## Alternative Method to Request Change of Representative

Within the Office of Hearings Case and Document Management System ("OH CDMS"), submit most correspondence from the **Case Correspondence** tab within the impacted case. The ability to access this tab is limited to the current representative of the case, but you can also use an alternative method for a newly appointed representative to submit a change of representative request from the Medical Geographical Classification Review Board ("MGCRB") Home Page within OH CDMS.

## MGCRB Home Page

## 1. Select the Case Correspondence button.

|  |  | 10/19/2023 - 2:18:00 PM EDT             |
|--|--|---|
| Centers for Medicare & Medicaid Services |  | Welcome Julianne Nuetzel - Rep Contact~ |
| )<br>Case and Do<br>Medicare Geogra      | Office of Hearing<br>ocument Manage<br>aphic Classificat | gs<br>ement System<br>tion Review Board |
|  | Create New Application<br>Case Correspondence            |   |
|  | Search for Case  |   |
| Enter Case Number                        |  | Submit Search                           |
|  | Cases Awaiting Decisio                                   | on                                      |
| Case Number Reclassification Period      | Provider/Group Name                                      | Representative Organization             |

Figure 1: MGCRB Home Page - Case Correspondence Button

2. The **Select Case Correspondence** pop-up window is displayed. Select **Change Representative**.

| CMS day                         |                            | 10/19/2023 - 2:19:19 PM ED            |
|---------------------------------|----------------------------|---------------------------------------|
| Centers for Medicare & Medicaid | Select Case Correspondence | icome Julianne Nuetzel - Rep Contact+ |
| Ca<br>Medic                     |                            | em<br>ion review Board                |
|                                 | Create New Application     |                                       |
|                                 | Case Correspondence        |                                       |

Figure 2: Select Case Correspondence Pop-Up Window

3. From the **Change Representative** page, enter the impacted case number in the **Case Number** field. The case number must be an exact match. Select **Retrieve** to retrieve the applicable case name.

|  | 10/19/2023 - 2:21:54 PM EDT                 |
|--|---|
|  | Welcome Julianne Nuetzel - Rep Contact-     |
| Centers for Medicare & Medicaid Services   |   |
| Change Representative  |   |
| Case Number Enter Case Number Note: The case number must be an er  | xact match.                                 |
| Cancel   |   |
|  |   |
| The Information System:  |   |
| You are accessing a U.S. Government information system, which includes 1. this computer, 2. this computer network, 3. all comp devices and storage media attached to this network or to a computer on this network.  | uters connected to this network, and 4. all |
| This information system is provided for U.S. Government-authorized use only.   |   |
| Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.  |   |
| By using this information system, you understand and consent to the following:<br>You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. | tem. At any time, and for any lawful        |

- Figure 3: Alternate Change Representative Page Enter Case Number and Retrieve Case Name
  - 4. Verify that the identified **Case Name** is listed as expected.

|  | 10/19/2023 - 2:23:56 PM ED                    |
|--|---|
| <b>_M3</b> .gov                          | Welcome Julianne Nuetzel - Rep Contact-       |
| enters for Medicare & Medicaid Services  |   |
|  |   |
| C  | nange Representative                          |
| Case Number                              |   |
| 28G0001                                  | Retrieve                                      |
|  | Note: The case number must be an exact match. |
| Case Name                                |   |
| Carroll County (MD) Group                |   |
|  |   |
| New Representative Information           |   |
| Representative Organization              |   |
| Start typing Representative Organization |   |
|  |   |
|  | Submit Cancel                                 |
|  |   |

Figure 4: Alternate Change Representative Page - Verify Case Name

5. Start typing the new Representative Organization's name in the **Representative Organization** field and select from the predictive drop-down menu.

|  |                         | 10/19/2023 - 2:26:24 PM ED              |
|--|-------------------------|---|
|  |                         | Welcome Julianne Nuetzel - Rep Contact- |
| nters for medicare & medicard Services |                         |   |
|  | Change Representative   |   |
| Case Number                            |                         |   |
| 28G0001                                | Retrieve                |   |
|  | Note: The case number n | nust be an exact match.                 |
| Case Name                              |                         |   |
| Carroll County (MD) Group              |                         |   |
|  |                         |   |
|  |                         |   |
| New Perrocentative Information         |                         |   |
|  |                         |   |
| Representative Organization            |                         |   |
| OHI Rep Test Org                       |                         |   |
| Representative Contact                 |                         |   |
| Select One                             | ~                       |   |
|  |                         |   |
|  |                         |   |
|  | Submit Cancel           |   |
|  |                         |   |
|  |                         |   |
|  |                         |   |

Figure 5: Alternative Change Representative Page - Select New Representative Organization

6. Select the appropriate **Representative Contact** from the drop-down menu. The contact's full information is displayed for reference and confirmation.

|  | 10/19/2023 - 2:32:46 PM ED1                   |
|--|---|
|  | Welcome Julianne Nuetzel - Rep Contact-       |
| Centers for Medicare & Medicaid Services |   |
|  |   |
| Cha                                      | inge Representative                           |
| Case Number                              |   |
|  |   |
| 28G0001                                  | Retrieve                                      |
|  | Note: The case number must be an exact match. |
| Case Name                                |   |
| Carroll County (MD) Group                |   |
|  |   |
| New Penresentative Information           |   |
| Representative mornation                 |   |
| Representative Organization              |   |
| OHI Rep Test Org                         |   |
| Representative Contact                   |   |
| Julianne Nuetzel - Rep Contact           | ~   |
| Designated Representative Information    |   |
| Julianne Nuetzel - Rep Contact           |   |
| Primary Contact                          |   |
| OHI Rep Test Org                         |   |
| Personal Address                         |   |
| Personal, DC 21112                       |   |
| iuli ren@outlook.com                     |   |
| 1  |   |
|  |   |
| Attach Representation Letters.           |   |
| Upload                                   |   |
|  |   |

Figure 6: Alternate Change Representative Page - Select and Confirm Representative Contact

7. Select **Upload** to attach the new Representation Letter(s).

**Note**: For individual cases, there is a single upload. For group cases, you must submit a Representation Letter for each provider participating in the group.

|                   | organization             |               |
|-------------------|--------------------------|---------------|
| OHI Rep Test Or   | g                        |               |
| Representative    | Contact                  |               |
| Julianne Nuetzel  | - Rep Contact            | ~             |
| Designated Rep    | presentative Information |               |
| Julianne Nuetzel  | - Rep Contact            |               |
| Primary Contact   |                          |               |
| OHI Rep Test Org  | I                        |               |
| Personal Address  | S                        |               |
| Personal, DC 211  | 12                       |               |
| 123-456-7890      |                          |               |
| uli_rep@outlook   | c.com                    |               |
|                   |                          |               |
| Attach Representa | tion Letters.            |               |
|                   |                          |               |
| Upload            |                          |               |
| Upload            |                          |               |
| Upload            | Document Type            | Document Name |
| Upload<br>Action  | Document Type            | Document Name |

Figure 7: Alternate Change Representative Page - Upload Representative Letter(s)

## 8. Select Submit.

**Note**: While a change of representative request is usually effective immediately, this alternative method is subject to further review of the supporting representation letter(s) by the Office of Hearings ("OH").