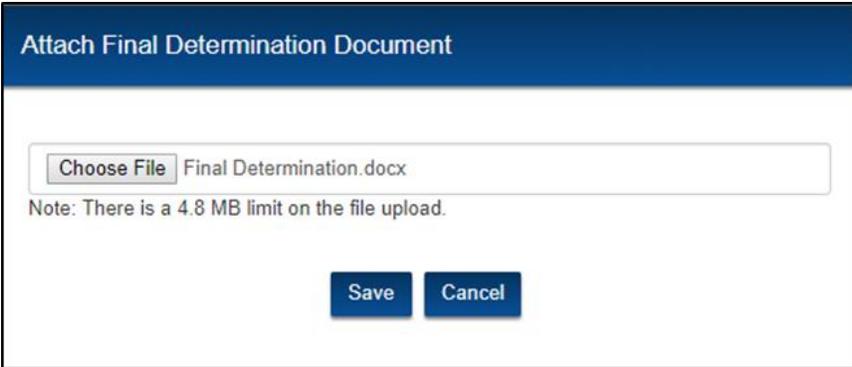
Figure 9: Attach Document Window in Google Chrome

3. Your file directory is displayed. Select the desired file.

4. Select the **Open** button.

5. The file name is displayed in the **Browse File** field.

6. Select the **Save** button to close the pop-up window.
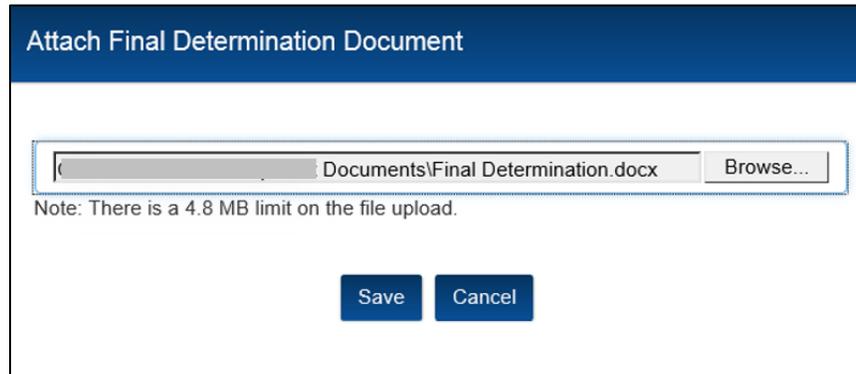
Figure 10: Attach Document Window with Selected File

7. The uploaded document type and file name are displayed on the page.
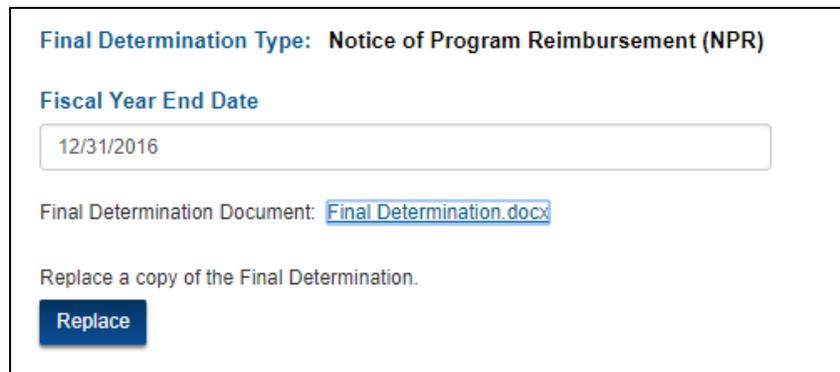
Figure 11: Confirmation of Uploaded Document

2.4.2   Pick-List Upload

In many instances, you may be required to upload several related documents. You will be prompted to indicate the type of the document from a drop-down menu before selecting the actual file.

1. Select the **Upload** button, which is accompanied by a blank table to identify the document type and document name.

Figure 12: Upload Button for Multiple Documents

2. A pop-up window is displayed to upload the necessary documents.
3. Select the type of document you wish to upload from the drop-down menu.

Figure 13: Select Document Type – Drop-Down Menu with Options Displayed

4. Select the **Browse** (or **Choose File**) button to navigate to the file in your directory and select it.

Figure 14: Selected File in Browse Field

5. Select the **Save** button.

6. Repeat steps 1-5 for each required (or optional) document.

7. The uploaded documents are displayed in a table with the associated document type and document name.

Figure 15: Uploaded Document Summary Table

2.4.3   Resequence Exhibits

For any submission where an exhibit is submitted, a listing of exhibits is also required. The listing must identify each of the exhibits and must match the order of the exhibits uploaded into OH CDMS. For large documents with many exhibits, there is an ability to resequence the exhibits if an error was made in the order of uploading.

1.   Select the **Resequence Exhibits** button

Figure 16: Resequence Exhibits Button

2.   A **Resequence Exhibits** pop-window is displayed, showing the Document Name and the current Sequence Number. Select the ▼ to open a pick list of available sequence numbers.

Figure 17: Resequence Exhibits Window

3.   Select the correct **Sequence Number** for each exhibit.

Figure 18: Sequence Number Drop-down

4. Note that the Sequence Numbers cannot be duplicated. There must be a unique number for each exhibit.

Figure 19: Sequence Number Error Message

5. Once all the Sequence Numbers are correct, select the **Save** button.

Figure 20: Resequence Exhibits Window with Corrections

6. The exhibits in the document table will be displayed in the corrected order.

2.4.4   File Upload Limitations

2.4.4.1   File Size

There is a message on each upload window identifying the file size limitation for uploaded documents. Files over the specified size cannot be uploaded. The system does allow, however, for the multiple uploads of the same document type for certain items deemed likely to exceed this document size limit. In such cases the document type label is appended with a number in the document summary table.

2.4.4.2   File Name <40 Characters

Files that have more than 40 characters in the file name cannot be uploaded and must be renamed to a shorter length.
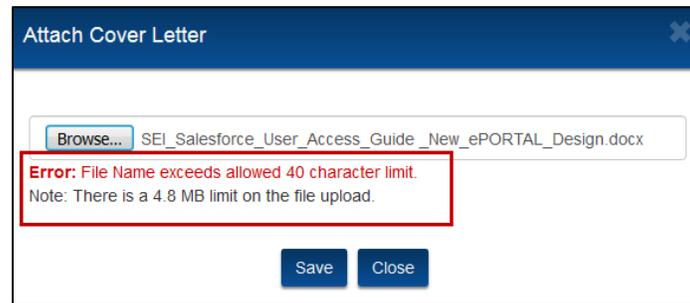
Figure 21: File Size/Name Limitation Error Message

2.4.4.3   Removal of Files

Documents cannot be removed once they been uploaded. If an error is noted, single file uploads may be replaced by following the original upload instructions. However, multiple file uploads must be cancelled and re-uploaded.

2.4.5   View Documents

Users are able to view previously submitted documents throughout the system.

1. Select the **View Documents** button.

Figure 22: View Documents Button

2. A **View Documents** pop-up window is displayed showing the document type and document name of available documents.

3. Select the **Document Name** link.
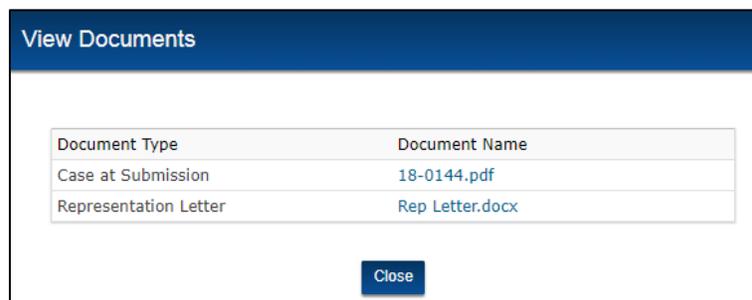
Figure 23: View Documents Window

3.   Using the System

This section provides detailed instructions on how to use the various functions and features of the PRRB module.

3.1   PRRB Home Page

Upon selecting the PRRB tile, the PRRB home page is displayed. The home page includes the following features:

- Create New Appeal button
- Open Cases dashboard
- Search for Case field
- Draft Appeals table
- Download Listing of Cases buttons

Figure 24: PRRB Home Page

3.1.1 Create New Appeal Button

Select the **Create New Appeal** button to create a new appeal. See Create a New Appeal section for detailed instructions.

3.1.2 Open Cases Table

Open cases are displayed as pie charts, one for individual and one for group cases. The group case pie chart includes both Optional and CIRP Group cases.

The color key below the pie charts indicates four pre-defined age ranges of the cases.

1. Select a section of an **Open Cases** pie chart or select one of the colored **key indicators** to open a listing of cases for that age range.

Figure 25: Open Cases Pie Charts

2. A listing of open cases is displayed showing basic case information. The listing is sorted by **Case Number**, but you can select any column header to change the sort order.

Figure 26: Open Cases by Age Category – Listing Headings with Sort Capability

3. Page navigation controls are included at the bottom of this list, including a count of total cases on the list. You can move through the pages by selecting the **Previous** or **Next** buttons or by selecting a specific **page number** link.

4. Select a **Case Number** link from the listing to navigate to the selected case.

Figure 27: Open Cases by Age Category – Page Navigation Controls

3.1.3   Search for Case Field

1. To search for a specific case (either open or closed), enter the case number in the **Search for Case** field**.**

2. Select the **Submit Search** button to proceed.

Figure 28: Search for Case Field and Disclaimer

3. Case numbers must be complete entries including proper suffix (G or GC), if applicable. The disclaimer below the Search for Case field provides additional data retrieval limitations.

- Only cases that are open as of the launch of OH CDMS or created since that date will be available.

- Closed cases will not be available indefinitely, but will be maintained for reporting in accordance with the CMS record retention guidelines.

- You will only be able to view cases you are authorized to retrieve.

4. If the case number entry is valid per the guidelines above and you are authorized to view the case, a table will display case data in a table.

5. Select the **Case Number** link to navigate to the selected case.

Figure 29: Search for Case Results

6. If an invalid case number is entered, you will receive one the two following warning messages.

Figure 30: Search for Case Warning Messages

3.1.4 Draft Appeals Table

The Draft Appeal table displays appeals that have been created and saved, but *not yet* submitted to OH. The most recently created case displays at the top of the list and the cases show the following data points.

- Record ID
- Provider/Group Name
- Appealed Period
- Period End
- Date Created

1. Select a **Record ID** link to navigate to the general information page of the draft appeal.

   a. The Record ID is a temporary system-generated identification for the draft appeal. Once the appeal is submitted, a permanent case number will replace the Record ID.

2. Select the **Delete** button to delete the draft appeal. This action completely removes the appeal record from the system so users are asked to confirm the request by selecting the **Proceed** button in a pop-up window.

Figure 31: Draft Appeals Table

Figure 32: Delete Draft Appeal – Confirmation Window

3.1.5   Download Listing of Cases Buttons

With the buttons in this section, you can download a list of cases based on case type (individual or group) and case status (open or closed)

1. Select one of the buttons (**Open Individual Cases**, **Closed Individual Cases**, **Open Group Cases**, or **Closed Group Cases**) at the bottom of the home page to download a listing of cases in Excel format.

Figure 33: Download Case List Buttons

a. Warning: You may see a warning message display prior to the Excel document opening because the Microsoft® product is receiving data from a non-Microsoft® platform. Select the **Yes** button to open the file.
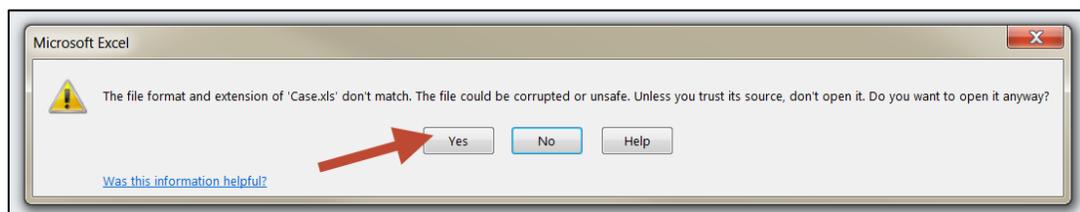
Figure 34: Microsoft® Excel Warning

b. Data Retrieval: The spreadsheet will report cases in the specified category subject to the following retrieval limitations.

- Only cases that were in an open status at the time of the OH CDMS launch or created after that date will be available.

- Closed cases will not be available indefinitely, but will be maintained for reporting in accordance with the CMS record retention guidelines.

- You will only be able to view cases you are authorized to retrieve.

c. Spreadsheet: Select the **Enable Editing** button to sort, modify, or save the spreadsheet to your local device.
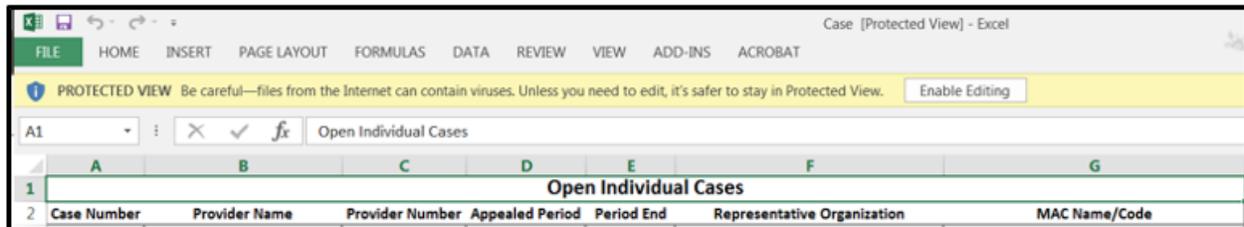
Figure 35: Sample Downloaded Case Listing

3.2   Create a New Appeal

1. Select the **Create New Appeal** button on the OH CDMS PRRB home page.

Figure 36: Create New Appeal Button

2. The **Select Appeal Type** window is displayed.

3. Select the desired appeal type:

- Individual Appeal
- Optional Group Appeal
- CIRP Group Appeal
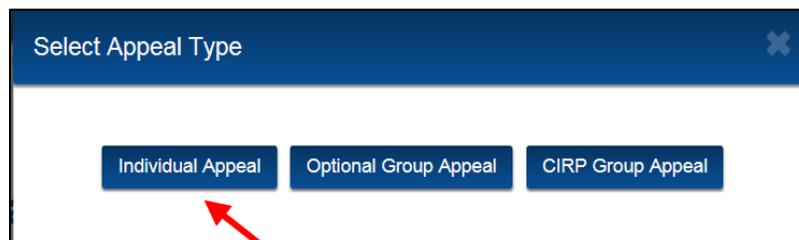
Figure 37: Select Appeal Type Window

4. All appeal types will navigate to a General Information page to begin data entry.

3.2.1   Individual Appeal

Select the **Individual Appeal** button on the Select Appeal Type window to begin data entry.

3.2.1.1   General Information Page

On the General Information page, you will be required to enter information for the provider, Medicare contractor, and designated representative.

Figure 38: Individual Appeal – General Information Page

3.2.1.1.1   Provider Information

1. Start typing the provider number or provider name in the **Provider Name/Number** field. This is a predictive text field, which means a list will be displayed after two characters are entered into the field. Continue entering characters to narrow the list.

    a. Either provider name or number will narrow the predictive text, but it is preferable to search using the provider number since that is a unique identifier. In contrast, provider names are very similar across the universe of possible providers nationwide. Also provider names may change over time, but the provider number remains constant.

Figure 39: Individual Appeal – Provider Information Predictive Text

2. You must select from the available list to complete the field entry. The provider's name, number, and address will be displayed below the field for confirmation.

Provider Information
Provider Name/Number

General Hospital (99-0101)

General Hospital (99-0101)
1234 Hospital Way
Baltimore, MD 21244

Figure 40: Individual Appeal – Selection of Provider Organization

3. If the provider organization is not located in the predictive text, select the "**I don't see my organization**." checkbox to create a new provider organization within OH CDMS.

Provider Information
Provider Name/Number

99-0020

☐ I don't see my organization. I would like to create a new organization.

Figure 41: Create New Provider Organization Checkbox

4. The page displays additional text fields to add full contact information for the new provider organization.

5. Enter all of the required information into the text fields, including:

- Provider Number
- Provider Name
- Mailing Address
- City
- State
- ZIP Code

General Information

Provider Information

☑ I don't see my organization. I would like to create a new organization.

Provider Number

Enter Provider Number (ex. 12-1234)

Provider Organization Name

Enter Provider Organization Name

Mailing Address

Enter Mailing Address

City

Enter City

State

Select State

ZIP Code

Enter ZIP Code (5 or 9 digits)

Figure 42: Create New Provider Organization Details

3.2.1.1.2   MAC Information

1. Start typing the **MAC code or name**. Similar to the provider entry, this is a predictive text field. Type "J-" for a complete list of MAC names and codes.

    a. If unsure of the MAC, check the organization that issued the final determination.

    b. For additional information regarding the MACs, please see Medicare Administrative Contractors from CMS.gov.

2. Select the appropriate entry from the list to ensure the final data is captured in the field.

Figure 43: Individual Appeal – MAC Information

3.2.1.1.3   Representative Information

1. Start typing the **Representative Organization** name. Similar to the provider and MAC entries, this is a predictive text field.

    a. The designated representative is the organization with whom the Board maintains contact for the case. Therefore, a Representative Organization must be entered for every case, even if a provider is representing itself.

    b. The representative field may be populated with a provider, parent, or external representative organization.

    c. The entry must be selected from established organizations in the system and cannot be added from this page if it does not display in the predictive list. Representation may be changed once a new organization has registered.

    d. If the organization is established, but there are no active contacts for the selected organization, an error will be displayed that states. "There are no contacts for this organization to represent the provider in this appeal. Select another organization." Representation may be changed once a new contact has registered.

2. Once the organization has been entered, a new field will open to enter the **Representative Contact**. This is a pick-list field displaying a complete list of contacts for the selected organization.

3. Select the specific contact person to represent the appeal.

    a. Although one person is selected as the designated representative contact, access is granted to all users within the specified organization to monitor the case and take action as needed. However, only the designated contact will receive email correspondence regarding the case.

4. The full contact information for the designated representative is displayed for confirmation.

Figure 44: Individual Appeal – Representative Information

5. Select the **Upload** button to attach the Representation Letter.

    a. A representation letter is required for all organization types, even providers that are representing themselves or parent organizations that are representing affiliated hospitals.

    b. See the Upload Supporting Documents section for detailed instructions to attach requested documentation.

6. The uploaded Representation Letter will be displayed with a link to review the document and a **Replace** button to change the document if needed. Note that the Representation Letter will be deleted if the designated representative is changed.

Figure 45: Individual Appeal – Representation Letter

Once all fields are completed, select the **Save and Continue** button to move to the **Determination Information** page.

3.2.1.2   Determination Information Page

On the Determination Information page, you will be required to identify the type of final determination and enter associated information for that determination. The determination types include:

- Notice of Program Reimbursement (NPR)
- Revised NPR
- Exception Determination
- Federal Register Notice
- Failure to Issue Timely Determination
- Quality Reporting Payment Reduction
- Other

1. Make a selection from the **Final Determination Type** drop-down menu.

2. Select the **Proceed** button to go to the Determination Support page to enter determination details and upload supporting documentation.

   Note: The determination type will not be saved if the supporting information is not fully completed and saved on the Determination Support page.

Figure 46: Individual Appeal – Determination Information

Figure 47: Individual Appeal – Select Determination Type

3. Based on the final determination type selected, a new page will open with information required for that specific determination. Sample Determination Support pages are

included in the subsections below to show different data entry fields and uploads required for the differ final determination types. *See* Board Rule 7.

4. Several final determination types have a drop-down option for the **Appealed Period** field. Select the appropriate period and complete the associated information.

Figure 48: Appealed Period Drop-Down

a. For a **Cost Reporting Period**, the appealed period is the fiscal year end date of the provider.

Figure 49: Appealed Period: Cost Reporting Period

b. For a **Federal Fiscal Year**, the appealed period will impact multiple cost reporting periods (unless the provider has a concurrent 9/30 year end) and you must identify those affected periods.

Example: If the provider has a 12/31 fiscal year end and is appealing FFY 2018 (which represents the period 10/1/2017 – 9/30/2018), then the affected cost reporting periods would be:

12/31/2017 (applicable to 10/1/2017 – 12/31/2017) and

12/31/2018 (applicable to 1/1/2018 – 9/30/2018).

Figure 50: Appealed Period: Federal Fiscal Year

c. For an appealed period **other** than a cost reporting period or federal fiscal year, you must identify the starting and ending dates of that period. You must also identify the affected cost reporting periods.

Example: If the provider has a 6/30 fiscal year end and is appealing a 2018 calendar year determination (which represents the period 1/1/2018 – 12/31/2018), then the affected cost reporting periods would be:

6/30/2018 (applicable to 1/1/18 – 6/30/18) and

6/30/2019 (applicable to 7/1/2018 – 12/31/2018).

Figure 51: Appealed Period: Other

3.2.1.2.1   Notice of Program Reimbursement (NPR)

Figure 52: Determination Support Page: Notice of Program Reimbursement

3.2.1.2.2   Revised NPR

Figure 53: Determination Support Page: Revised NPR

3.2.1.2.3   Exception Determination

Figure 54: Determination Support Page: Exception Determination

3.2.1.2.4 Federal Register Notice

Figure 55: Determination Support Page: Federal Register Notice

3.2.1.2.5 Failure to Issue Timely Determination

Figure 56: Determination Support Page: Failure to Issue a Timely Determination

3.2.1.2.6   Quality Reporting Payment Reduction

Figure 57: Determination Support Page: Quality Reporting Payment Reduction

3.2.1.2.7   Other

Figure 58: Determination Support Page: Other

Provide the requested information for the selected determination type as instructed and select the **Save** button to return to the **Determination Information** page. If necessary, you may:

- Select the **Edit Determination** button to modify an entry or upload for the existing Final Determination Type.
- Select the **Change Determination** button to change the Final Determination Type and enter all new information.

When all fields are completed, select the **Save and Continue** button to move to the Appeal Issues page.

3.2.1.3   Appeal Issues Page

On the Appeal Issues page, you will be required to identify the issues under appeal and enter associated information for each issue.

1. Select the **Add Issue** button to display the Issue-Related Information page.

Figure 59: Individual Appeal – Appeal Issues Page

2. Complete the fields and attach the requested documentation. *See* Board Rule 7. All fields are required except:

    a. If the protested issue question is marked "No," then the Protested Item Support upload is not required.

    b. The **Other Uploads** are optional submissions if you believe that there are additional documents to be submitted that will support jurisdiction in the case.

Figure 60: Individual Appeal – Issue-Related Information Page

3. Entries and documents will not be saved unless you complete the entire page and select the **Save** button.

4. The issues and key data are listed in a table on the **Appeal Issues** page.

- The issues can be edited or deleted by selecting the **Edit** or **Delete** buttons.

- Uploaded documents can be viewed by selecting the **View Uploads** or **Edit** buttons.

Figure 61: Individual Appeal – Appeal Issues Table with Action Buttons

5. Repeat these steps to add more issues to the Individual appeal.

Once all issues are completed, select the **Save and Continue** button to move to the **Review and Submit** page.

3.2.1.4   Review and Submit Page

Three accordion bars display a summary of the information submitted on the previous pages.

- To reveal the contents of a section, select the **plus icon** on the left side of the bar.

- To hide the contents of a section, select the **minus icon** on the left side of the bar.

- To edit the contents, select the **Edit** button from within an open section.
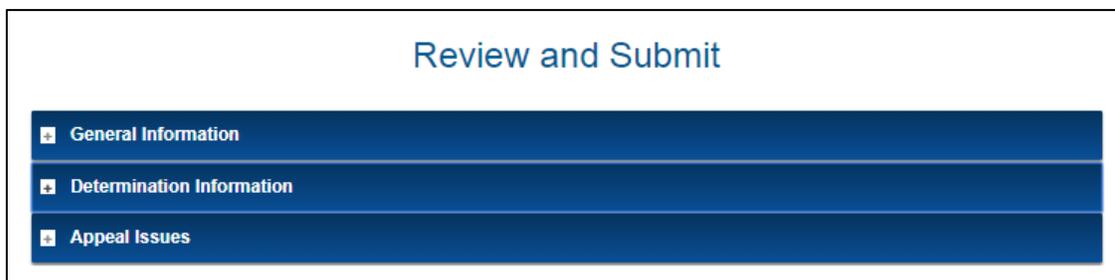
Figure 62: Individual Appeal – Review and Submit Page

3.2.1.4.1   Submission Errors

1. **Submission Errors** are displayed at the top of the page if a required answer, selection, or document was omitted during the appeal request process.

2. Click on the **error message** to navigate to the error.

3. Complete the missing information and the error message will disappear.

4. Repeat these steps for each error message. You cannot submit an appeal request until all errors have been cleared.

Figure 63: Individual Appeal – Review and Submit Page with Submission Errors

3.2.1.4.2   Certification Statements

1. When all information is entered and verified as accurate and you are ready to submit the appeal request, review the certification statements at the bottom of the page.

2. Accept each certification statement by selecting the corresponding checkbox.

3. Select the **Certify and Submit** button. Once the application is certified and submitted, it can no longer be edited.

Check each box to accept the following certification statements.

☐ I certify that none of the issues filed in this appeal are pending in any other appeal for the same period and provider, nor have they been adjudicated, withdrawn, or dismissed from any other PRRB appeal.

☐ I certify to the best of my knowledge that there are no other providers to which this provider is related by common ownership or control that have a pending request for a Board hearing on any of the same issues for a cost reporting period that ends in the same year covered in this request. *See* 42 C.F.R. § 405.1835(b)(4)(i).

☐ I certify that I have read and am familiar with Board statutes, regulations, and rules and, to the best of my knowledge, the appeal is filed in full compliance with such statutes, regulations, and rules.

☐ I certify that I am authorized to submit an appeal on behalf of the listed provider.

Previous   Certify and Submit   Cancel

Figure 64: Individual Appeal – Certification Statements

3.2.1.4.3   Submission Confirmation

1. An instant confirmation window is displayed indicating that your request has been submitted. Select the **Close** button to proceed.

2. You will receive an auto-generated confirmation email with a case number. The email will include a PDF document that summarizes the data entered and the files uploaded during the appeal request process.

3. Upon PRRB review of the application request, the Board will issue an acknowledgement notice identifying critical due dates.

The request has been submitted to the Provider Reimbursement Review Board. Parties will receive an e-mail with the case number and an acknowledgement letter with critical due dates.

Close

Figure 65: Individual Appeal – Submission Confirmation

3.2.2   Optional Group Appeal

Select the **Optional Group Appeal** button on the Select Appeal Type window to begin data entry.
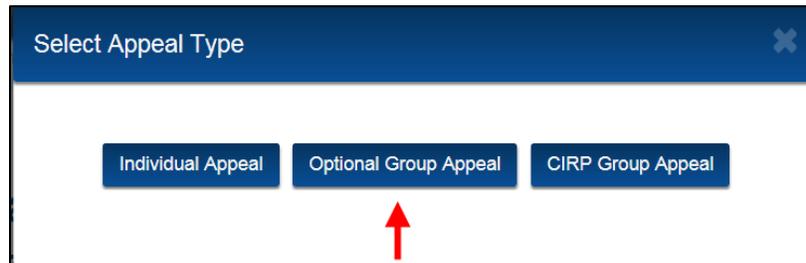
Figure 66: Select Appeal Type Window

3.2.2.1   General Information Page

On the General Information page, the type of group will be specified based on the initial selection. You will be required to enter information for the representative, issue, appealed period, and lead Medicare contractor.

Figure 67: Optional Group Appeal – General Information Page

3.2.2.1.1   Representative Information

1. Start typing the **Representative Organization** name. Similar to the individual appeal entries, this is a predictive text field.

    a. The designated representative is the organization with whom the Board maintains contact for the case.

    b. The representative field may be populated with a provider, parent, or external representative organization.

    c. The entry must be selected from established organizations in the system and cannot be added from this page if it does not display in the predictive list. Representation may be changed once a new organization has registered.

    d. If the organization is established, but there are no active contacts for the selected organization, an error will be displayed that states. "There are no contacts for this organization to represent the provider in this appeal. Select another organization." Representation may be changed once a new contact has registered.

2. Once the organization has been entered, a new field will open to enter the **Representative Contact**. This is a pick-list field displaying a complete list of contacts for the selected organization.

3. Select the specific contact person to represent the appeal.

    a. Although one person is selected as the primary contact, access is granted to all users within the specified organization to monitor the case and take action as needed.

4. The full contact information for the designated representative is displayed for confirmation.

Figure 68: Group Appeal – Representative Information

5. Note that there is no **Upload** button on the general information page to attach the Representation Letter. Each participant in the group will need to include a valid Representation Letter with the other provider-specific documentation.

3.2.2.1.2   Issue Information

1. Identify a brief **Issue Title**

2. Select the **Upload** button to attach the Issue Statement.

3. A link to the Issue Statement is displayed for review of the uploaded document, which may be replaced if necessary.

Figure 69: Group Appeal – Issue Information

3.2.2.1.3   Appealed Period Information

1. Answer the question "Is this appeal based on a Federal Register Notice?"

    a. If **Yes,** enter the **Federal Fiscal Year** that applies to the group appeal.

Figure 70: Group Appeal – Appealed Period (Federal Fiscal Year)

    b. If **No,** enter the **Calendar Year** that applies to the group appeal.

Figure 71: Group Appeal – Appealed Period (Calendar Year)

3.2.2.1.4   Lead MAC Information

1. Start typing the MAC code or name. Similar to the representative entry, this is a predictive text field. Type "J-" for a complete list of MAC names and codes.

2. If unsure of the Lead MAC, see Board Rule 12.9. For additional information regarding the MACs, please see Medicare Administrative Contractors from CMS.gov.

3. Select the appropriate entry from the list to ensure the final data is captured in the field.

Figure 72: Group Appeal – Lead MAC Information

Once all fields are completed, select the **Save and Continue** button to move to the **Provider List** page.

3.2.2.2   Provider List Page

The **Provider List** page is applicable to providers being directly added to a group appeal. If there are providers to be transferred into the group, the transfers must be initiated from the individual appeal after the group appeal is established. *See* Board Rule 16.

Note: If a group is to be formed solely through transfers, the group appeal may initially be established in OH CDMS with no participating providers. In such cases, the providers must be transferred immediately following the establishment of the group case in order to fulfill the regulatory requirement for the minimum number of providers per Board Rule 12.6. The Board will close all group cases that do not meet the minimum participant requirements.

1. Select the **Add Provider** button.

Figure 73: Group Appeal – Provider List Page

2. The **Add Provider** page is displayed.

Figure 74: Group Appeal – Add Provider Page

3.2.2.2.1   Provider Identification

1. Start typing the provider number or provider name in the **Provider Name/Number** field. This is a predictive text field, which means a list will be displayed after two characters are entered into the field. Continue entering characters to narrow the list.

   a. Either provider name or number will narrow the predictive text, but it is preferable to search using the provider number since that is a unique identifier. In contrast, provider names are very similar across the universe of possible providers nationwide. Also provider names may change over time, but the provider number remains constant.

2. You must select from the available list to complete the field entry. The provider's city and state will be displayed for confirmation.

3.2.2.2.2   Determination Information

1. Select the **Final Determination Type** from the drop-down menu.

2. Select the **Proceed** button to go to the Determination Information page.

Figure 75: Group Appeal – Proceed to Determination Information

3. Reference the individual appeal determination information at section 3.2.1.2 for instructions to complete the Determination Information page.

   a. The only difference is that for a group appeal, the Medicare contractor applicable to the specific provider must be identified on the determination page. The provider's MAC may be the same or different than the lead Medicare contractor on the overall case.

4. Enter all required information and attach all required uploads. Select **Save**.

5. The associated information will be displayed on the Add Provider page.

   - Select the **Edit Determination** button to modify any entry or upload for the existing Final Determination Type.

   - Select the **Change Determination** button to change the Final Determination Type and enter all new information.

Figure 76: Group Appeal – Determination Information Summary on Add Provider Page

3.2.2.2.3   Issue-Related Information

1. Select the **Proceed** button to go to the Issue-Related Information page for the provider.

Figure 77: Group Appeal – Proceed to Issue-Related Information

2. Reference the individual appeal issues information at <u>section 3.2.1.3</u> for instructions to complete the Issue-Related Information page.

   a. There are two differences between the individual appeal page and the group appeal page.

- The issue title and issue statement are provided as general information for a group, rather than on issue-related page for the individual appeal.

- A representation letter must be provided for each participating provider on the issue-related information page for a group. The letter must correspond to the selection of the representative made on the General Information page.

3. Enter all required information and attach all required uploads. Select **Save**.

Figure 78: Group Appeal – Issue-Related Information Page

4. The associated information will be displayed on the Add Provider page.

- Select the **Edit Issue** button to modify any entry or upload for the existing Issue-Related Information.

Figure 79: Group Appeal – Issue-Related Information Summary on Add Provider Page

3.2.2.2.4   Completion of the Add Provider Process

1. Select the **Save** button on the Add Provider page to save the full information for the participating provider and be navigated back to the main Provider List page. The information will be displayed in a table of providers.

   - Select the **Edit** button to modify determination or issue-related information for the specific provider.

   - Select the **Delete** button to remove the provider from the appeal request.

   - Select the **View Uploads** button to review the supporting documents.
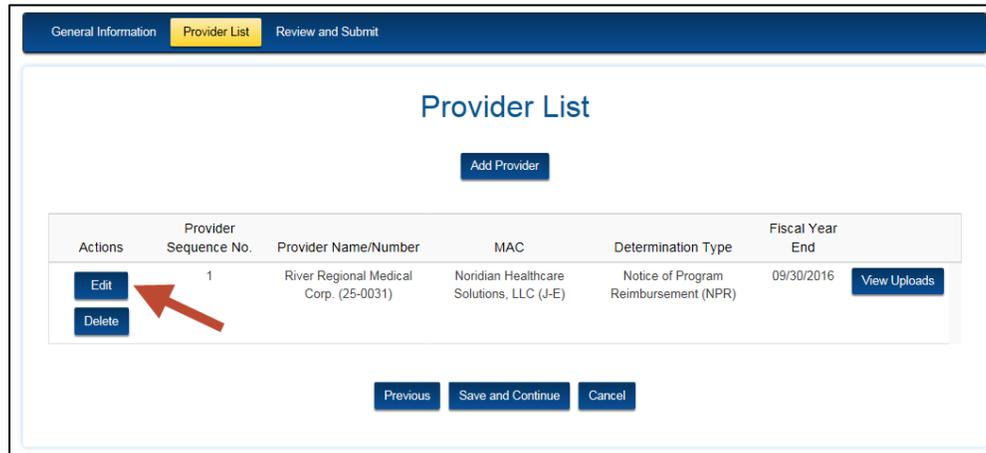
Figure 80: Group Appeal – Provider List Buttons
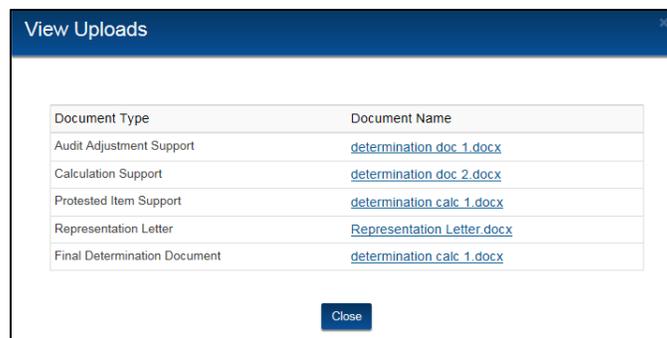
Figure 81: Sample View Uploads Window

2. Repeat until all of the providers to be directly added to the appeal have been completed. Select the **Save and Continue** button to move to the **Review and Submit** page.

3.2.2.3   Review and Submit Page

A **Pending Case Name** is developed based on the information previously entered on the General Information page. The naming convention is built by the Representative Organization Name (or Parent Name if a CIRP group) + Appealed Period + Issue Title.

Two accordion bars display a summary of the information submitted on the previous pages.

- To reveal the contents of a section, select the **plus icon** on the left side of the bar.
- To hide the contents of a section, select the **minus icon** on the left side of the bar.
- To edit the contents, select the **Edit** button from within an open section.

Figure 82: Group Appeal – Review and Submit Page

3.2.2.3.1   Submission Errors

1. **Submission Errors** are displayed at the top of the page if a required answer, selection, or document was omitted during the appeal request process.

2. Click on the **error message** to navigate to the error.

3. Complete the missing information and the error message will disappear.

4. Repeat these steps for each error message. You cannot submit an appeal request until all errors have been cleared.
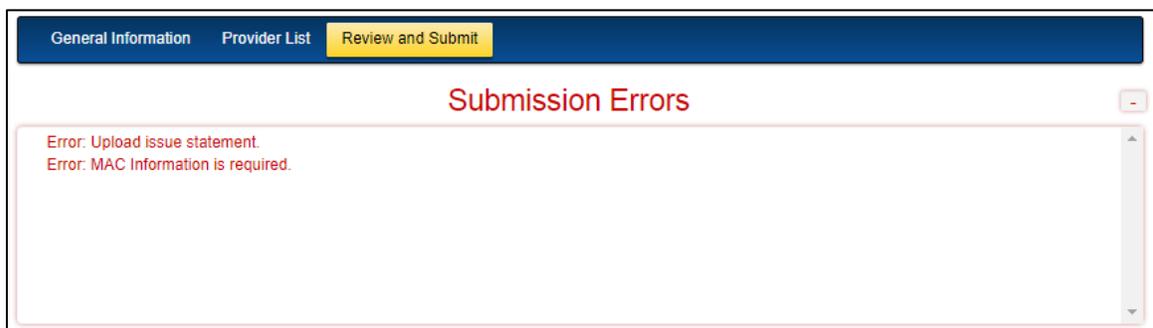
Figure 83: Group Appeal – Review and Submit Page with Submission Errors

3.2.2.3.2   Group Fully Formed

For group appeal requests with two or more providers, you must address whether the group is fully formed. The question will not display if fewer than two providers were added. *See* PRRB Rule 19.

Figure 84: Group Appeal – Group Fully Formed Question

3.2.2.3.3   Certification Statements

1. When all information is entered and verified as accurate and you are ready to submit the appeal request, review the certification statements at the bottom of the page.

2. Accept each certification statement by selecting the corresponding checkbox. Note that the second certification statement below applies to optional groups only and will not be displayed for CIRP groups.

3. Select the **Certify and Submit** button. Once the application is certified and submitted, it can no longer be edited.

Check each box to accept the following certification statements.

☐ I certify that the group issue filed in this appeal is not pending in any other appeal for the same period for the same providers, nor has it been adjudicated, withdrawn, or dismissed from any other PRRB appeal.

☐ I certify to the best of my knowledge that there are no other providers to which these participating providers are related by common ownership or control that have a pending request for a Board hearing on the same issue for a cost reporting period that ends in the same calendar year covered in this request. *See* 42 C.F.R. § 405.1837(b)(1)(i).

☐ I certify that I have read and am familiar with Board statutes, regulations, and rules and, to the best of my knowledge, the appeal is filed in full compliance with such statutes, regulations, and rules.

☐ I certify that I am authorized to submit an appeal on behalf of the listed providers.

Previous   Certify and Submit   Cancel

Figure 85: Group Appeal – Certification Statements

3.2.2.3.4   Submission Confirmation

1. An instant confirmation window is displayed indicating that your request has been submitted. Select the **Close** button to proceed.

2. You will receive an auto-generated confirmation email with a case number. The email will include a PDF document that summarizes the data entered and the files uploaded during the appeal request process.

3. Upon PRRB review of the application request, the Board will issue an acknowledgement notice identifying critical due dates.

3.2.3   CIRP Group Appeal

Select the **CIRP Group Appeal** button on the Select Appeal Type window to begin data entry.

Select Appeal Type   ✖

Individual Appeal   Optional Group Appeal   CIRP Group Appeal
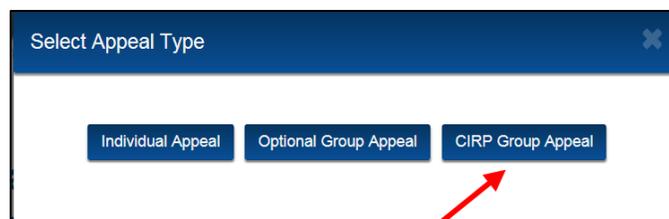
Figure 86: Select Appeal Type Window

3.2.3.1   General Information

On the General Information page, the type of group will be specified based on the initial selection. You will be required to enter information for the parent organization, representative, issue, appealed period, and lead Medicare contractor.

Figure 87: General Information Page – CIRP Group Appeal

3.2.3.1.1   Parent Information

1. Start typing the **Parent Organization** name. This is a predictive text field.

2. Select from the available list to complete the field entry.

3. If the parent organization is not yet entered in the PRRB module, select the "**I don't see my organization**." checkbox.
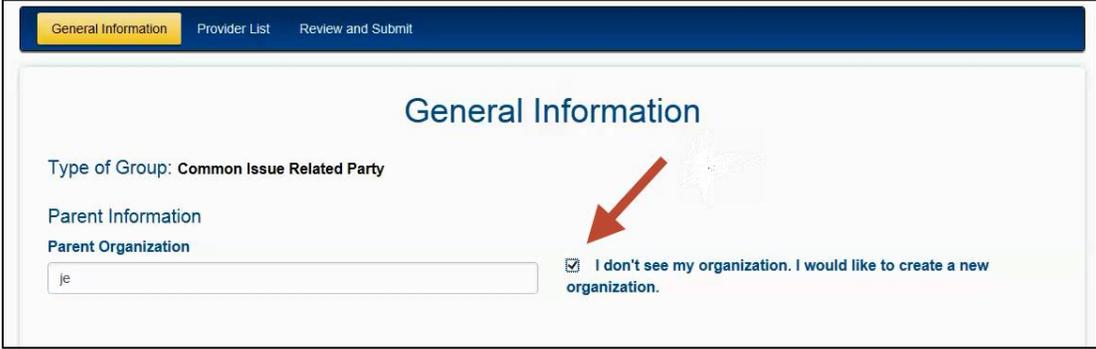
Figure 88: Add New Parent Organization Checkbox

4. The page displays additional text fields to identify the contact information for the new parent organization.
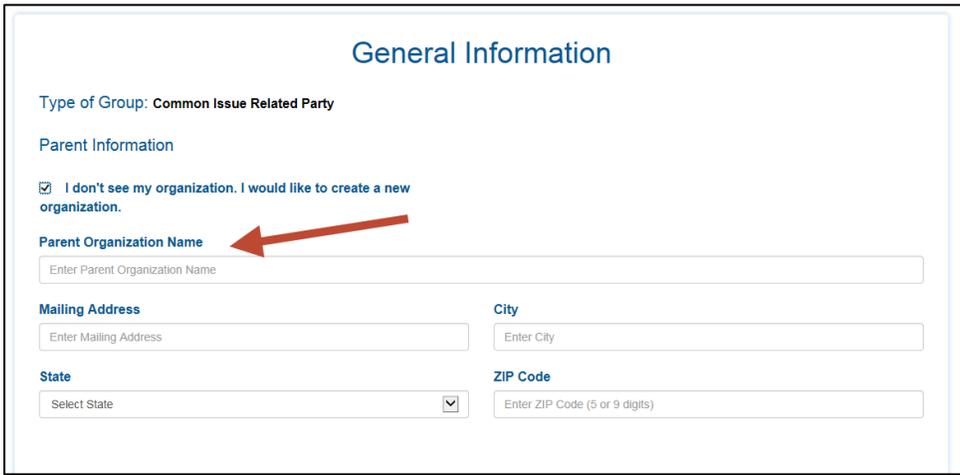
Figure 89: Complete New Organization Details

3.2.3.1.2   Remainder of CIRP Group Appeal Request

To complete the remainder of the CIRP Group appeal request, reference the Optional Group Appeal at section 3.2.2 for detailed instructions.

3.3   Manage Open Cases

Navigate to the PRRB home page. Select an open case from the pie chart or by using the search field for a specific case number. Select the **Case Number** link and the Case Contacts page is displayed for the specified case.

The Case Number and Case Name are displayed in the top left corner of each page for reference.

The navigation bar displays the available pages for individual appeals and group appeals.

Figure 90: Open Individual Appeal – Navigation Bar

Figure 91: Open Group Appeal – Navigation Bar

The **PRRB Home Page** button at the bottom of all pages within the case may be used to exit the case and return to the home page.

3.3.1 Case Contacts Page

The Case Contacts page displays information regarding the parties of the case. The information is read-only and varies by type of case. Board Advisor information will be added once the case is scheduled for hearing.

Figure 92: Sample Case Contacts Page (Individual)

3.3.2 Case Issues Page (Individual Cases Only)

The Case Issues page displays information regarding all of the issues raised within an individual appeal, including issue number, issue title, the type and date of the final determination from which the issue was raised, audit adjustment number, and amount in controversy. The page also shows the current status of each issue and the date the status changed from open to the alternative status (transferred, withdrawn, resolved, or dismissed).

Depending on the status of the issues and case, the following action buttons may be displayed:

- **Transfer**
- **Withdraw**
- **View Uploads**
- **Add Issue**

Figure 93: Case Issues Page (Individual Appeal)

3.3.2.1   Transfer Issue

1. Select the **Transfer** button for the issue you wish to move to a group case. The **Transfer Issue** page is displayed. There are three distinct sections on this page.

   a. The **Issues Details** section identifies the issue selected for transfer and allows for the opportunity to view uploads associated with that issue.

   b. The **Group Case Number** section is used to identify the group case to which the issue will be transferred.

   c. The **Certification** section includes a number of statements that must be verified to support the validity of the transfer request.

Figure 94: Transfer Issue Page

2. Ensure the selected issue is the one intended for transfer.

3. Enter the group case number to which the issue is being transferred in the **Group Case Number** field.

4. Select the **Retrieve** button to verify the group name associated to the entered case number.

5. The group number must be completely entered, including the appropriate G or GC suffix, to retrieve a valid case number. You may not select a fully formed group or an individual appeal.

   a. If an invalid entry is made, you may receive one of the following errors:
   - Error: Case Number is required.
   - Error: Group case number format is invalid.

- Error: Group case number entered cannot be found.
- Error: The issue cannot be transferred to a fully formed group.

b. If a valid entry is made, the group case name will be displayed below the **Group Case Number** field.
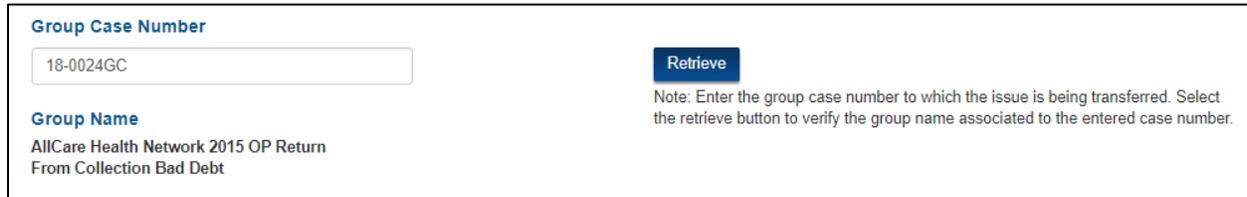
Group Case Number

18-0024GC

Retrieve

Note: Enter the group case number to which the issue is being transferred. Select the retrieve button to verify the group name associated to the entered case number.

Group Name

AllCare Health Network 2015 OP Return From Collection Bad Debt

Figure 95: Retrieve Group Case

6. Attach a representation letter to support that the representative of record for the group appeal is authorized to represent the specific provider being transferred into the group. The upload is required even if it is the same organization representing both the individual and group appeals.

7. Select the checkboxes to affirm the certification statements and select the **Submit** button.

8. The **Verify Issue Transfer** window is displayed. Enter **Yes** in the field to confirm the transfer and select the **Proceed** button.
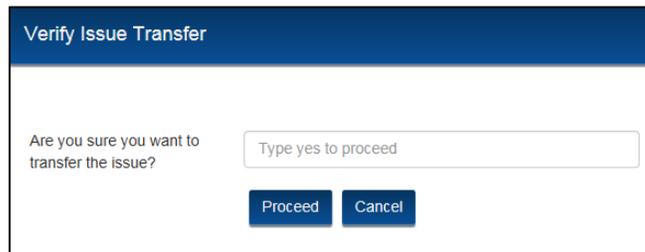
Verify Issue Transfer

Are you sure you want to transfer the issue?

Type yes to proceed

Proceed   **Cancel**

Figure 96: Verify Issue Transfer

a. If this is the last issue on a case, a different message is displayed indicating that the individual case will be closed after the transfer. Enter **Yes** in the field to confirm the transfer and select the **Proceed** button.
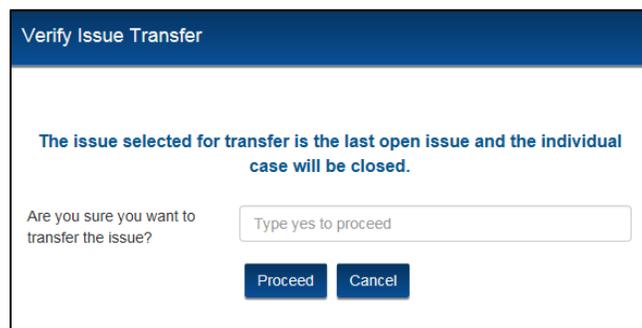
Verify Issue Transfer

The issue selected for transfer is the last open issue and the individual case will be closed.

Are you sure you want to transfer the issue?

Type yes to proceed

Proceed   **Cancel**

Figure 97: Verify Issue Transfer with Warning Message

3.3.2.2 Withdraw Issue

1. Select the **Withdraw** button for the issue you wish to withdraw. The Withdraw Issue confirmation window is displayed.

2. Enter **Yes** in the field to confirm the withdrawal and select the **Proceed** button.

Figure 98: Withdraw Issue Confirmation Window

3.3.2.3 Add Issue

Issues may be added to an individual case in accordance with Board Rule 6.2. The **Add Issue** button will be visible for action until the expiration of the add issue period.

1. Select the **Add Issue** button. The Add Issue page is displayed.

2. Reference the Appeal Issues page within the individual appeal request at section 3.2.1.3 for detailed instructions.

3.3.3 Case Participants Page (Group Cases Only)

The Participants page displays information regarding all of the participating providers raised within a group appeal, including provider name and number, the provider's MAC, final determination type, appealed period, and the source of the participant (transfer or direct add). The page also shows the current status of each participant and the date the status changed from active to an alternative status.

Depending on the status of the participants and case, the following action buttons may be displayed:

- **Withdraw**
- **View Uploads**
- **Add Participant**

Figure 99: Case Participants Page

3.3.3.1   Withdraw Provider

1. Select the **Withdraw** button for the provider you wish to withdraw. The Withdraw Provider confirmation window is displayed.

2. Enter **Yes** in the field to confirm the withdrawal and select the **Proceed** button.

Figure 100: Withdraw Provider Confirmation Window

3.3.3.2   Add Participant

1. Select the **Add Participant** button, which will be visible for action until a case is fully formed. The Add Provider page is displayed.

2. Reference the Provider List page within the group appeal request at <u>section 3.2.2.2</u> for detailed instructions, though there are two additional steps necessary when adding to an established group.

3. Answer the question: "Is the group fully formed?"

4. Check the box to accept the certification statement: "I certify that I am authorized to submit an appeal on behalf of the listed provider." Select the **Save** button.

Figure 101: Add Provider Window for Established Group Case

3.3.4 Case Actions Page

The Case Actions page contains two sections. The top table is designed to respond to specific requests for additional information from the PRRB. The Case Correspondence dropdown allows you to submit additional correspondence as needed.

3.3.4.1 Case Actions Table

The case actions table displays notifications from the PRRB, including the date requested, notification type, document requested, owner, and the due date. This table also displays actions from the opposing party that may require a response, such as jurisdictional challenges or expedited judicial review requests.

Respond buttons are only available for the actions that belong the user viewing the page. For example, the image below is applicable to a provider's designated representative. The representative may only respond to items for which the provider is named the owner and may not respond to items assigned to the MAC.

There may be items that are informational only, such as the date of the live hearing, and do not require a separate response through the system. For those items, there will not be a Respond button for either party.

Case Contacts	Case Issues	Case Actions	Case History

Case Number: 18-0158
Case Name: Lehigh Valley Hospital (39-0133), FYE 12/31/2017

Case Actions

Date Requested	Notification Type	Document Type	Owner	Date Due	Action
08/10/2018	Case Acknowledgement and Critical Due Dates	Preliminary Position Paper/PJSO	Provider	04/06/2019	Respond
08/10/2018	Case Acknowledgement and Critical Due Dates	Preliminary Position Paper	MAC	08/04/2019	
08/10/2018	Notice of Hearing	Final Position Paper	Provider	05/12/2020	Respond
08/10/2018	Notice of Hearing	Final Position Paper	MAC	06/11/2020	
08/10/2018	Notice of Hearing	Responsive Position Paper (Optional)	Provider	07/11/2020	Respond
08/10/2018	Notice of Hearing	Witness List	Provider	07/11/2020	Respond
08/10/2018	Notice of Hearing	Witness List	MAC	07/11/2020	
08/10/2018	Notice of Hearing	Additional Copies of Final Position Paper	Provider	07/31/2020	Respond
08/10/2018	Notice of Hearing	Additional Copies of Final Position Paper	MAC	07/31/2020	
08/10/2018	Live Hearing Date		Provider	08/10/2020	

Figure 102: Case Actions Page – Case Actions Table

1. Select the **Respond** button. A response page specific to the required document type is displayed.

2. Attach the requested document(s) and complete applicable data fields.

3. Select the checkbox to affirm the certification statement.

4. Select the **Submit** button.

5. A confirmation message is displayed. Select the **Close** button to navigate back to the **Case Actions** page.

6. You will also receive an email with the Confirmation of Correspondence attached as a PDF file.

7. After you have responded to the request, the Case Actions table no longer displays the notification or Respond button.

3.3.4.2   Sample Response Pages

Sample response pages and associated uploads are included below, but note that this is not an all-inclusive list of potential responses.

3.3.4.2.1   Proposed Joint Scheduling Order

Figure 103: Sample Notification Response Page – PJSO
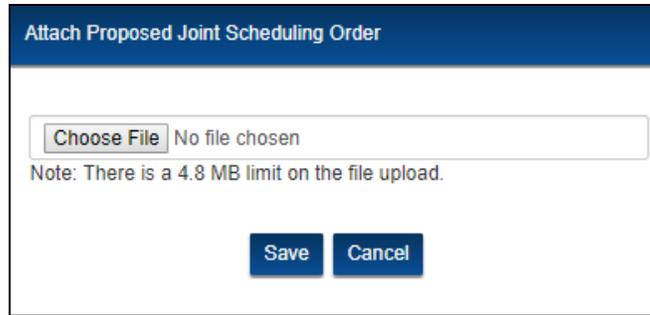
Figure 104: Sample Notification Response Upload – PJSO

3.3.4.2.2 Preliminary Position Paper
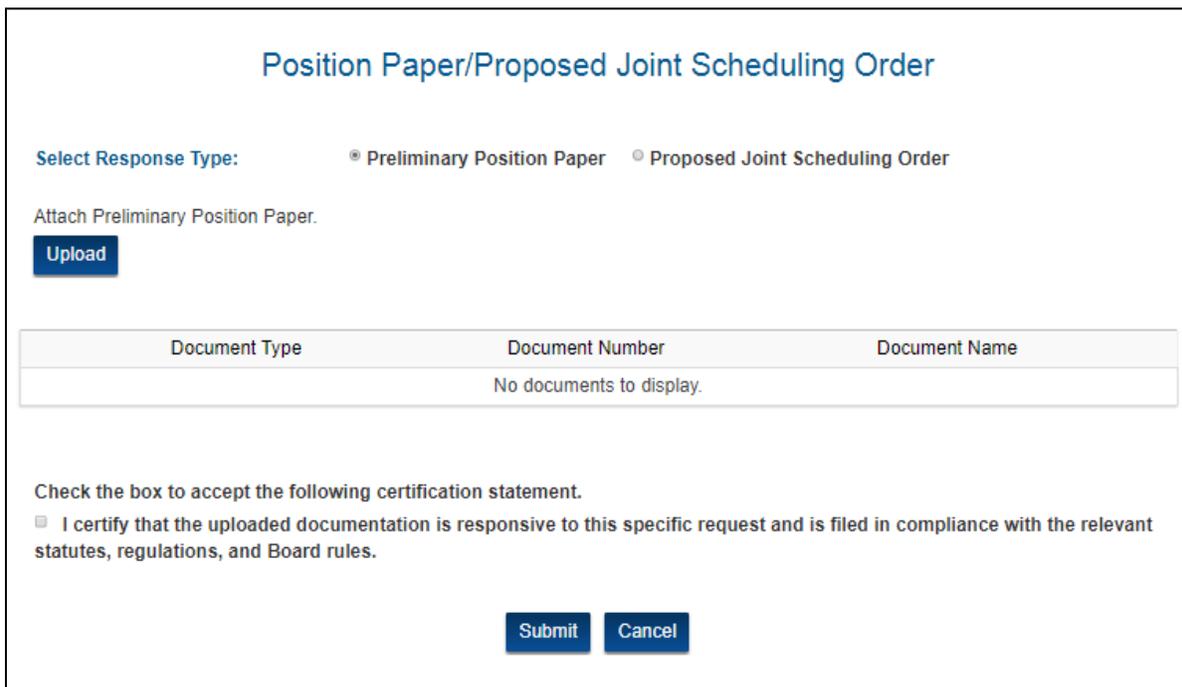
Figure 105: Sample Notification Response Page – Preliminary Position Paper
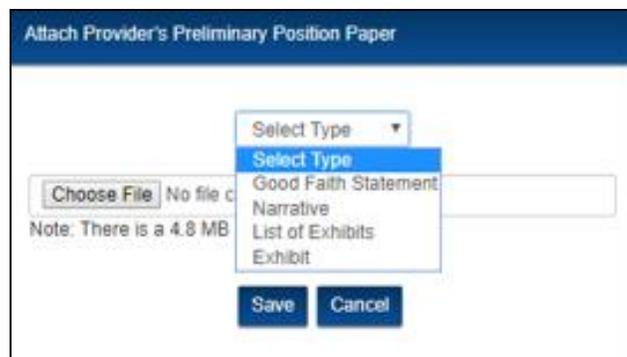
Figure 106: Sample Notification Response Uploads – Preliminary Position Paper

3.3.4.2.3   Final Position Paper

Figure 107: Sample Notification Response Page – Final Position Paper

Figure 108: Sample Notification Response Uploads – Final Position Paper

3.3.4.2.4   Witness List

Figure 109: Sample Notification Response Page – Witness List

Figure 110: Sample Notification Response Uploads – Witness List

3.3.4.2.5   Additional Copies

Figure 111: Sample Notification Response Page – Additional Copies

3.3.4.3   Case Correspondence Drop-Down

The **Case Correspondence** feature allows you to submit correspondence to the PRRB that was not specifically asked for in a notification.

1. Select an option from the drop-down menu.

    - Add Determination (individual cases only)
    - Withdraw Case
    - Change Representative
    - Change MAC
    - Group Fully Formed (group cases only)
    - Expedited Judicial Review
    - Administrative Resolution
    - Withdraw Issue(s) – Agreement to Reopen
    - Mediation Request
    - Reconsideration
    - Other

2. Select the **Proceed** button to navigate to the associated correspondence page.

3. After an action is completed, you will receive an instant pop-up confirmation message. You will also receive an email with the **Confirmation of Correspondence** attached as a PDF file.
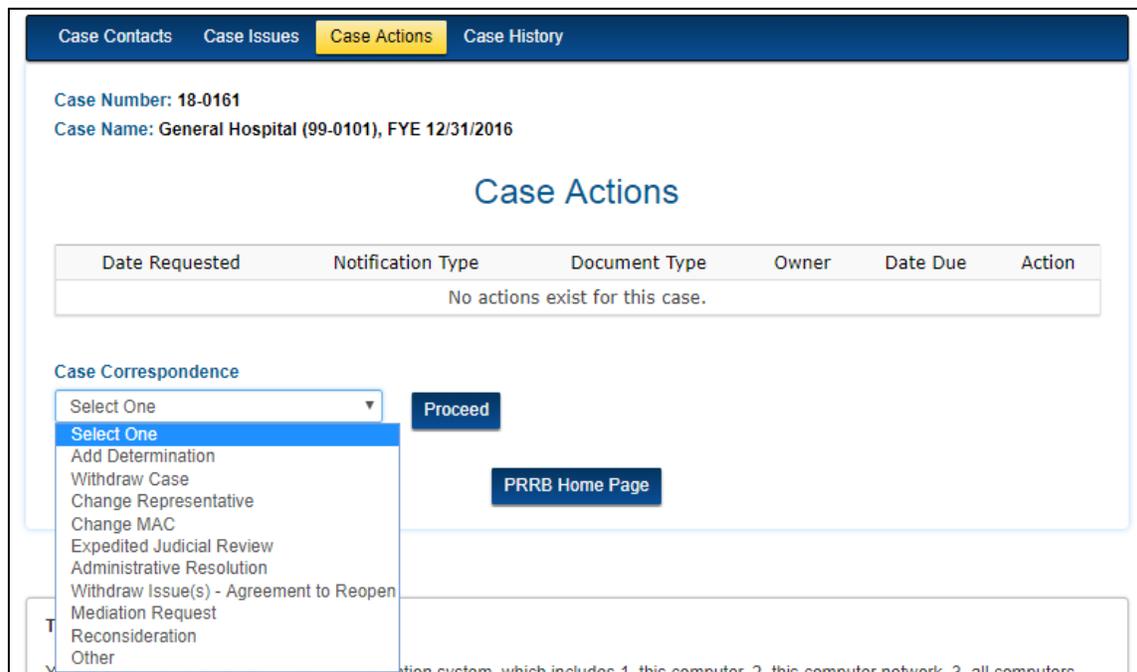
Figure 112: Case Actions Page – Case Correspondence Drop-Down Menu (Individual Case)

Figure 113: Case Actions Page – Case Correspondence Drop-Down Menu (Group Case)

3.3.4.3.1   Add Determination

Additional final determinations may be added to individual cases only. For example, if a revised NPR is issued for a provider that already has an active appeal from its original NPR, then the revised NPR determination may be added to existing case.

See the Determination Information page at section 3.2.1.2 and the Appeal Issues page at section 3.2.1.3 for instructions to complete the Add Determination pages.

Caution: Due to the extensive volume of information to be entered within this one case action, OH recommends that you save often to maintain an active browser session. *See* Session Expiration guidelines at section 1.2.2.

3.3.4.3.2   Withdraw Case

1. Select the checkbox to **certify** your authorization to withdraw the case. Select the **Submit** button.

Figure 114: Withdraw Case Window

2. The **Case Withdraw** window is displayed. Enter **Yes** to confirm the action and select the **Proceed** button.
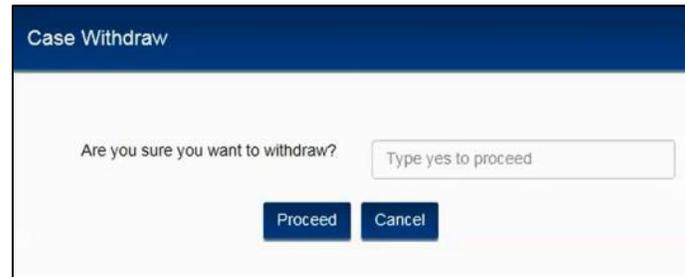
Figure 115: Withdraw Case Confirmation

3.3.4.3.3   Change Representative

1. Start typing the new **Representative Organization** name in the field and select from the predictive drop-down menu.

    - The designated representative may be a provider, parent, or representative organization that is active within OH CDMS.

    - All cases must have an identified representative, even if the provider opts to represent itself.

Figure 116: Change Representative Page

2. Select a **Representative Contact** from the predictive drop-down menu that is based on the selected representative organization. The contact's full information will be displayed for reference and confirmation.

3. Select the **Upload** button to attach the new Representation Letter(s). For an individual case there is a single upload. For a group case, a letter must be submitted for each provider participating in the group, so there is a multiple upload option.

4. Select the Submit button.

Figure 117: Change Representative Page with Data Entry

3.3.4.3.4   Change MAC

1. Enter the new **MAC name or number** in the predictive text field.

2. Upload the required documentation to explain the need for a change in MAC.

3. Select the **Submit** button.

Figure 118: Change MAC Page

Note that a Change MAC request may only be selected for group appeals that are fully formed. If the group is not fully formed, you will receive a pop-up message and will not be able to complete the action.
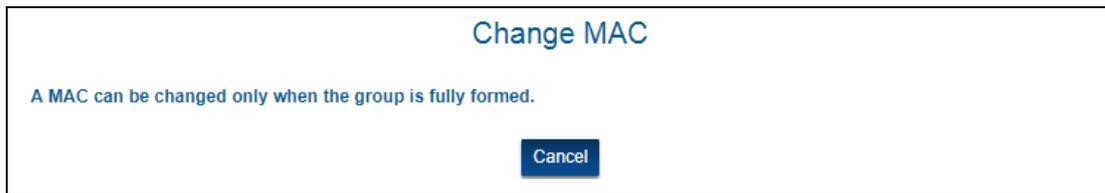
Figure 119: Change MAC Page – Group Not Fully Formed Message

3.3.4.3.5   Group Case Fully Formed

Enter **Yes** to confirm that the group case is fully formed and, therefore, closed to new participants. Select the **Submit** button.

Figure 120: Group Fully Formed Page

Note that there are six ways for a group to become fully formed. Full formation is dependent on having a minimum of two different providers and $50,000 aggregate amount in controversy.

- Answering yes to fully formed question on the Review and Submit page when filing a group appeal

- Answering yes to fully formed question on the Add Provider page when adding a new participant to an existing group appeal

- Answering yes to fully formed question when responding to a CIRP group status request

- Answering yes to fully formed question when selecting the Fully Formed Group option on the Case Action page (as noted above)

- Optional groups automatically fully formed 12 months from filing the appeal as noted in the Board's acknowledgement and critical due date notice

- Upon Board order that the group is fully formed in accordance with Board Rule 19.

Once determined to be fully formed, that status is noted on the Case Participants page

Figure 121: Group Fully Formed Status on Case Participants Page

3.3.4.3.6   Expedited Judicial Review

1. Select the **Upload** button to attach supporting document for requesting an Expedited Judicial Review. Repeat as needed.

2. Select the **Submit** button.
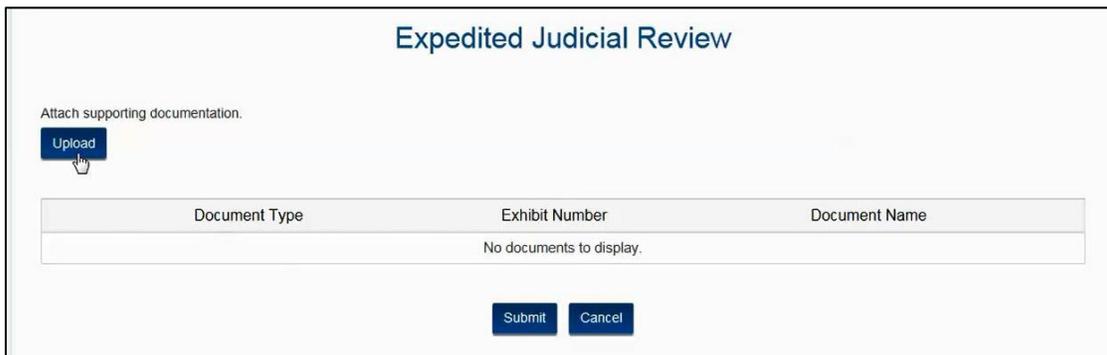
Figure 122: Expedited Judicial Review Page

Figure 123: Expedited Judicial Review Page with Data Entry

3.3.4.3.7   Administrative Resolution (Individual)

1. Select the **Resolution Type** radio button.

   a. Select the **Full** button if the Administrative Resolution will result in the closure of the case.

   b. Select the **Partial** button if there are issues remaining to be adjudicated.

Figure 124: Administrative Resolution Page – Resolution Type (Individual)

2. Upon selection of the **Resolution Type**, the complete Administrative Resolution page is displayed. The remaining sections on the page include:

   - Table of open issues that require a status update;
   - Documentation upload; and
   - Table of other, non-active issues for reference purposes.

Figure 125: Administrative Resolution Page – Complete Page (Individual)

3. Select the appropriate issue status from the drop-down menu. Full Resolution must be either **Withdrawn** or **Resolved**. Partial Resolution includes an additional status of **Open**.

Figure 126: Administrative Resolution Issue Status Options – Full Resolution

Figure 127: Administrative Resolution Issue Status Options – Partial Resolution

4. Attach the fully executed Administrative Resolution documentation.

5. Select the **Submit** button.

6. For full resolutions, a window is displayed to confirm that the case will be closed. Enter **Yes** and select the **Proceed** button.

Figure 128: Administrative Resolution Confirmation with Warning Message

3.3.4.3.8   Administrative Resolution (Group)

The Board does not permit partial resolutions in group cases since there is only one issue. Upload the fully executed Administrative Resolution documentation and select the **Submit** button.

Figure 129: Administrative Resolution Page (Group)

3.3.4.3.9   Withdraw Issue(s) – Agreement to Reopen (Individual)

This case action is used to withdraw particular issues or an entire case based on the MAC's agreement to reopen per Board Rule 47.2.2. This action may also be used for the new option to withdraw issues with requests to pursue reopening simultaneous to the appeal filing per Board Rule 47.2.3. If you wish to withdraw issues without pursuing a reopening, that may be done on the Case Issue page. Reference the Withdraw Issue option at section 3.3.2.2.

1. Select the **Type** radio button.

    a. Select the **Full** button if all issues will be withdrawn to result in the closure of the case.

    b. Select the **Partial** button if there are issues remaining to be adjudicated.

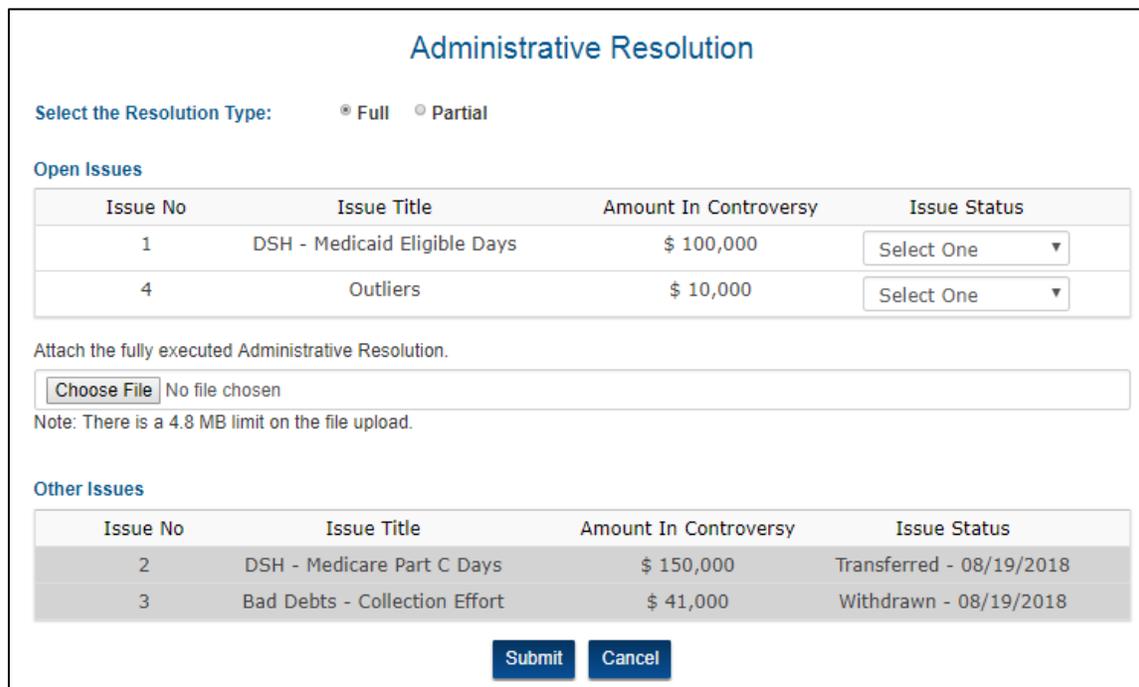**Figure 130: Withdraw Issue(s) – Agreement to Reopen Page – Select Type (Individual)**

2. Upon selection of the **Type**, the complete Withdraw Issue(s) page is displayed. The remaining sections on the page include:

    - Table of open issues that require a status update;
    - Documentation upload; and
    - Table of other, non-active issues for reference purposes.
    - Certification

Figure 131: Withdraw Issue(s) – Agreement to Reopen – Complete Page (Individual)

3. Select the checkbox for each open issue that is being withdrawn pursuant to a reopening. If **Full** was selected, all issues will automatically be checked. If **Partial** was selected, you must select one or more of the open issues that are subject to reopening. Partial withdrawals where all open issues are selected will be prompted for the **Type** to be changed to **Full**.

4. Attach supporting documentation for the withdrawal of issues including the reopening request and MAC's reopening notice or other agreement to reopen, if applicable.

5. Select the checkbox for the certification statement and select the **Submit** button.

6. For full withdrawals, a window is displayed to confirm that the case will be closed. Enter **Yes** and select the **Proceed** button.

Figure 132: Withdraw Issue(s) – Agreement to Reopen Confirmation with Warning Message

3.3.4.3.10   Withdraw Issue(s) – Agreement to Reopen (Group)

The Board does not permit partial withdrawals based on an agreement to reopening in group cases since there is only one issue. If certain participating providers are not subject to reopening, they may be withdrawn first using the standard withdrawal on the Case Participants page. Reference the Withdraw Provider option at section 3.3.3.1.

1. Upload the supporting documentation for the reopening.

2. Select the checkbox for the certification statement and select the **Submit** button.

Figure 133: Withdraw Issue(s) – Agreement to Reopen Page (Group)

3.3.4.3.11   Mediation Request

Attach supporting document including a jointly executed list of issues and attestation per Board Rule 43.2. Select the **Submit** button.

Figure 134: Mediation Request

3.3.4.3.12   Reconsideration

1. Select the basis for reconsideration from the options of jurisdiction, missing position paper, or other.

Figure 135: Reconsideration Page – Basis

2. If **Jurisdiction** or **Other** are selected as the basis for reconsideration, then multiple documents are required including a justification and supporting documentation. Select the Upload button to attach all necessary documents.

Figure 136: Reconsideration Page – Complete Page (Jurisdiction & Other)

3. If **Missed Position Paper** is selected as the basis for reconsideration, then a different page is displayed.

    a. Select a radio button to indicate which type of position paper is being submitted,

    b. Upload justification and supporting documentation for the Reconsideration,

    c. Upload the missed Position Paper and its support.

Figure 137: Reconsideration Page – Complete Page (Missing Position Paper)

3.3.4.3.13 Other Case Correspondence

1. Enter text into the **Type of Filing** field to specify the nature of the correspondence that you are submitting. The Other option should only be used when all of the other pick-list options do not apply.

2. Select the radio button to address whether the upload will include exhibits.

   a. If yes, you will have the opportunity to upload a narrative, list of exhibits, and the exhibits required for the request.

   b. If no, you will have the opportunity for a single upload.

3. Select the **Upload** button to attach the other case correspondence. A table displays the document name and document type.

4. Select the **Upload** button to attach additional documents as needed.

5. When all necessary documentation has been uploaded, select the **Submit** button.

Figure 138: Other Case Correspondence Page

3.3.5 Case History

The Case History page displays the history of case actions and case correspondence items that have occurred in the case. The table identifies the date, the party that took action, and the action that occurred. There is also a **View Documents** button to view the correspondence or other documents associated with that action. This table will build through the course of the case with the most recent item on top.

The information is prospective only and will only display activity that happened on or after the go-live date of OH CDMS was live. This page does contain documentation for reference purposes but is subject to CMS document retention guidelines when the case is closed so should not be considered a permanent retention location for your case-related records.

Figure 139: Case History Page

4. MAC/ASC Functions

4.1 Home Page

The MAC/ASC home page is the same as the provider homepage, with two exceptions: (1) There is a **Select MAC** field and (2) the draft appeal requests are not applicable to the MACs.

Figure 140: Home Page – MAC/ASC View

4.1.1 Select MAC Field

1. The drop-down menu provides selections based on the MAC contracts assigned to your organization. Make a selection of one specific contract code or All Codes.

2. Select the **Refresh** button to return the case information specific to the selected code(s).

Figure 141: Select MAC J-Code

4.2 Case Actions and Correspondence

The MAC and ASC have similar functionality on the Case Action page as described in Section 3.3.4. However, the Case Correspondence options are limited because the provider is the moving party and is responsible for submitting all shared documents (such as administrative resolutions, mediation requests, etc.). Available Case Correspondence options include:

- Change MAC
- Jurisdictional Challenge
- Reconsideration
- Other

Figure 142: **MAC Case Correspondence Options**

5.   OH CDMS Administration

Organization administrators have the ability to take limited access actions including deactivating, reactivating, and archiving users within their own organization. For users with administrator access to OH CDMS, an Administration module tile is displayed on the OH CDMS landing page.

Note: If you do not have access to the Administration module, but need to deactivate or archive a user, please contact the help desk.

5.1   Administration Home Page

1. Select the **Administration** tile to navigate to the Administration home page.

Figure 143: OH CDMS Landing Page–Administration Tile

2. The Administration home page displays two accordion bars:
    - Active Users
    - Inactive Users

3. Select the arrow to the left of the label to reveal or hide the accordion panel.

Figure 144: OH CDMS Administration Home Page

5.2   Active Users

The administrator can view all active users within the organization and deactivate users in the **Active Users** list.

1. Select the **Active Users** accordion.

2. A table displays the user's name, email address, user ID, and an action button.

5.2.1   Deactivate User

1. Select the **Deactivate** button.

Figure 145: Active Users List

2. The **Deactivate User** window is displayed for confirmation.

3. Select the **Proceed** button;

4. The user's access to the OH CDMS is temporarily deactivated. The user may be reactivated through the administration process or by contacting the help desk.
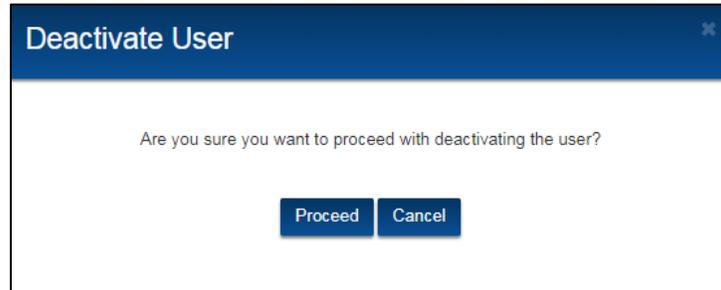
Figure 146: Deactivate User Window

5.3 Inactive Users

The administrator can reactivate or archive a user in the **Inactive Users** list.

1. Select the **Inactive Users** accordion.

2. A table displays the user's name, email address, user ID, and two action buttons.

5.3.1 Reactivate User

1. Select the **Reactivate** button. The **Reactivate** button displays *only* if the user was deactivated by OH CDMS for not working within the system for 60 days or more or was administratively deactivated.

Figure 147: Inactive Users List

2. The **Reactivate User** window is displayed for confirmation.

3. Select the **Proceed** button to reinstate the user's access to OH CDMS. The user will be moved to the Active Users list.
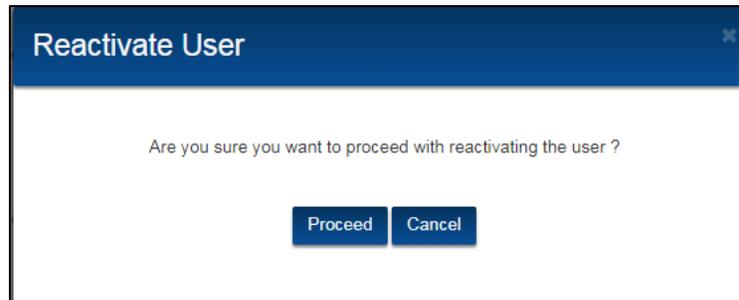
Figure 148: Reactivate User Window

5.3.2 Archive User

Archiving a user is a permanent action to be used when the user is no longer affiliated with your organization. Once a user is archived, they must re-register for OH CDMS through the CMS Portal. The user will need to select a new user role and provide information for his new organization.

1. Select the **Archive** button.

2. The **Archive User** window is displayed for confirmation.

3. Enter **Yes** to confirm the user is to be archived.

4. Select the **Proceed** button to *permanently* archive the user's access to OH CDMS within the current organization.

Figure 149: Archive User Window

6. Troubleshooting and Support

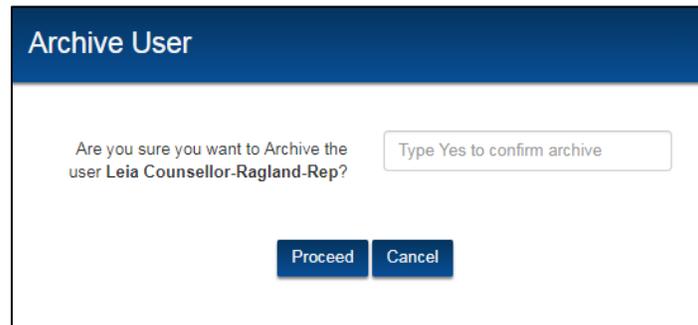## 6.1 Help Desk Support

For any technical system issues, please contact the OH CDMS Help Desk at 1-833-783-8255 or email helpdesk_ohcdms@cms.hhs.gov.

To access the help desk information within the system, select the **Welcome drop-down** menu on any page and select the **Help** option.

Figure 150: Help Option in Username Drop-Down Menu

The **OH CDMS Help Desk Window** is displayed with contact information and hours of operation.

Figure 151: OH CDMS Help Desk Window

Appendix A: Acronyms

Acronym	Term
ASC	Appeal Support Contractor
CMS	Centers for Medicare & Medicaid Services
EIDM	Enterprise Identity Management
MAC	Medicare Administrative Contractor
OAA	Office of the Attorney Advisor
OH	Office of Hearings
OH CDMS	Office of Hearings Case and Document Management System
PHI	Personal Health Information
PII	Personally Identifiable Information
PJSO	Proposed Joint Scheduling Order
PRRB	Provider Reimbursement Review Board

Table 2: Acronyms

Appendix B: Record of Changes

Version Number	Date	Description of Change
1.0	08/22/2018	Initial issuance for release of PRRB module within OH CDMS

Table 3: Record of Changes