



New Electronic System for Provider Reimbursement Review Board Appeals Call

Moderated by: Hazeline Roulac
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question-and-answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Hazeline Roulac, Thank You. You may begin.

Announcements & Introduction

Hazeline Roulac: Thank you Dorothy. Good afternoon everyone. I am Hazeline Roulac from the Provider Communications Group here at CMS and I'm your moderator today. I would like to welcome you to this Medicare Learning Network call on the New Electronic System for Provider Reimbursement Review Board Appeal. This call and forms Part A providers about the New Electronic System for Provider, Reimbursement Review Board, Appeals or PRRB Appeals.

The Office of Hearings Case and Document Management System for OH CDMS went live on August 16, 2018. During this call, you will learn how to use this new system to submit new appeals, transfer issues, file position papers, and manage all aspects of your PRRB appeals.

Before we get started, you received the link to the presentation in your confirmation email. The presentation is available at the following URL, go.cms.gov/npc. Again, that is go.cms.gov/npc, and just to clarify that go.cms.gov/npc.

Today's event is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in, but please refrain from asking questions during the question-and-answer session. If you have enquiry, contact press@cms.hhs.gov.

At this time, it is my pleasure to turn the call over to Kevin Keck, Deputy Director of the Division of Systems and Case Management. Kevin?

Presentation

Kevin Keck: Thank you Hazeline. I am Kevin Keck with the Division of System and Case Management and I want to thank you for joining us today to discuss the Office of Hearings Case and Document Management System, which is the provider reimbursement review boards, new electronic filing system. I'm joined today by Christine Blowers, the Director of the Division of Systems in Case Management. We will both be speaking as we move through the slide deck.

Moving on to slide 2 of the deck. This is just a list of the acronyms within the presentation. One acronym I do want to point out is the second to the bottom OH CDMS, this is just the short name of the system and how we will be referring to it today throughout the presentation.

Moving on to slide 3, The Agenda. Today, we will talk about user registration and access. We would do a brief overview of the Administration Module. We will then move on through an overview of the PRRB module, and we were hoping to leave a good amount of time to have questions answered at the end and we also have some resources to point everyone towards at the end of the slide deck as well.



OH CDMS User Registration & Access

Okay. Moving on to the user registration and access. Slide 5, OH CDMS is accessible through the CMS enterprise portal. The CMS portal is an enterprise wide entry point to dozens of different systems at CMS.

It's a convenient single point of entry, many of you may already be familiar with the CMS portal if you access systems for other-- other areas within CMS. The portal uses what's referred to as the CMS Enterprise Identity Management. This insures the only authorized users can have access to the system. This is a requirement by CMS. Because of this, we know that there was only one registration per user.

So, you will not be able to have multiple registration requests, or accesses for different entities within OH CDMS. When you come in through the portal, one of the initial registration processes is an identity management.

This is done using an Experian Identity Management. This is Experian which is you may be familiar with the credit card and credit agency. This has nothing to do with credit whatsoever, this is just accessing the identity management portion of their information system.

So, you will can of expect to have a few questions asked that you need to answer so that they can verify your identity and once that's done, it's just one time only and once your registration request is processed, you never have to go through that again.

We want to point this out because if you do have a hard credit hold listed with Experian, there is a secondary process you may need to take care of which is a manual identity proofing process.

This is something that you have the right to do or if you have any issues getting through the registration process, you can. You simply just need to call our help desk and all that information is at the back of the slide deck and they will help you move through that process.

I do also want to point out that we have a specific user manual just for registration that you can access on the PRRB website and that information is also linked in the back of the slide deck as well.

Moving on to slide 6, this is a screenshot of the entry page of the CMS portal. If you are new to the portal, at the very bottom you can see the new user registration button that is what you'll select to begin the process.

If you're familiar with CMS portal or if you are a provider or rep that maybe using the PSNR or other star systems or other systems I know you use the portal. You do not need to request and get a new CMS portal account.

You simply sign in and then you can navigate through request new access, and that's where you can ask to then have access to OH CDMS. Specific details of how to do that are in our registration user manual.

Moving on to slide 7, the OH CDMS was created with several different profile types and based off the profile, you are approved for, it will determine your access into the system and all of the different things you can see or be able to do.



On the slide, you can see that we have several different profiles listed out here. Within the PRRB module, the Providers, the Parents, Represent Organizations, Medicare Administrative Contractors, and the Appeal Support Contractors are the main profile types.

When you come in to register, it is important that you select the correct profile type for your access into the system. If you were a provider that works over multiple providers if you are at a parent level, we ask that you register at the parent level and not at each individual provider because you will not be able to have access to more than one organization in the system. So, if you are the parent, we do ask that you register at the parent.

Christine Blowers: This is Christine. There was a question asked in advance of this session indicating or asking how Parent Organizations could access the appeals for hospitals that fall underneath that organization. At this point, the system was designed for the designated representatives of the cases to have access and full use of the system to take action on the cases.

We have added access for providers themselves to access their own individual cases, but at this time we do not have access to the parent organizations unless the parent is actually designated as a representative of the case. We are looking into options for that in the future, but at this time we do not have access to the parents.

Kevin Keck: Thank you. As I had mentioned your profile type will give you access to different features or different actions you can take in the system.

The profile type linked to your organization for instance if you are a provider rep organization, you would be able to see all of the cases that your organization is a party too. So, this allows multiple users within an organization to be able to work on a case at the same time or to be able to hand it back and forth and it is not only the designated rep that has access to the to the cases.

So please keep that in mind as you register that. As long as your organization is a party on any PRRB case, all the users within your organization will be able to access it and complete actions on it.

Moving on to slide 8, once you have accessed the system, this is the screen, this is the welcome screen to the Office of Hearings Case and Document Management System. You can see those four tiles on here and depending on your profile type and the organization that you have registered with, you may see one or all four of these tiles.

Today we're here to discuss the PRRB, but this is the Office of Hearings Case and Document Management System. The PRRB is one of our authorities. We also have the Medicare Geographic Classification Review Board as well the CMS Hearing Officer.

If you are working with an organization that may need to access more than just PRRB file into MGCRB applications as well, you do not need to re-register. A single registration will get you into our system and you will be able to file any appeals or applications and take any actions relevant to your profile level. Okay.



Administration Module

Next, we are going to move on to the administration module. We'll be on slide 10. You can see the Administration Module Tile just blown up here to indicate that's what we're talking about.

This Administration Module is a function that allows an organization to control the access of users within their organization. Basically, what this does is it allows an organization on the outside to activate and deactivate its own users if it feels the need to do so.

At the moment, the first person who is registered into OH CDMS is automatically deemed the administrator. This is the person who will see the administration tile when they log in. At the moment, we have one administrator per organization.

If the person who is currently deemed as the administrator is not who you would like it to be, you can simply call our help desk and they can switch it to whoever you would like it to be, but that administrator will be able to click on to that button and then activate or deactivate users as necessary.

Moving on to slide 11, this is just a quick look at the administration module here, you can see that there is a user, we weren't able to get test data in here, so we had to blur out the names, apologies for that. You can see that an active user, there was a deactivate button. So, if for whatever reason an organization decided that this user should not have access to their cases anymore, they simply need to click that deactivate button and it'll instantly remove their access to those cases.

They will then become an inactive user. So, the administrator will have the option to re-activate them for instance if we knew that someone's going to take an extended leave of absence and you only wanted to deactivate them for two or three months of the time you could do this and then reactivate them when they came back.

And where there is also an archive feature. The archive feature is when you want to remove them from the organization forever. This is an instance that they have left the company and moved on and you do not foresee that they will ever need to have access to your cases again.

You would just simply click the archive button and then that would be all you would need to do. Also, if you ever have any issues with this if you need to deactivate someone and the administrator is not in the office that day you can always call our help desk and we will do our best to take care of that situation.

Christine Blowers: This is Christine again. Regarding the archive users, when you initially register CMS asks for your personal contact information for the CMS portal and when you get to the OH CDMS portion of the registration we are looking for your business address and contact information.

So, if a user becomes archived from a particular organization, they will maintain their access through the CMS portal, but they will have to re-register for their new organization specific to the OH CDMS.



PRRB Module

Kevin Keck: Thank you. Okay. We're going to move on to the PRRB module. Slide 13, just a pop out the PRRB Module, so will move onto slide 14. This is basically what we are all here to talk about today.

The PRRB Module is where you can do anything that you need to do for any case you have with the PRRB. You can file new appeals whether their individual cases or optional and/ or CIRP group cases, this is where you can upload any of the request made by the board where you can submit your own request for whatever briefs or documentation you wish to submit for your appeals.

You can view any of the documents issued by the board. All of the notifications that are released to the system are available and due to the case that they came from and you can see those in real time at any point. This allows greater transparency in your cases and you can manage the issues within those cases much better than you ever been able to in the past.

You may also make any type of requests here whether it's to change rep or change MAC or anything like that, anything that you need to do in the system in your, excuse me, in your PO can be done to the system now.

So, we'll move on to slide 15. It might be a little hard to see and I apologize for that, but this is our dashboard and has a lot on it, so it's hard to get it into a screenshot, but we shrunk it down to try to get it all in there. When you log into OH CDMS, and you select the PRRB tile, this is where you will come next.

This is your organization's dashboard. So even if you are a designated representative on a case or excuse me on several cases, when you log in here come to the dashboard, you will be able to see and access all of the cases your organization has. And I walk through this dashboard quickly. In the middle you can see two pie graphs, these are broken up between individual cases and group cases their dynamic by case age, we have them split out into different groupings from 0 to 2 two years and so forth up until 10 plus years.

What's nice about these graphs is if you hover over them and click on a particular pie piece, it will open up a listing of all of the cases within that time frame. So that you can -- if you just want to concentrate on all your cases that are 0 to 2 years old, you can do that way.

You can also do this by clicking on the key below each of the graphs and they are split between individual cases and group cases. Second feature on here is the search for case. If you know your case number, you can put it in here at any time.

I will caution everyone that if you have a group case with the G or GC, it is important to put that in there. If you leave off the G, the system may not find the case and it may tell you that this is not a good, valid case number. This is also where you can find closed cases. If you have any closed case within the system that you would like to go back and take a look at, if you put in the case number here and then search it, this is where you'll be able to find those.

I neglected to say that for the pie graphs above, these are only for the open cases. Once your case has been closed, they will be removed from the reports to come off the pie graphs and then you'll have to search for each case by case number.



Christine Blowers: I also want to point out there is a disclaimer there by the search for case field that indicates that this system, that the cases in the system are only available for cases that were either open at the time the system went live in August or cases that were created since then. So, if you had a case that was previously closed prior to the system going live, you will not be able to access a system case for that item.

Kevin Keck: Yes, moving on. We'll take a look at the draft appeals table. This is going to list any appeal that has been started, but not submitted to the board. So, these are truly drafts, the board does not see these. We don't know they exist in any way shape or form until they're submitted.

This allows you to take as much time is needed to complete the appeal before submitting it. There was no time limit on how long a draft appeal will sit here. It will stay here, well forever I suppose until it is deleted or submitted.

This is a nice feature because since everyone in the organization can see this draft appeal table, different users who may work together in a team format can do a portion of it and then save it to the draft and then someone else can access it later and continue working on it and they can be passed back and forth that way.

We do understand that, especially for the group cases they can take a little bit more time to put everything together to ensure all the documentation, so we hope this saves in and creating and submitting complete appeals.

Christine Blowers: We do want to encourage users to check their homepage often. If you believe that you have submitted an appeal, you may have received some errors that are preventing that submission and those errors will all need to be cleared before you can finally submit. So, if you believe you have submitted, but the case is still showing up in your draft appeal table than it has not actually been submitted.

We won't be able to review it and we just want you to be sure that you're aware of the time frames.

Kevin Keck: Below the draft tables, there is a downward list new cases, this again is split up between individual cases and group cases. And we have a report that lists all the open cases as well as all the closed cases.

Now when you click this button, it will open up in an excel file that you'll be able to download and from there you can do whatever you would like to with that report in excel sorted or however whatever you like to do with it. The close cases, as we list every close case as we move forward for any case that was closed after the system went live. So, this will grow quite a bit over time for some of our larger organizations.

And lastly, we are going to go back up to the top of the page in the very middle of the "create new appeal button".

If we move onto slide 16, this is just blow up of create new appeal, this is where we're going to go to start your appeal. Once you hit that button, you're going to see the box below where you will select whether it is an individual appeal, an optional group appeal, or a CIRP group appeal.

When you select that that is the appeal type that you are moving forward through until you submit it or you delete it off the draft list on the dashboard. It's important to ensure that especially for the two group appeals, we select the correct one because once you select this, you cannot toggle between the two if you select optional and you get halfway through when you realize you should have selected CIRP, you'll have to go back to the dashboard



and start with the new appeal. The two different groups are structured differently in their creation, so there we do not have the ability to toggle between the two of those.

Moving on to slide 17.

Christine Blowers: This is the issue related information page. I want to point out to everyone that whether you're filing an individual appeal and you're filing an issue, this is the page you'll see. If you're filing a group appeal and you are identifying a participant in the appeal, you will see the same page and I will go through each of the field.

So, on the first line we have the issue title. We're looking for a brief, I believe it's 60 characters or less title to identify the issue. And then to the right, there is a place to attach a full issue statement which typically can be a few pages that outlines the basis for your actual issue.

These two items are always required. On the next line, there's a question that asked whether or not the issue was protested on the cost report. It's a yes/no question, that question must be answered. And then depending on whether or not how you answer that question will determine whether or not you need to attach support.

So obviously if you answer yes, something is required to be uploaded. It's important for the board -- to follow the board rules and that if you protested something on your file cost report, we need you to give us the information that was actually filed with the cost report, not a current schedule of the amount in controversy that's a separate item. And so, we will be expecting the MACs to be verifying information that submitted to make sure that it was the original submission.

If you answered no, then obviously there is no upload required, but if you wish to include some kind of statement about why you did not protest, you would have the option to submit and upload here if you wish to.

The next line item is for the audit adjustment number. Typically, if you're filing from, a notice to program reimbursement or revised NPR, you would have a specific adjustment number. There are occasions where for instance if you protested the item, there may not be a specific adjustment number. So, it is acceptable for you to put no or NA into this block, but in response to that we would need an upload for you to explain why your answer is no or NA.

The same thing would apply if you are appealing from something like a federal register or an exception letter or a quality payment determination, whether isn't a specific adjustment number, but again you can put a brief explanation in the box and then provide a more detailed explanation on why it would be NA.

The next line item is the amount in controversy. There needs to be an amount placed in this box, we understand that sometimes estimating the amount is difficult, but we need the providers and the representatives to take their best efforts to estimate the amount and to support that amount with the calculation or an explanation. So again, there is an attachment for the calculation support that is always required.

At the bottom of the page there is a section called other uploads. This is a place where if there is something that you wish to support your appeal, but we haven't asked for it, this would be the place to upload it, and this is whatever you believe that you would need to support jurisdiction in your case.



And once those uploads are made, you may upload one item or many and it will display in the table at the bottom. And then you would hit the save button and move onto another section of the appeal request. So, as I mentioned, this is also important for the group case participants so although group cases only have one issue, every provider in a group case has their own specific information that has to be supported for them to be a party to that appeal.

And while I'm on this page, this is 1 page out of 4 of the pre-submission screen. There is a page for general information where we would expect the user to identify the provider, the representative, and the MAC that is responsible for the appeal going forward.

There is a page for the determination. So, you would have to identify what type of determination and NPR, revised NPR etcetera, and provide the information required in the board rules. The issue information and then once you're done with all of that there is a place for a review and submit screen where you can review all of your answers, the board requires a number of certification statements to be addressed and then you can submit your appeal.

Moving on to slide 18. Once your appeal is submitted, this is an example of the case issue page that you will see for your individual appeal. This is just an example of a case that started with 4 issues. And I would like to point out that there are some action buttons on this page.

The first on the left, there are two buttons. One for transfer or one for withdrawal. So, it's as simple as clicking the button and answering the questions that pop up on the next screen. I do want to point out that if you were taking either of those actions transfer or withdraw and you are down to your final issue in your appeal or if you started with only one issue, you will be prompted with a question that says something to the effect of this is your final issue, are you sure that you want to transfer, your case will be closed or similarly for the withdrawal.

And you will have to type yes into the box in order to proceed. We just want to make sure that everyone is aware of the action that will happen on your case, so that you don't accidentally withdraw all your issues and have your case closed without knowing that's actually what's happening.

On the right side of the screen, there are buttons and that say view upload. This is a place where if you click on that button, it will give you a listing of all the information that you had previously submitted related to that issue. So you are among controversy, your issue statement etcetera.

And then at the bottom, there is a button that says add issues. This button will only be available for the 60-day window where you are able to add issues. Once that time period has expired, that button will go away. If you believe you still have an opportunity to add issues and this button isn't available contact the board.

And just as a side, similar to the 4 screens on the pre-submission, there are also 4 screens on the post submission and they pretty much aligned. So, the first one would be contact info that would list the provider, the MAC, the parents, the ASC whoever might be involved including the border advisor that you may need to contact regarding the case.

This case issue page and then the case action page which Kevin will go over.



Kevin Keck: On this slide, I also did want to point out at the bottom where Christine addressed the add issues, this is for an individual case. If this were group case, the add participant button would be in the exact same spot and it would be open and visible until the case has been considered fully formed.

So, if it's our common ownership CIRP case, it could be on the bottom of the page for quite a long time until it's fully formed or if it's an optional, it will be there for the first year of life of the case. Also just to point out on here, the two issues in the middle that were grayed out, you can see that one was transferred and one was withdrawn whenever you take the action that Christine described what happened will be playing right there and the date that it happened so that you will be able to know exactly what happened to each issue if you come back in to amend the case at a later time.

Okay, moving on to slide 19. The case actions page. Within our system, a case action is basically any action or request, or submission taken either by the board or by either of the parties in the case. This is where you have come to truly manage your case to know when your due dates are, when the other parties' due dates are, or to make any requests to the board that they or you would like to do.

This is a - well, what we are looking at now, is our provider representative view and I want to point that out because you will be able to see all the due dates in the case regardless of whether it's a due date for your party or for the opposing party.

It's a full list view, when we look at the top line here for the preliminary position paper you can see that there was a respond button and action button all the way on the right. If there was a respond button next to a line item that means you were responsible for that request. The due dates there it does show the owner or the provider or the MAC.

The notification type is actually a link that will open up the notification sent by the board that can explain further detail what it is we are actually asking for if it isn't obvious just by looking at the document type.

The second line, there is no action button because this is the MACs due date and since we're looking at as a provider representative, we cannot action on behalf of the MAC, but you can still clearly see when the MAC's due date is as well. This will allow you to respond to all your responsibilities, but not accidentally respond to the other party's submission.

Depending on what it is, this being asked for. What we're looking at here on the top of the case actions page, these are all request made by the boards. So, the board sent out a notification to the parties and said we would like whatever it is listed here. So, depending on what that is when you click the respond button, they will ask for different items for instance if you were to respond to the top line, the preliminary position paper.

First thing they will ask you is are you filing a position paper or PJSO depending on your answer to that, then you will be required to upload whatever it is the requirements are for those two submissions. For position paper for instance, you'll be asked to upload narrative, a list of exhibits and all the exhibits as well as a good faith statement if it's a preliminary position paper.



And you will see that all the way at the bottom of this, there is a line item for a live hearing date that does not have respond for anyone that is just a heads up for all parties that there was a hearing scheduled and this is the date.

Christine Blowers: Right and I would like to point out that if this date is here and you have submitted a request for an extension or postponement or anything along that line, that extension does not exist until the board has granted it. So, it's very important that you stay on top of the request that you submitted and make sure that and the same goes for position papers as well.

If the extension has not been granted than the board is expecting you to respond to the documentation that's been requested by the due date that's listed here.

Kevin Keck: Moving on to slide 20, this is the bottom half of the case action page. The top half is what I refer to as pull case actions, basically the board is -- the question of the pulling the man and the bottom or push case actions. The parties are pushing these requests into the board.

There was a pick list, a drop-down box here that has several common requests that are submitted to the board, predetermined. When you come in here, you can select any one of these and hit proceed and depending on what it is you are requesting, there'll be potentially required uploads or even a box to enter to discuss or explain what your request actually is.

Anything you need to do within a case can be done here. At the very bottom there is an "other", this is our catch all selection. If you wish to submit something that it does not fit into any of the categories above, please use the "other". You can upload anything you want to another and you have the opportunity to write a short description of what it is you're asking for as well as attach anything that would be relevant to your request.

Christine Blower: But we do ask that if one of the specified categories does fit your situation that you use the category that's available rather than using "other", it will allow your response to be addressed much more quickly.

Kevin Keck: Okay. Moving on to slide 21, Legacy Cases. Legacy cases is the term we are using to refer to any appeal that was opened prior to OH CDMS going live. We went live on August 16, 2018 and the last case number in our old system was 18-1577.

So, if you have a case number that is lower than 18-1577 that is what we would consider a legacy case. Legacy cases in OH CDMS do not contain any determination or issue related records or documentation. Basically, we did not have that capability in our old system so when we migrated all of our data over those records did not exist.

So therefore, when you look at a case that is currently 18-57-1577 or lower, you will most likely not see any of that documentation in there. In order to address that, moving on to slide 22, this is just a verbatim repeat of a blast email the board released on November 2nd, 2018 discussing the legacy cases.

I'm not going to read through this, but the POV doesn't encourage providers to take advantage of a function within OH CDMS code, report legacy information. For legacy cases, provider reps have the opportunity to supplement these cases with all of the relevant issue documentation.



So, all of the documentation you would see or would be required to upload if you were to file an appeal today. You have the ability as a provider representative to go in and upload all of that information to get these older cases to the status that will allow you to use all the features within OH CDMS.

This is done via a case action, which was on a slide 20 we discussed called report legacy information. At any point for any individual case and this is only opened for individual cases at the moment we are not supplementing the group legacy cases.

We hope to do that in the future, but right now we're just focusing on individual cases, first specifically with transfers in mind. You can populate all of the existing issues within these legacy cases all at once or you can come back and do them in several different submissions depending on what works with your work flow better.

Once all of the legacy information is populated, you will be able to take advantage of all the features of OH CDMS and see all of the efficiencies and time saving while you manage your cases going forward.

Christine Blowers: One point that we would like just to facilitate the use of this feature. We're not asking you to enter any issues that have already been resolved, transferred, withdrawn, dismissed or otherwise disposed in the case. There's no need to populate that information just to indicate that it no longer exists in that case, but we are looking for those active issues where you want to take further action such as transferring.

Kevin Keck: Yes. Moving on to slide 23, the Transfer Issue Page. We had several questions about how to transfer within a system and this is specifically while reporting the legacy information is important and we'll help everyone in the long run if you choose to do so.

If you use this transfer issue feature, this is what Christine discussed off the Issue tab when you click select the button, and this is the screen that you will see. If you use it this way and you use the Transfer button, you will not be able to forget to submit any of the required information that you normally would submit with an issue transfer.

You're less likely that because of that is much less likely to transfer will be delayed or denied. As you can see here on the screen, when you pop this up, you need to enter the group case and hit the retrieve button and then as long as it is an open case, you can click the certifications and hit submit and that's it. The issue will automatically leave the individual case, it will populate in the group case, it will take all of the documentation that was relevant to the issue and the individual with it to the group case.

It's just two or three clicks and that's it and that's all you need to do. It's instant, you will have an automatic pop up on the screen giving you real time notification that happened as well as an email within the next minute or two whenever the email gets through to all parties indicating that the transfer happened.

For cases that were filed in the system after we went live, you just have to go to the issue tab and click the transfer button and then you can do this process. For legacy cases, if you have not reported your legacy information, you must first perform the report legacy case action to populate the issue and as soon as that's done you can immediately transfer into case you wish it to go to.

This is exactly how it was shown in slide 17.



Christine Blowers: I would like to point out that all of the transfer transactions are going to originate in the individual appeal. So that means whoever the representative on the individual appeal must ensure that the group that they are intending to push that issue to that the representative on that group case has agreed to accept that provider into the group.

There will be a place to upload a representative letter so that the board is aware of the authorization for that new rep to take over the issue, that includes cases where one firm may be the representative for both the individual case and the group case. We just want to ensure that the provider and everyone is aware of exactly who the representative is.

Kevin Keck: Moving on to slide 24.

Christine Blowers: All right. All government contractors are on board with the system. We sent another blast email out to everyone that we had in the system at the beginning of November to indicate that all of the government contractors' organizations whether it's the Medicare Administrative Contractors, the cost report audit or an appeal contractor or the appeal support contractor are all registered with in our system.

So, what that means is that if you as a provider or representative are also registered in the system and are fully using the system to upload your documentation that information will automatically generate a confirmation of correspondence through the system and it will email all of the parties to that particular case.

And so that will fulfil the service requirements in board rule 3.4 I believe. So that means you do not have to submit secondary copies through the mail or through email to those government contractors. They can retrieve that information and they'll be notified of every filing that is made into the system without that extra action on your part.

As far as the MACs are concerned because not all providers are currently in the system, they have to evaluate whether or not a provider is in the system to determine how to reach out to you. So, we encourage both sides to work together to indicate how that should occur.

One of the items in the board rules is that if you are not in the system as of this point and you are filing a document on paper, the board requires that you specifically identify that you are filing it outside of the system. So that the MAC can know that you are not in the system and any reply would also have to be submitted to you hard copy or through email.

Resources

At this point, we're going to have a question-and-answer session, but I do want to point out that there are a couple of slides at the end of the deck that include some resources, very important to keep on hand. One of them is our help desk. It's available by phone or by email and on the last slide there are some web references to our web page for the board as well as an email address where you can submit additional questions or other suggestions regarding the system.

And with that, I'll turn it over to Hazeline.



Hazeline Roulac: Thank you Christine very much and also Kevin. That would be slide 26 and 27 that Christine was referencing at the end of a slide presentation.

Question & Answer Session

So, we will now take your question. As a reminder, this event is being recorded and transcribed.

In an effort to get to as many questions as possible, each caller is limited to one question. To allow more participants the opportunity to ask questions during this call, please email questions specific to your particular organization to the OH CDMS help desk, so our staff can do more research.

The email address as well as the help desk phone number are located on slide 26. More general questions can be emailed to the PRRB general email box address located on slide 27. Preference on this call will be given to general questions applicable to a larger audience and we will be mindful of the time spent on each question. All right Dorothy. We are ready for our first caller.

Operator: To ask a question, press star followed by the number one on your touch tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity.

Once your line is open, state your name and organization. Please note your line will remain open during the time you're asking your question so anything you say, or any background noise will be heard in the conference.

If you have more than one question, press star one to get back into the queue and we will address additional questions as time permits.

Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from a line of Kenneth Marcus.

Kenneth Marcus: Thank you. Hi, Ken Marcus at Honigman in Detroit. My question is first I'd like to compliment the speakers on a very informative program. My question is — will the system be modified to enable automatic construction of the schedule of providers.

Christine Blowers: Yes Ken. This is Christine. We are working on that feature. Currently the board rules require that for the legacy cases, we will still be expecting a paper copy of the schedule of providers, but we are working actively on a reporting feature for the new cases to list the basic information that typically is filed on the schedule on the Form G.

Kenneth Marks: Thank you.

Operator: Your next question comes from the line of Edward Coyle.

Edward Coyle: Hi Yes, I had a question when you were on slide number 7 and talking about the different categories of users you mentioned that you were adding access for providers in addition to the representative should representative and not be the provider, but you said at this point in time you were not doing that for the



parent. I'm not sure if that meant that you were going to do in the future or not considering it, but I would advocate that you do consider it because I recall when the 2008 rule changes were going on in the federal register, it's said for health systems, multi-hospital systems that they were in a position to know whether or not a CIRP appeal, mandatory CIRP appeal should be filed because they should be aware of what their hospitals are filing.

And I think having the parent have access to that individual hospital's appeals would make that process a lot easier to manage.

Christine Blowers: This is Christine. We agree with you. We are considering it. It has simply taken more effort than we had anticipated. So, we are looking into this in the future. So, I'm not sure how long that will take, but we'll keep you updated.

Edward Coyle: Thanks, I wasn't sure if you were doing it or not so thanks for looking into it.

Kevin Keck: This is Kevin. If I could just add on to that. One of the difficulties we are facing is how we manage the parents and who belongs to them as we all know the health care world is changing quickly and there's a lot of consolidation and certain providers move around quickly, so at the moment that's one of our biggest challenges, but we agree and are trying to move forward to that request as quickly as we can.

Operator: Your next question comes from a line of Kathy Norris.

Kathy Norris: Good afternoon. I'm just wondering right quick, we're a skilled nursing facility management company would we use this portal for cases that we need to go before an administrative law judge.

Christine Blowers: This is Christine again. The provider reimbursement review board is specific to institutional appeals, typically related to reimbursement issues. So, the typical path is to go to the board and then the case would go to the administrator and then to federal court. We don't deal with the issues that would go to the administrative law judges.

Kathy Norris: Okay. Thank you.

Operator: Your next question comes from the line of Steven Hernandez.

Steven Hernandez: Hello. I have a question in regards to last week sent out a couple of position papers and I did receive a confirmation correspondence notice. Several of those correspondence notices had the submission date stamped on it as that date up the acknowledgement letter as suppose to the actual submission date.

I don't know whether you all were aware of that.

Kevin Kick: This is Kevin. Yes, we were aware of that and we've been working quite aggressively to get that fixed and we actually believe that will be corrected in the very near future within the next week to 10 days we believe. So, we thank you for pointing that out.

We were aware of that, it was a glitch that has larger implications, but will almost have that corrected at this time. Steven Hernandez: So, say for example for those confirmation, you all are fine with us -- say for example strike in those dates and putting in the actual date I would assume.



Christine Blowers: That is fine. We will not be re-issuing those confirmation. Our system has captured the date that the action has occurred, it just didn't put it on that confirmation, but we would encourage everyone both sides to make the correction on the confirmation to reflect the actual date.

Steven Hernandez: Okay, thank you.

Operator: As a reminder if you would like to ask a question, please press star then the number one on your telephone keypad that is star one.

Your next question comes from a line of Herald Wilson.

Herald Wilson: Hello. My question is if I as a provider have a legacy case that is currently being handled by a contractor. If I upload the supporting documents for the legacy case in OH CDMS, do I gain access to tracking that or would that still be handled through the contractor who currently has the individual case.

Kevin Keck: This is Kevin. The designated represent of an organization is the main contact of your case. If the legacy case or not legacy case as an individual case and your with the provider, you will be able to have access to those cases.

At this time, we - the providers who were not listed as a designated rep, only have access to the individual cases. This is scenario where we're working on creating access to the group cases as well. So, regardless of whether you upload the legacy information as a provider for an open individual case, you should have access to that as well.

Now if you do upload that information, anyone who can see the case will be able to see it and they're the ones who do the submission, all parties on the case will receive an email indicating that happened. So, if you were to go back in and upload this information, your contractor, your designated representative, as well as the MAC would be informed that you did that and would be able to see that in real time.

Christine Blowers: Correct, but it does not give you any additional access that you wouldn't otherwise have to your case.

Herald Wilson: Okay. Thank you.

Operator: Your next question comes from the line of Deborah Gardner.

Ms. Gardner, your line is open.

Deborah Gardner: Hi. I wondered if you could provide a little clarification on the legacy cases. For those cases, if there is a filing required, does the provider representative need to upload all of the past documents into the system prior to uploading the new filing or is it possible to just upload the new filing.

Christine Blowers: This is Christine. There is not a requirement to upload the legacy information if you were taking an action such as a transfer, we would highly suggest that we do believe that it would be easier and less



likely for any kind of error if you did that, but for instance if your case is scheduled for hearing and you need to file your final position paper there would not be a need to upload your final issues in order to file your paper.

There are some instances on the legacy cases where for instance if your case is scheduled for hearing and the notice of hearing was issued prior to the system going live. There may not be a respond button, specifically for a final position paper in those limited situations we would encourage you to use the other option to file your paper.

Does that answer your questions?

Deborah Gardner: Yes. It does. Thank you. The “other” option just to clarify is by filing by overnight mail or federal express to the board or to send it to the email.

Kevin Keck: Well. There's a case action that we referenced on... excuse me there, slide 20, I believe, that is actually the action is referred to as in other. When you select that then through the system, you can upload whatever it is you wish. So if there isn't a response of case action to Christine's point because you may have been scheduled before we went live even though there's nothing on that case actions page you can go into the case action to the drop down box, select other, and then just title it with final position paper, attach your documents and submit it just as if there had been a respond button.

If we do highly encourage and ask everyone that if you do have a respond button to use that and not just submit it as an “other” below. We understand some people may have done that by accident. Everybody is getting used to the system, but we do encourage everyone to use the response of buttons if they exist for your case.

Christine Blowers: And one follow up on the other option on the case correspondents drop down. The first question that I will ask you is whether or not you have exhibits. So you will have the option of just, if you have a couple page letter that you want to submit, then you can do that if you have a position paper or some other kind of response to brief that is a little lengthier and has exhibits, then you would have the option to do the exhibit separately with a list of exhibits.

Deborah Gardner: Okay, thank you.

Operator: As a reminder, if you would like to ask a question, press star than the number one on your telephone keypad. Your next question comes from a line of Kenneth Marcus.

Kenneth Marcus: Thank you for giving me the second opportunity, Ken Marcus from Honigman, one other question or one comment, I find that the thirty minute time out goes very quickly as I think most on the call would agree and in today's world we are juggling any number of items on our screen and the thirty minute time out seems to go rather quickly assuming this problem is not isolated to me. Is there any thought being given perhaps make that a bit longer?

Kevin Keck: Hey Kenneth, this is Kevin. We agree. Unfortunately, we are bound by the enterprise wide security that CMS gives us and that is not a time limit that, at this time we can extend, that is part of being in the CMS portal all the good things that come with it, you also probably too, I won't say the bad things, but the less user friendly security features as well.



So unfortunately, at this time we can do nothing to address that, but as I meet with internal CMS IT people, we will bring up that comment as much as possible.

Christine Blowers: And one follow up to that. We understand that as you are reviewing the documentation that has been uploaded, simply being on a screen or moving your mouse does not count against that time, so we encourage you anytime that there is the save button on a page to continually hit the save button as you're working to make sure that will restart the clock.

Generally, when you move from one page and it takes you to pop up page or another page, you will see a little rotating circle. At that point, the system is saving that should also regenerate your time but save often to make sure that you don't get locked out mid upload or whatever.

Kenneth Marcus: Thank you again.

Operator: If you would like to ask a question, press star one on your telephone keypad that is star one to ask a question.

Your next question comes from a line of Herald Wilson.

Herald Wilson: Hello again. I noticed that on the file upload, there's a 4.8-megabyte limit. I also do provider based attestations and in the past CMS also had a similar 4.8-megabyte limit for file upload, but that has been increased to over 10 megabytes. Is there projected time line for increasing the file limit for the appeals review and supporting documentation or we stuck at 4.8 megs for the foreseeable future?

Kevin Keck: This is Kevin. We're actually at 25 megabytes. If you're seen 4.8 on the screen that has a visual area, we need to upload. We went live with 4.8 megabytes and we were able to push out a new code release that brought the limit up to 25 megabytes.

I will work with our contractors and insure that all everywhere it says 4.8, it will say 25 as quickly as we can, but there is a 25-megabyte upload at the moment. It should be in all areas that have uploads as well.

Herald Wilson: Okay that's slide 17.

Kevin Keck: Oh okay. That's on a slide my apologies that is an old picture. Within the system, I believe it says 25 megabytes everywhere. You actually caught me off guard because I thought you were looking in the system when you said that I thought we had taken care of that.

So, I believe it does say 25 everywhere and there is a 25-megabyte upload in the system. So, my apologies that the slide indicated 4.8.

Herald Wilson: No problem, thanks.

Christine Blowers: And if for anyone who does run into a situation where your upload, where you get an error message that your upload is too large. We have tried to account in as many places as we can the option to split



that document and perhaps upload multiple documents. So, you may have to upload as a part one and part two, but with 25 hopefully not a problem.

Operator: Again, as a reminder if you would like to ask a question, press star then the number one on your telephone keypad that is star one to ask a question.

One moment for your next question.

Your next question comes from the line of Bill Ameron.

Bill Ameron: Yes. I was just wondering if it will be mandatory or if it is currently mandatory to submit appeals using the system.

Kevin Keck: At this time, it is not mandatory for the PRRB module to use the system. We would note that for the MGCRB module, it is mandatory at this time, but currently for the PRRB, it is not.

Bill Ameron: Thank you.

Operator: Again, if you would like to ask a question, press star one on your telephone keypad that is star one to ask a question.

And there are no further questions at this time. I will turn the call back over to you Hazeline.

Additional Information

Hazeline Roulac: Thank you so much Dorothy and Thank You for the great questions. We really appreciate your participation today. If by chance, we did not get to your question, you can email it to OH CDMS help desk, see slide 26 or our PRRB general email box, see slide 27.

We hope you will take a few moments to evaluate your experience with today's call. Please see slide 28 for more information. An audio recording and transcript will be available in about two weeks at the same location where you downloaded your slide presentation that is go.cms.gov/npc.

Again, my name is Hazeline Roulac. I would like to thank our presenters Kevin Keck and Christine Blowers, and also thank you for participating in today's Medicare Learning Network event on the New Electronic System for Provider Reimbursement Review Board Appeal.

Have a great day everyone.

Operator: Thank you for participating in today's conference call, you may now disconnect. Presenters please hold.