

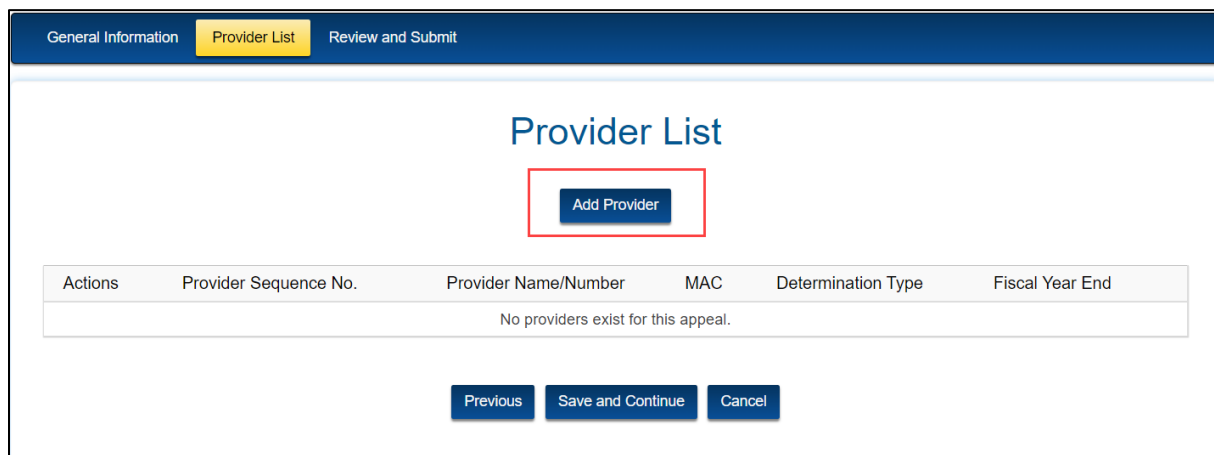
Streamlined Data Entry and Document Uploads for Federal Register Appeals

The Office of Hearings (“OH”) recognizes that a significant portion of the documents submitted for Federal Register appeals are duplicative across each of the participating providers in a group appeal. Therefore, the Office of Hearings Case and Document Management System (OH CDMS) has implemented enhanced procedures to streamline the final determination and issue-related data entry and document uploads. These procedures share certain data elements and allow the user to share the documents from the first provider to subsequent providers added within the initial group appeal request. These procedures apply to both Optional and Common Issue Related Party (“CIRP”) group appeals. The following section provides step-by-step instructions for Federal Register appeal document uploads.

Streamlined Process

Follow these steps to upload documents for Federal Register appeals:

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



The screenshot shows the 'Provider List' tab in the OH CDMS system. The navigation bar at the top includes 'General Information', 'Provider List' (highlighted in yellow), and 'Review and Submit'. The main content area features the title 'Provider List' and a blue 'Add Provider' button, which is highlighted with a red rectangular box. Below the button is a table with the following columns: 'Actions', 'Provider Sequence No.', 'Provider Name/Number', 'MAC', 'Determination Type', and 'Fiscal Year End'. The table is currently empty, displaying the message 'No providers exist for this appeal.' At the bottom of the form, there are three buttons: 'Previous', 'Save and Continue', and 'Cancel'.

Figure 1: Provider List Tab - Add Provider Button

2. Add the provider information for the first group participant, including the associated final determination and issue-related data and supporting documentation uploads. Select the **Submit** button.

The screenshot shows a web form titled "Add Provider". It has two input fields at the top: "Provider Name/Number" with a placeholder "Start typing Provider Number or Provider Name" and "City/State". Below these is a section for "Determination Information" with a dropdown menu for "Final Determination Type" currently set to "Select One". There are two "Proceed" buttons, one for the determination section and one for the "Issue-Related Information" section below. At the bottom, there are "Submit" and "Cancel" buttons, with the "Submit" button highlighted by a red box.

Figure 2: Add Provider Window

3. The **Add Provider** window is streamlined as follows:
The **Final Determination Type** field is auto populated with **Federal Register Notice**.

This screenshot shows the same "Add Provider" form as Figure 2, but with the "Final Determination Type" dropdown menu now auto-populated with the text "Federal Register Notice". This text is highlighted by a red box. The rest of the form, including the input fields, "Proceed" buttons, and "Submit/Cancel" buttons, remains the same.

Figure 3: Add Provider Window - Automatic Final Determination Type

4. The **Determination Information** window is streamlined as follows:
 - a. The **Upload** button has been replaced with a note indicating that the document provided on the first provider will be added to the determination records for the additional providers.
 - b. The **Federal Fiscal Year**, **Date of Final Determination under Appeal**, and **Federal Register Citation** fields pre-populate automatically with information given for the first provider.

Determination Information

Final Determination Type: Federal Register Notice

MAC Name/Code

For additional information regarding the MACs, please see [Medicare Administrative Contractors](#) from CMS.gov.

Federal Fiscal Year

Cost Reporting Periods Affected

Note: The document provided on your first Provider will be added to this Determination when you save it.

Date of Final Determination under Appeal

Federal Register Citation

Figure 4: Determination Information - Shared Final Determination Document

5. The **Issue-Related Information** window is streamlined as follows:
- Checking the box on the right side of the page ensures all issue-related documents from the first provider carry over to the current provider.

Issue-Related Information

Was this issue protested on the filed cost report?

Yes No

Attach Protested Item Support.

Select the checkbox to attach the issue-related documents from the first provider.

Audit Adjustment Number

Enter Audit Adjustment Number

Attach Audit Adjustment Support.

Amount in Controversy

\$ Enter Amount in Controversy

Attach Calculation Support.

Attach Representation Letter.

Other Provider Support

Attach other provider support documents not identified above that are necessary to support jurisdiction in the case.

Document Type	Document Name
No documents to display.	

Figure 5: Issue-Related Information - Shared Final Determination Document

Note: If you have documentation to upload that is specific to an individual provider, you have the following options:

- Leave the box unchecked and upload the specific documentation for each required upload.
- Replace a shared document with a provider-specific item after the initial upload (e.g., representation letter for a provider in an optional appeal).
- Provide additional provider-specific documentation to supplement the shared documents through the **Other Provider Support** upload.