**DEPARTMENT OF HEALTH & HUMAN SERVICES**
**PROVIDER REIMBURSEMENT REVIEW BOARD**
**1508 Woodlawn Drive, Suite 100**
**Baltimore, MD 21207**
**Phone: 410-786-2671 Fax: 410-786-5298**

# MODEL FORM A – INDIVIDUAL APPEAL REQUEST

**Date of Request:** _____

**Provider Name:** _____

**Provider Number:** _____

**Fiscal Year Ended:** _____

**Intermediary/MAC:** _____

1. **Date of Notice of Final/Revised Determination:** _____

**Type of Final Determination:** **(Check one)**

- ☐ Notice of Program Reimbursement (NPR)
- ☐ Revised NPR
- ☐ Exception Determination
- ☐ Federal Register Notice
- ☐ Failure to Issue a Timely Determination
- ☐ Other (Specify: _____)

YOU MUST ATTACH A COPY OF THE FINAL/REVISED DETERMINATION UNDER A **TAB LABELED 1**.

*** If appealing from a Revised NPR**, you **MUST** also provide copies of: (1) the NPR immediately preceding the Revised NPR under appeal, (2) the Reopening Request that preceded the Revised NPR (if applicable), (3) the Reopening Notice issued by the Intermediary, (4) the Revised NPR workpapers (for the issue(s) under appeal), and (5) any applicable cost report worksheets (e.g., Worksheet E). *See* Rule 7.1.

*** If claiming Intermediary/MAC failed to issue a timely Final Determination,** state the date the cost report was sent to the Intermediary: _____. You **MUST** also include copies of: (1) the certification page of the perfected or amended cost report, (2) the certified mail receipt evidencing the Intermediary's receipt of the as-filed and any amended cost reports, (3) the Intermediary's letter or e-mail acknowledging receipt of the as-filed and any amended cost reports, (4) evidence of the Intermediary's acceptance or rejection of the as-filed and any amended cost reports, and (5) the documentation described in Rule 7.2, as relevant, if the issue(s) being appealed involves one or more self-disallowed items. *See* Rule 7.4.

*** If receipt of Final/Revised Determination is more than five days after date of determination,** state date received: _____. You **MUST** also include a copy of documentation to support the actual date of receipt.

2. **Does this Request 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.

3. **Is the Provider requesting Mediation?** ☐ **YES** ☐ **NO**
**NOTE**: If yes, a request must be submitted in a separate document.

4. **Provider Information:**

Provider Name: _____
Provider Contact/Title: _____
Provider Address: _____
_____
_____
Provider Telephone Number: _____
Provider Fax Number: _____
E-mail Address: _____

5. **Is this Provider commonly owned or controlled?** ☐ **YES** ☐ **NO**
**NOTE**: If yes, identify the following contact information for the parent organization:

Corporation Name: _____
Contact Person at Corporation: _____
Corporation Address: _____
_____
_____
Telephone Number: _____
Fax Number: _____
E-mail Address: _____

6. **Intermediary/MAC Information:**

Intermediary/MAC Name: _____
Intermediary Address: _____
_____
_____
Intermediary/MAC Code (from NPR, if known)**:** _____

**7. Representative Information (if applicable):**

Representative Name: _____

Company Name: _____

Company Address: _____

_____

_____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

**NOTE:** If you are filing as a representative, YOU MUST ATTACH A LETTER SIGNED BY THE PROVIDER AUTHORIZING REPRESENTATION UNDER A **TAB LABELED 2**. *See* Rule 5.4.

**8. Issue(s) Appealed:**

UNDER A **TAB LABELED 3**, YOU MUST SUBMIT A STATEMENT OF THE ISSUE(S). The statement of the issue(s) must conform to the requirements of the regulations found at 42 C.F.R. § 405.1835 et seq. and the Board's Rules and must include: (1) a description of the issue; (2) the audit adjustment number(s), if applicable, or other evidence required by 42 C.F.R. § 405.1835 (a)(1)(ii); (3) the amount in controversy; and (4) a statement identifying the legal basis for the appeal (with citation to statutes, regulations and/or manual provisions).

**Total Amount in Controversy for all Issues**: _____

## CERTIFICATIONS

A. I certify that none of the issues filed in this appeal are pending in any other appeal for the same period and provider, nor have they been adjudicated, withdrawn, or dismissed from any other PRRB appeal.

Printed Name: _____

Title: _____

Signature: _____
(Provider Owner/Officer/Director or Representative)

Date: _____

B. I certify to the best of my knowledge that there are no other providers to which this provider is related by common ownership or control that have a pending request for a Board hearing on any of the same issues for a cost reporting period that ends in the same calendar year covered in this request. *See* 42 C.F.R. § 405.1835 (b)(4)(i).

Signature: _____
(Provider Owner/Officer/Director or Representative)

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 Intermediary/MAC on this _____day of _____, 2_____.

Certified Mail or Tracking Number: _____

Signature: _____
(Provider Owner/Officer/Director or Representative)

Date: _____