

**DEPARTMENT OF HEALTH & HUMAN SERVICES
PROVIDER REIMBURSEMENT REVIEW BOARD
2520 Lord Baltimore Drive, Suite L
Baltimore, MD 21244-2670
Phone: 410-786-2671**

MODEL FORM B - GROUP APPEAL REQUEST

Date of Request: _____

Proposed Group Name: _____

Fiscal Year Ended: _____

Intermediary/MAC: _____

Type of Group (Check One):

_____ **Optional** (providers are not commonly owned or controlled)

_____ **Mandatory** (providers are commonly owned or controlled – Common Issue Related Parties (CIRP) Group)

If mandatory group: name, contact information (include telephone & email address) and address of common owner/controlled organization:

UNDER A **TAB LABELED 1** INCLUDE A LIST OF PROVIDERS THAT ARE APPEALING THE ISSUE USING THE FORMAT FOR THE SCHEDULE OF PROVIDERS WHICH CAN BE FOUND IN THE APPENDIX - MODEL FORM G. Complete the information required by each column including the original case number if applicable.

Unless EJR is requested, only one provider in a CIRP group or two providers in an optional group must supply the representation letter and jurisdictional documentation required in the Schedule of Providers (See Rules 20-21) to establish jurisdiction for a group appeal. Jurisdictional documentation for all providers must be furnished in the final Schedule of Providers.

Is this group fully formed (does it include all providers that will be in the group, and have all the providers received their final determinations)?

_____ Yes _____ NO

Does this Request for Hearing include a request for Expedited Judicial Review?

_____ YES _____ NO (Note: A request for EJR must be submitted in a separate document and “EJR Request” must be marked on the outside of the envelope or package transmitting this request.)

Is the Provider’s Representative requesting mediation at this time? (If yes, a request must be submitted in a separate document.)

_____ YES _____ NO

Group Representative Information:

Representative's Name: _____

Company Name and Address: _____

Phone Number: _____

FAX Number: _____

E-mail address: _____

Lead Intermediary/MAC Information:

Intermediary/MAC Name: _____

Address: _____

Intermediary/MAC Code: _____

(If known)

Single Issue Under Appeal (1 per group):

UNDER A **TAB LABELED 2** YOU MUST SUBMIT A STATEMENT OF THE GROUP ISSUE. This statement of the issue must conform to the requirements of the regulations found at 42 C.F.R. § 405.1837 et seq. and the Board's Rules and include a brief description of the issue and the legal basis for the appeal (Cite statutes, regulations and/or manual provisions.).

CERTIFICATIONS

A. **For Optional and Mandatory (CIRP) Groups:**

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

Printed Name: _____

Title: _____

Signature: _____

Group Representative

Date: _____

B. **For Optional (Non-CIRP) Groups Only:**

I hereby certify to the best of my knowledge that there is no other provider to which this provider is related by common ownership or control that has a pending request for a Board hearing on the same issue contained in this hearing request for a cost reporting period that ends in the same calendar year cover in this hearing request. See 42 C.F.R. § 405.1837(b)(1)(i).

Printed Name: _____

Title: _____

Signature: _____

Group Representative

Date: _____

C. I certify that a copy of this Request (and all supporting documentation) was sent by **(check one)**

_____ United States Postal Service

_____ Nationally recognized courier. Specify name: _____

to the lead Intermediary/MAC (if known) and the local Intermediary/MAC (if different) on this _____ day of _____, 2____.

Certified Mail or Tracking Number: _____

Signature: _____

Date: _____

Group Representative