
Medicare

Provider Reimbursement

Manual - Part 1

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal 416

Date: JUNE 2000

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NEW/REVISED INSTRUCTIONS--EFFECTIVE DATE: May 1, 2000

Section 2920, Right to Board Hearing, provides information on providers rights before the Board.

Section 2920.1, Individual Appeals, identifies procedural and subject matter requirements that must be met by a single provider to request and obtain a Board hearing.

Section 2920.2, Group Appeals, identifies procedural and subject matter requirements that must be met by a group of two or more providers to request and obtain a Board hearing.

Section 2920.3, Expedited Judicial Review, explains the Board's procedures regarding expedited judicial review.

Section 2921., Request for Board Hearing or for Expedited Judicial Review, identifies addresses for requests sent by either U.S. Postal Service or courier service, as well as provides the Board's Internet site which contains the Board's instructions for filing and pursuing a request for a hearing.

Section 2921.1, Late Filing of Request for Hearing, is **deleted**.

Section 2921.2, Board Action on Request for Hearing, is **deleted**.

Section 2921.3, List of Issues, is **deleted**.

Section 2921.4, Monthly Calendar, is **deleted**.

Section 2921.5, Position Papers, is **deleted**.

Section 2922, Parties to Board Hearing, is **deleted**.

Section 2922.1, Related Parties, is **deleted**.

Section 2922.2, Interested Persons, is **deleted**.

Section 2922.3, Appointment and Authority of Party's Representative, is **deleted**.

Section 2922.4, Ex Parte Communication Prohibited, is **deleted**.

Section 2923, Composition of Board, is **deleted**.

Section 2923.1, Disqualification of Board Member, is **deleted**.

Section 2924, Responsibility of Board, is **deleted**.

Section 2924.1, Prehearing Conference, is **deleted**.

Section 2924.2, Prehearing Discovery, is **deleted**.

Section 2924.3, Notice of Board Hearing, is **deleted**.

Section 2924.4, Notice of Dismissal of Board Hearing, is **deleted**.

Section 2924.5, Issues for Determination at Board Hearing, is **deleted**.

Section 2924.6, Scope of Board's Authority, is **deleted**.

Section 2924.7, Negotiations, is **deleted**.

Section 2925, Provider Reimbursement Review Board Hearing, is **deleted**.

Section 2925.1, Conduct of Board Hearing, is **deleted**.

Section 2925.2, Evidence, is **deleted**.

Section 2925.3, Witnesses, is **deleted**.

Section 2925.4, New Evidence, is **deleted**.

Section 2925.5, Hearing Record, is **deleted**.

Section 2925.6, Board Hearing Decision, is **deleted**.

Section 2925.7, Hearing on the Record, is **deleted**.

Section 2926., Expedited Judicial Review Process, is **deleted**.

Section 2926.1, Limitation on Expedited Proceedings, is **deleted**.

Section 2926.2, Provider Request and Accompanying Documents, is **deleted**.

Section 2926.3, Timing of Provider Request, is **deleted**.

Section 2926.4, Intermediary Participation, is **deleted**.

Section 2926.5, Board Action, is **deleted**.

Section 2926.6, Effect of Board Determination, is **deleted**.

Appendix A, is **deleted**.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER 29

PROVIDER PAYMENT
DETERMINATIONS AND APPEALS PROCEDURES

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CHAPTER 29

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TRANSCRIPT OF HEARING

[For uniformity, the face sheet of the transcript of the hearing should appear as follows:]

Report of Intermediary Hearing pursuant to title XVIII of the Social Security Act
(42 CFR, Part 405, Chapter IV)

(name of intermediary hearing officer)

In the matter of (name of provider or other entity)

PAYMENT DISPUTE

C/Y/E:

Intermediary:

Provider Reimbursement Review Board

2920. RIGHT TO BOARD HEARING

You as an individual provider or as a member of a group of providers (see §2900.A. for the definition of a provider) may request and receive a hearing before the Provider Reimbursement Review Board (Board) under §1878 of the Act for a cost reporting period for which you have filed a cost report. Intermediaries, although parties to Board hearings, may not request a Board hearing.

You may request a hearing involving the way the intermediary applies provisions of title XVIII of the Act, the implementing regulations, HCFA Rulings, program instructions, and other authorities in determining your payment. You have a right to a Board hearing, provided your request complies with certain criteria. You may also have a right to request the Board to grant you expedited judicial review.

2920.1 Individual Appeals.--You as a single provider may ask for and obtain a Board hearing if your request meets jurisdictional requirements involving both procedure and subject matter.

A. Procedural Requirements.--Your appeal must meet the following procedural requirements found in §1878(a) of the Act and at 42 C.F.R. §§405.1801, .1835, .1839, and .1841.

1. You are dissatisfied with a final determination of the intermediary or the Secretary of the Department of Health and Human Services (who has delegated this responsibility to HCFA) with respect to Medicare reimbursement.

2. The amount in controversy (reimbursement effect) with respect to matters for which you have the right to a Board hearing must be at least \$10,000 for the cost reporting period under appeal, and

3. You file your request for a hearing with the Board no later than the 180th calendar day following notice of the final determination rendered by HCFA or its intermediary or, where the intermediary has not issued the NPR timely, you file your request for a hearing with the Board no later than the 180th day after the expiration of the 12-month period described in §2905.1.

B. Subject Matter Requirements.--Your appeal of subject matter is generally limited by §1878(g) of the Act.

1. You may only appeal issues involving items and services furnished to a Medicare beneficiary that are covered by Medicare; and

2. You may not appeal issues involving the establishment of diagnosis-related groups (DRGs), DRG discharge classification methodologies, DRG resources, weighting factors, or budget neutrality.

There are no appeal rights for certain matters, which include, but are not limited to, your request to waive an overpayment and the intermediary's authority to recover overpayments.

2920.2 Group Appeals.--You, with at least one other provider, may request a Board hearing in the form of a group appeal.

A. Procedural Requirements.--Your group appeal must meet the following procedural requirements found in §1878(b) of the Act and at 42 C.F.R. §§405.1801, .1837, .1839, and .1841.

1. Each provider in the group satisfies the jurisdictional requirements (except the \$10,000 requirement) for a hearing before the Board.
2. The amount in controversy is, in the aggregate, at least \$50,000.
3. The issue in controversy involves a common question of fact or of interpretation of law, regulations, or HCFA rulings. (A single provider involved in a group appeal that also wishes to appeal issues not common to the other providers in the group must file a separate hearing request and must separately meet the requirements for a Board hearing on these issues.)

Providers under common ownership or control must appeal a common issue as a group if the amount in controversy is \$50,000 or more.

B. Subject Matter Requirements.--Your group appeal has the same subject matter requirements as does an individual appeal. (See §2920.1B.)

2920.3 Expedited Judicial Review.-- The Board cannot decide the validity of the governing law, regulations, or HCFA rulings. If this is what you are disputing, you should ask the Board to grant you expedited judicial review. You as an individual provider, a member of a group, or a group may request that the Board grant expedited judicial review for an issue or the entire appeal, allowing you to bypass a Board hearing under §1878(f)(1) of the Act. Your request must meet the procedural requirements for a hearing before the Board. See §§2920.1.A. and 2920.2.A. Once the Board has determined that it has jurisdiction, it will make a determination on your expedited judicial review request within 30 days.

2921. REQUEST FOR BOARD HEARING OR FOR EXPEDITED JUDICIAL REVIEW

You must file, in writing, a request for a Board hearing or for expedited judicial review. It must be signed by your responsible official or employee or your duly authorized representative.

You must send your request to:

(If sent by U.S. Postal Service)

Chairman
Provider Reimbursement Review Board
P.O. Box 31712
Baltimore, MD 21207-8712

(If sent by courier service)

Chairman
Provider Reimbursement Review Board
7500 Security Boulevard, Room C1-09-13
Baltimore, MD 21244-1950

You must simultaneously submit a copy of the request for a Board hearing or for expedited judicial review to your intermediary.

For directions on what to include in your request and for other information about the Board's procedures, please consult the Board's instructions. These are available on the HCFA Internet site at www.hcfa.gov/regs/prrb.htm. You may also obtain a copy by writing to the Board at the above address or by telephoning the Board at (410) 786-2671. Your intermediary is also a source for the instructions.

(The next page is 29-68)

2927. ADMINISTRATOR REVIEW OF BOARD DECISIONS

A. Own-Motion Review.--The Secretary's own-motion review of Board decisions described in §2924.4.C.2 (Denied Jurisdiction) and §2926 (Board Hearing Decision), provided for in §1878(f) of the Act, has been delegated to the Administrator of HCFA. The Administrator in turn redelegate this authority to the Deputy Administrator of HCFA. Thus, any own-motion review action which may be taken by the Administrator may also be taken by the Deputy Administrator. (See 42 CFR §405.1875.)

The Office of the Attorney Advisor (to the Administrator) recommends initiation of own-motion review of Board decisions under §1878(f)(1) of the Act, as amended; evaluates cases under own-motion review; and recommends as to disposition of such cases by the Administrator.

The Administrator may upon review of a Board decision and within 60 days after the requesting party (in the case of denied jurisdiction) or the provider (in the case of a Board hearing decision) received notice of the Board's decision, affirm, modify, reverse, or remand that decision to the Board for further consideration of the matter at issue.

NOTE: The procedures set out in this section do not apply to expedited review determinations made by the Board. As discussed in §2929.7, these determinations are not subject to the Secretary's own-motion review.

B. Grounds for Review.--The decision to review a Board decision is made by the Administrator solely at his or her discretion. The Administrator may exercise this discretion on his or her own motion or in response to a request from a party to a Board decision or in response to a request from HCFA.

The Office of the Attorney Advisor examines the Board's decisions, the requests made by a party or HCFA and any submission made in accordance with subsection D in order to assist the Administrator in deciding whether to exercise this review authority.