

**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 D - REQUEST TO TRANSFER AN ISSUE TO A GROUP APPEAL
YOU MUST FILE AN ORIGINAL AND 1 COPY OF THIS FORM (MARKED COPY)**

Date of Request: _____

PRRB Case No. from which issue is being transferred: _____

(Provide transfer history if issue has presided in more than one case)

Provider Name: _____

Provider No.: _____

FYE: _____

1. Describe the Issue that is being transferred and include the relevant audit adjustment number, if applicable:

2. Is this the last issue remaining in the individual appeal? If so, _____ YES _____ NO
check Yes and the individual case will be closed due to the transfer of the remaining issue.

3. What is the PRRB Group Case Number and name of the group to which the issue is being transferred?

Group Case No.: _____

Group Name: _____

If the group appeal to which you are requesting to transfer has not yet been assigned a case number, please provide the following information, OR attach a copy of the group appeal request:

Date of Group Appeal Request: _____

Group Representative's Name: _____

Proposed Name of Group Appeal: _____

NOTE: Transfers using this form can **ONLY** be made to existing group appeals and to group appeals that have been requested previously, but which have not yet been assigned a case number by the Board. If you attempt to transfer an issue to a group case that has not yet

been requested to be established, your transfer request will not be processed and the issue will remain in the individual appeal.

4. **Is this a commonly owned or controlled Provider?** _____ YES _____ NO
5. **Is this a common issue related party (CIRP) group appeal?** _____ YES _____ NO
6. **Is the Provider a member of the CIRP?** _____ YES _____ NO

7. ***If you answered “YES” to Question #5, you must explain in the space why it is appropriate for the provider, who is a member of a CIRP, to transfer the issue. Before answering this question, please refer to Rule 12.5. Independent hospitals may not participate in CIRP groups. An example of an appropriate response is “The Provider certifies that no other commonly-owned Providers have nor will have the same issue pending.”***

8. **Please check below that which describes when the issue was added to this appeal AND attach the required documentation to confirm that the issue was added consistent with the checked box.**

NOTE: *The issue must be included in the individual appeal before it can be transferred to a group appeal. See 42 C.F.R. §405.1835.*

_____ The issue was included in the original appeal request. In order to confirm that this issue was included in the original appeal request, you **MUST ATTACH a copy of the original appeal request and/or a copy of Model Form A (including attachment with issue description).**

_____ The issue was added to the Provider’s pending appeal. In order to confirm that this issue was added to the Provider’s pending appeal, you **MUST ATTACH a copy of the letter requesting to add the issue and/or a copy of the Model Form C – Request to Add Issue(s) to an Individual Appeal (including attachment with issue description).**

9. **Are you the Representative for the individual appeal from _____ YES _____ NO which the issue is being transferred?**

NOTE: *If you answered “NO,” the Provider/Representative MUST SIGN Section A of the Certification Page and you will be required to submit an Authorization of Representation letter signed by an official of the Provider when you submit the final Schedule of Providers with the associated jurisdictional documentation.*

CERTIFICATIONS

A. I certify that this issue is not pending in any other appeal for the same period, nor has it been adjudicated, withdrawn, or dismissed from any other PRRB appeal. The Provider agrees with this transfer to Group Case No. _____.

Printed Name: _____
(Provider/Representative Transferring Issue)

Signature: _____ Date: _____

B. I, the Group Representative, have reviewed the regulations at 42 C.F.R. § 405.1837, the Board Rules and consulted with the other Provider/Representative identified on this form. I have a good faith belief that this transfer request meets the single common issue requirement for a group appeal.

Printed Name: _____
(Group Representative)

Signature: _____ Date: _____

C. I certify that a copy of this Request (and any 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: _____

Printed Name: _____

Signature: _____ Date: _____
(Group Representative)