



LOW VOLUME APPEALS (LVA) SETTLEMENT EXPRESSION OF INTEREST PROCESS

Expression of Interest Submission

Step 1. *The appellant submits an Expression of Interest (EOI) to MedicareAppealsSettlement@cms.hhs.gov during the appropriate timeframe. Refer to go.cms.gov/LVA for submission windows.*

- a. Appellant completes one EOI for each of their National Provider Identifier (NPIs) then submits the EOI during the defined submission window.

Note: The appellant is responsible for submitting its EOI at the appropriate time. CMS will reject EOIs submitted outside the defined submission windows.

- b. The subject line of the EOI submission email should contain “*Appellant Name-Appellant NPI-Expression of Interest*”.
 - i. *For example, Anytown Memorial-1234567890-Expression of Interest*

Appellant Eligibility Verification

Step 2. *CMS receives EOI and verifies whether the appellant meets eligibility criteria.*

In order to be an eligible appellant, the appellant must be a Medicare Part A provider or a Part B supplier or physician with fewer than 500 appeals pending, at the Office of Medicare Hearings and Appeals (OMHA) and/or the Medicare Appeals Council (Council) at the Departmental Appeals Board, combined, for all NPIs under the appellant’s Tax Identification Number.

Note: Certain appellants may be excluded from this settlement opportunity due to False Claims Act litigation or investigations, or other program integrity concerns, including pending civil, criminal, or administrative investigations. Appellants that have filed for bankruptcy or expect to file for bankruptcy are also ineligible for this settlement.

- a. If the appellant is found to be eligible, proceed to **Step 3**.
- b. If the appellant is deemed ineligible, CMS will notify the appellant within 30 days of receiving the appellant’s EOI.
 - i. If an appellant disagrees with CMS’s eligibility determination, the appellant can submit an Eligibility Request Determination (EDR).
 - ii. CMS will review its decision and make a final determination on the appellant’s eligibility.



Appeals Eligibility Verification

Step 3. CMS will determine if the appellant has appeals that meet the following eligibility criteria:

- The appeal was pending before the OMHA and/or Council level of appeal as of November 3, 2017;
 - The appeal has a total billed amount of \$9,000 or less;
 - The appeal was properly and timely filed at the OMHA or Council level as of November 3, 2017;
 - The claims included in the appeal were denied by a Medicare contractor and remain in a fully denied status in the Medicare system;
 - The claims included in the appeal were submitted for payment under Medicare Part A or Part B;
 - The claims included in the appeal were not part of an extrapolation; and,
 - As of the date this Agreement is fully executed, the appeal was still pending at the OMHA or Council level of review.
- a. ***If the appellant has appeals that meet the eligibility criteria:*** The appellant will receive an email from CMS with an administrative agreement (Agreement) and an eligible appeal Spreadsheet (Spreadsheet) within 30 days of submitting their EOI.
- b. ***If an appellant has no eligible appeals:*** The appellant will be notified within 30 days of submitting their EOI.
- i. Within 15 calendar days of CMS's no eligible appeals notification, appellants that disagree with CMS's findings can submit an EDR as outlined in Step 4b.

The Agreement

Step 4. Appellant reviews Spreadsheet and Agreement for completeness and accuracy.

- a. ***Appellant agrees with Spreadsheet:*** If the appellant concurs with the Spreadsheet and Agreement, they should sign the Agreement and send it to CMS within 15 days of receipt of the Agreement and Spreadsheet, and proceed to Step 6.
- i. The appellant should attach the signed Agreement as a response to the original email received from CMS that contained the Agreement and Spreadsheet or email it to MedicareAppealsSettlement@cms.hhs.gov.
- b. ***Appellant does not agree with Spreadsheet:*** If the appellant believes the Spreadsheet contains appeals that should not be included or the Spreadsheet is missing appeals, the appellant can submit an EDR within 15 calendar days of receiving its Agreement.



- i. The appellant should attach the completed EDR as a response to the original email received from CMS that contained the Agreement and Spreadsheet or email it to MedicareAppealsSettlement@cms.hhs.gov.

The EDR document and more detailed instructions on the EDR process can be found at <http://go.cms.gov/LVA>.

- c. ***Appellant abandons settlement process:*** If the appellant no longer wishes to proceed with settlement or does not provide a signed Agreement or EDR to CMS within 15 days the appellant is considered to have abandoned the settlement process.

Step 5. *For up to 30 days, CMS, the appellant, and the appellant's Medicare Administrative Contractor (MAC) will work on the EDR to reach a final consensus on the list of eligible appeals.*

Note: CMS retains the right to make the final eligibility determination.

- a. If the appellant is in agreement with the Spreadsheet and appeal eligibility determination, proceed to **Step 4a**.
- b. If the appellant is not in agreement with the Spreadsheet and appeal eligibility determination, proceed to **Step 4c**

Step 6. *CMS signs the Agreement.*

Step 7. *A copy of the executed Agreement will be sent to the appellant once signed by CMS, and all associated appeals are pending.*

Effectuation

Step 8. *The appellant's applicable MAC receives the Spreadsheet. The MAC completes a final eligibility check and prices the associated claims.*

Note: There is a possibility that during the effectuation process, appeals and associated claims may be removed from settlement for not meeting eligibility criteria; the appellant will be notified if this occurs.

Step 9. *The MAC makes payment to the appellant within 180 days of CMS' signature on the settlement agreement.*

Step 10. *Settled appeals are dismissed, and appeals that contained claims that could not be settled, if any, are returned to their original position in the appeals queue to continue in the appeals process.*

Step 11. *CMS sends the appellant the fully executed agreement and final settled appeals list.*