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 E - REQUEST TO JOIN AN EXISTING GROUP APPEAL: DIRECT APPEAL FROM FINAL DETERMINATION

Date of Request: ________________________________

Provider Name: ____

Provider Number: _______________________________

Fiscal Year Ended: ______________________________

Intermediary/MAC: _______________________________________

PRRB Group Case Number to which provider is being added: ___________________

Group Case Name: ____

Date of Final Determination: ________________________

THE GROUP REPRESENTATIVE WILL BE REQUIRED TO SUBMIT A COPY OF THE FINAL DETERMINATION AND SUPPORTING DOCUMENTS ONCE THE GROUP IS COMPLETE.

If receipt of Final Determination is more than five days after date of determination, state date received: _______________________

If claiming intermediary/MAC failed to issue a timely Final Determination, state date cost report was sent to intermediary: _______________________
(Include a copy of the cost report certification page and any other evidence to support the date the cost report was filed.)

NOTE: Joinder to an existing group must meet the timeliness requirements of 42 C.F.R. § 405.1837(g).

Description of Issue: ____
(Include audit adjustment number if applicable.)

Provider Information:

Provider Contact/Title: ____

Mailing Address: ____

____

____

Telephone Number: ____________________ Fax Number: __________________

E-mail Address: ____

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.)

____

____

____

IF THE GROUP APPEAL THAT YOU ARE REQUESTING TO JOIN 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: ____

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____

Proposed Name of Group Appeal: ____

____

NOTE: A request using this form can only be made to join existing group appeals and group appeals that have been requested previously, but which have not yet been assigned a case number by the Board. If you attempt to join a group case which has not yet been requested to be established, your request will fail, and you will not receive a notice and will be required to meet all requirements for all issues in an 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 added to the group appeal case number _____________. The Provider agrees with request.

Printed Name: ____
(Provider/Rep. Adding Issue)

Signature: ____

Date: ____________________

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

Signature: _____________________________ (Provider/Rep. Adding 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 of the group (if known) and the local intermediary/MAC (if different) on this __________day of _______________, 2_____.

Certified Mail or Tracking Number: _____________________________

Signature: ____________________________________ (Group Rep.)

Date: __________________