

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

Date of Request: _____

Original PRRB Case No.: _____

Provider Name: _____

Provider No.: _____

FYE: _____

Is this the last issue remaining in the individual appeal? If so, check Yes and the individual case will be closed due to the transfer of the remaining issue.

_____ Yes _____ No

PRRB Group Case Number to which issue is being transferred: _____

Is this a commonly owned or controlled Provider? _____ YES _____ NO

Is this a common issue related party (CIRP) group appeal? _____ YES _____ NO

Is the Provider a member of the CIRP? _____ YES _____ NO

Note: (See Rule 12.5) Independent hospitals may not participate in CIRP groups. If you are a CIRP provider who is attempting to transfer an issue to a group appeal involving independent hospitals, you must document why this action is appropriate in the space below (An example of an appropriate response is that the provider certifies that no other commonly owned providers have nor will have the same issue pending.)

Description of Issue that is being transferred:

(Include audit adjustment number if applicable.)

Was the issue included in the Provider's initial appeal? _____ YES _____ NO

If "NO"~

Was the issue added to the Provider's pending appeal? _____ YES _____ NO

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.

Are you the representative for the individual appeal from which the issue is being transferred?
_____ YES _____ NO

If “**NO**”, you will be required to submit an authorization of representation signed by an official of the Provider when you submit the final Schedule of Providers with the associated jurisdictional documentation.

IF THE GROUP APPEAL TO WHICH YOU ARE REQUESTING TO TRANSFER HAS NOT BEEN ASSIGNED A CASE NUMBER, PLEASE PROVIDE THE FOLLOWING INFORMATION OR A COPY OF THE REQUEST FOR A GROUP:

Date of Group Appeal Request: _____

Group Representative’s Name: _____

Group Representative’s Contact Information: _____

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.

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 has been notified that this issue is being transferred to the group appeal case number _____. The Provider agrees with this transfer.

Printed Name: _____
(Provider/Rep. Transferring Issue)

Signature: _____

Date: _____

B. I have reviewed the regulations at 42 C.F.R. § 405.1837, the Board Rules and consulted with the other 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.

Signature: _____
(Provider/Rep. Transferring Issue)

Signature: _____
(Group Rep.)

Date: _____

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: _____

Signature: _____
(Group Rep.)

Date: _____