

**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 B – GROUP APPEAL REQUEST

Date of Request: _____

Proposed Group Name: _____

Fiscal Year Ended: _____

Intermediary/MAC: _____

1. Type of Group (Check One):

_____ **Optional** (providers are not commonly owned or controlled)

_____ **Mandatory** (providers are commonly owned or controlled – Common Issue Related Parties (CIRP) Group)

2. If mandatory group, provide the following contact information for the parent organization:

Corporation Name: _____

Contact Person at Corporation: _____

Corporation Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

3. Preliminary Schedule of Providers:

UNDER A **TAB LABELED 1**, YOU MUST INCLUDE A LIST OF PROVIDERS THAT ARE APPEALING THE ISSUE USING THE FORMAT FOR THE SCHEDULE OF PROVIDERS, WHICH CAN BE FOUND IN THE APPENDIX - MODEL FORM G. Complete the information required by each column including the original case number, if applicable.

Unless EJR is requested, only one provider in a CIRP group or two providers in an optional group must supply the representation letter and jurisdictional documentation required in the Schedule of Providers (*See* Rules 20-21) to establish jurisdiction for a group appeal. Jurisdictional documentation for all providers must be furnished in the final Schedule of Providers.

4. **Is this group fully formed** (does it include all providers that will be in the group, and have all the providers received their final determinations)? _____ **YES** _____ **NO**

5. **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.

6. **Is the Group requesting Mediation?** _____ **YES** _____ **NO**
NOTE: If yes, a request must be submitted in a separate document.

7. Group Representative Information:

Representative Name: _____
Company Name: _____
Company Address: _____

Phone Number: _____
Fax Number: _____
E-mail Address: _____

8. Lead Intermediary/MAC Information:

Intermediary/MAC Name: _____
Intermediary Address: _____

Intermediary/MAC Code (if known): _____

9. **Common Group Issue Appealed (only one issue per group):** _____

NOTE: The matter at issue must involve a single common question of fact or interpretation of law, regulation or CMS Rulings that is common to each provider in the group. See 42 C.F.R. § 405.1837(a)(2) and PRRB Rules 13 and 8.

UNDER A **TAB LABELED 2**, YOU MUST SUBMIT A STATEMENT OF THE GROUP ISSUE. The statement of the issue must conform to the requirements of the regulations found at 42 C.F.R. § 405.1837 et seq. and the Board’s Rules and must include: (1) a description of the issue; and (2) a statement identifying the legal basis for the appeal (with citation to statutes, regulations and/or manual provisions).

CERTIFICATIONS

A. **For Optional and Mandatory (CIRP) Groups:**

I hereby certify that the group issue filed under this appeal is not pending in any other appeal for the same period for the same provider, nor has it been adjudicated, withdrawn, or dismissed from any other PRRB appeal.

Printed Name: _____

Title: _____

Signature: _____
(Group Representative)

Date: _____

B. **For Optional (Non-CIRP) Groups Only:**

I hereby certify to the best of my knowledge that there is no other provider to which this provider is related by common ownership or control that has a pending request for a Board hearing on the same issue contained in this hearing request for a cost reporting period that ends in the same calendar year cover in this hearing request. *See* 42 C.F.R. § 405.1837(b)(1)(i).

Printed Name: _____

Title: _____

Signature: _____
(Group Representative)

Date: _____

C. I certify that a copy of this Request (and all supporting documentation) was sent by
(Check one)

_____ United States Postal Service

_____ Nationally recognized courier. Specify name: _____

to the Lead Intermediary/MAC on this _____ day of _____, 2____.

Certified Mail or Tracking Number: _____

Signature: _____
(Group Representative)

Date: _____