



# **Office of Hearings Case and Document Management System (“OH CDMS”)**

## **Medicare Geographic Classification Review Board (“MGCRB”) Module**

### **External User Manual**

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**Version 1.2**

**December 20, 2023**



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# 1. Introduction

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The Office of Hearings Case and Document Management System ("OH CDMS") is a web-based portal for parties to enter and maintain their cases and to correspond with the Office of Hearings ("OH"). OH supports three distinct administrative hearing functions:

- The **Provider Reimbursement Review Board** ("PRRB"): provider appeals of cost report audits and other final determinations per 42 C.F.R. § 405, Subpart R;
- The **Medicare Geographic Classification Review Board** ("MGCRB"): hospital applications to request geographic redesignation to an alternative payment area per 42 C.F.R. § 412, Subpart L; and
- The **CMS Hearing Officer**: diverse range of matters brought by healthcare institutions, insurance issuers, state Medicaid plans, organ procurement organizations, and other entities per various regulatory authorities.

Access to the various modules is granted as needed based on role. Access to specific cases is limited to the parties of each case, including party representatives.

## 1.1 Conventions

- The term "system" is used throughout this document to refer to the MGCRB module.
- Fields, buttons, and links to be acted upon are indicated in bold text.
- Specific objects are identified in screen prints with red outlines and arrows.
- Screen prints were created in a variety of browsers. Depending on the browser you use, your screens may vary from the examples in this manual.

## 1.2 Cautions & Warnings

### 1.2.1 Government-Authorized Use of the System

Upon logging in to OH CDMS, the Community Rules of Behavior page provides a warning banner displaying privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system. Users must consent to these rules of behavior to use the system.

### 1.2.2 Board Rules Take Precedence

This user manual is to be used as a guide only. If there are any inconsistencies between this user manual and the Board Rules, then the Board Rules prevail.

### 1.2.3 Session Expiration

Users will be automatically logged out of the system for security reasons if there is no activity (such as saving a page, navigating through pages, selecting a link, or performing a search) for more than **30 minutes**.

Applications may be saved in draft status prior to submission. However, there is no auto-save function so users must manually save any updates before navigating away from the browser window.

All other actions must be submitted while in an active browser window and may not be saved in a draft status. Entered information will be lost if the browser session expires or if the user navigates away from the browser window before submission.

### **1.3 Accessibility Standards**

OH is committed to making its electronic and information technologies accessible to people with disabilities. We strive to meet or exceed the requirements of Section 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended in 1998.

If any content or use of any features in OH CDMS cannot be accessed due to a disability, please contact our Section 508 Team via email at [508Feedback@cms.hhs.gov](mailto:508Feedback@cms.hhs.gov).

For more information on CMS Accessibility and Compliance with Section 508, see the [CMS Accessibility & Nondiscrimination for Individuals with Disabilities Notice](#).

## 2. Getting Started

---

This section contains information on set up, user access, and system navigation.

### 2.1 Set-up Considerations

OH CDMS pages are designed to be viewed at a minimum page resolution of 800 x 600. To optimize OH CDMS access and performance:

- Disable pop-up window blockers in your browser.
- Verify that the latest version of JAVA and ActiveX are installed. See the JAVA website ([www.java.com](http://www.java.com)) or Adobe website ([www.adobe.com](http://www.adobe.com)) for the latest versions.
- Ensure JavaScript and cookies are enabled.
- Ensure the following minimum system requirements are met.

#### Windows

- 1.4GHz Intel® Pentium® 4 or faster processor (or equivalent) for Microsoft® Windows® XP, Windows 7 or Windows 8; 2GHz Pentium 4 or faster processor (or equivalent) for Windows Vista®
- Windows 8 (32-bit/64-bit), Windows 7 (32-bit/64-bit), Windows Vista, Windows XP
- 512MB of RAM (1GB recommended) for Windows XP, Windows 7 or Windows 8; 1GB of RAM (2GB recommended) for Windows Vista
- Microsoft Internet Explorer 11 or higher; Mozilla Firefox 15.0 or higher; Google Chrome 17.0 or higher

#### Mac OS

- 1.83GHz Intel Core™ Duo or faster processor
- 512MB of RAM (1GB recommended)
- Mac OS X 10.7.4, 10.8
- Mozilla Firefox 15.0 or higher; Google Chrome 17.0 or higher

#### Linux

- Ubuntu 11.04, 12.04; Red Hat Enterprise Linux 6; OpenSuSE 11.3
- Mozilla Firefox 15.0 or higher

## 2.2 User Access Considerations

### 2.2.1 User Roles

This manual is intended for users from the following organization types. Your access will vary depending on your user role.

- Provider Organization
- Parent Organization (corporate organization that oversees multiple hospitals)
- Representative Organization (external legal or consulting firm)
- Division of Acute Care, Hospital & Ambulatory Policy Group, Center for Medicare, CMS

While a provider, parent, or representative organization may file an application on behalf of the provider (or group of providers), one organization must be selected as the designated case representative with whom the Board maintains contact. Only the designated representative will have full access to review and take action on the case.

### 2.2.2 Accessing OH CDMS

Six distinct steps are required to access OH CDMS:

1. Access the CMS Salesforce Enterprise Integration (“SEI”) Portal (<https://sei.cms.gov>).
2. Create or confirm a secure CMS Identity Management account (“IDM”).
3. Request access to Salesforce within the CMS SEI Portal.
4. Request access to the OH CDMS application within the Salesforce App Store.
5. Complete OH CDMS Community Registration and request access to specific OH CDMS user role.
6. Launch OH CDMS.

Please refer to the OH CDMS External Registration and User Access Manual, which provides detailed instructions for users to request access.

### 2.2.3 Accessing the MGCRB Module

Upon launching OH CDMS, the Community Rules of Behavior page is displayed. Review the information regarding access to this government information system. Select the Accept button to consent to these rules and continue to the OH CDMS landing page.



Figure 1: Community Rules of Behavior

The OH CDMS landing page is displayed. This screenshot may vary depending on your user role and access to the various modules. If you have Administration access, please refer to the [OH CDMS Administration](#) section at the end of this manual.

Select the **MGCRB** tile to go to the MGCRB home page. The functionality on the MGCRB home page is addressed in Section 3, [Using the System](#).



Figure 2: OH CDMS Landing Page

## 2.3 System Organization & Navigation

### 2.3.1 General Navigation

The pages in OH CDMS include various tools to navigate the site.

A. **Navigation Bar** with several tabs

The tab names differ based on the pre- or post-submission status for the application request. Users may click on a tab to navigate directly to the page with the referenced information.

B. **Welcome Bar** with drop-down menu

- **Home:** navigate to the OH CDMS landing page
- **Help:** open a pop-up window with help desk contact information and service hours
- **Logout:** exit the system

C. **Action Buttons**

See table of standard action buttons and functionality below.

The screenshot displays the CMS.gov interface for the MGCRB page. At the top, the CMS.gov logo and 'Centers for Medicare & Medicaid Services' are visible. The navigation bar includes tabs for 'General Information', 'Background Questionnaire', 'Reclassification Request', and 'Review and Submit'. A dropdown menu is open, showing 'Home', 'Help', and 'Logout' options. The main content area is titled 'General Information' with a sub-header 'Reclassification Period: FFYs 2019 - 2021'. The form contains several sections: 'Provider Information' with a 'Provider Name/Number' field; 'Representative Information' with a 'Representative Organization' field; 'Provider's Authorizing Official' with fields for 'First Name', 'Last Name', 'Title', and 'Organization Name'; and 'Email' with an 'Enter Email' field. At the bottom, there are three action buttons: 'Save', 'Save and Continue', and 'Cancel'. Red circles A, B, and C highlight the navigation bar, the dropdown menu, and the action buttons respectively.

Figure 3: MGCRB Page with Navigation Options

Button	Function
<b>Save</b>	Saves the current state of the fields within the application and refreshes the current page. Save frequently to avoid the 30 minute session expiration.
<b>Save and Continue</b>	Saves the current state of the fields within the application and navigates to the next page.
<b>Cancel</b>	Removes all input information since the last save.
<b>Certify and Submit</b>	Saves the current state of the fields within the application and electronically sends application to the MGCRB for review. Button displays only on the Certify and Submit page.
<b>Previous</b>	Saves the current state of the fields within the appeal navigates to the prior page of the appeal. Displays on appeal pages after the General Information page.
<b>Proceed</b>	Navigates to a separate page to review or enter specific information or to confirm an action.

Table 1: Standard Action Buttons

## 2.3.2 User Interface

### 2.3.2.1 Required Fields

All fields are required unless specifically identified as optional.

### 2.3.2.2 Hover Messages

Hover over buttons and hyperlinks to view a brief message describing the navigation or action that will occur.



Figure 4: Hover Message

### 2.3.2.3 Predictive Text Fields

Throughout the system, there are a number of predictive text fields. When at least two characters are entered into the field, the system will display a list of possible entries that match

the entered text. Continue entering characters to narrow the list. You must select the appropriate entry from the list to ensure the final data is captured.

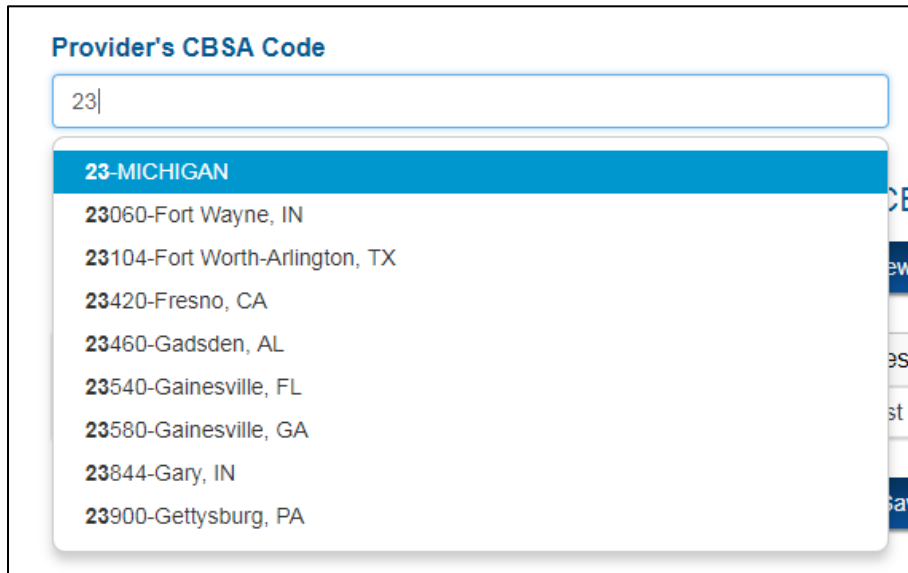
A screenshot of a web form titled "Provider's CBSA Code". At the top, there is a text input field containing the number "23". Below the input field is a dropdown menu that is open, displaying a list of CBSA codes and their corresponding locations. The first item in the list, "23-MICHIGAN", is highlighted in blue. The other items are: "23060-Fort Wayne, IN", "23104-Fort Worth-Arlington, TX", "23420-Fresno, CA", "23460-Gadsden, AL", "23540-Gainesville, FL", "23580-Gainesville, GA", "23844-Gary, IN", and "23900-Gettysburg, PA".

Figure 5: Sample Predictive Text Field

#### 2.3.2.4 Confirmations

Throughout the system, an instant pop-up window is displayed to confirm each submission. Select the **Close** button to return to your page.

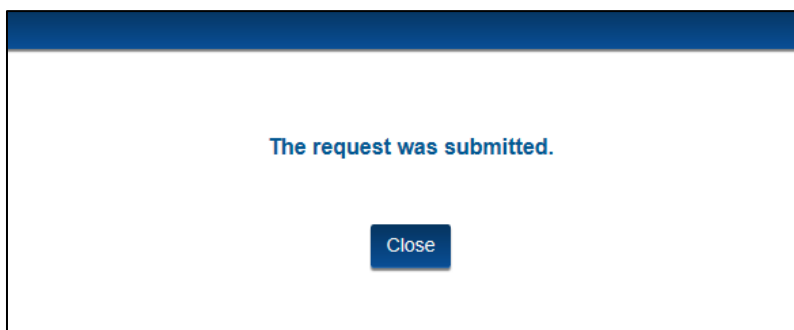


Figure 6: Submission Confirmation Message

Subsequently, both parties will receive an email with a detailed confirmation of correspondence document attached. That document will be stored in the case history for reference.

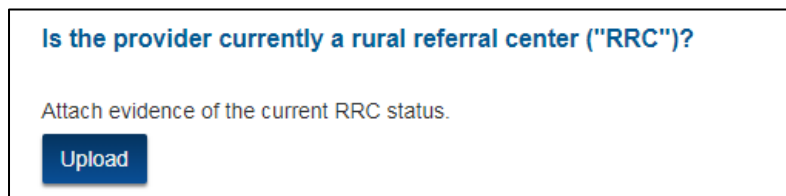
## 2.4 Upload Supporting Documents

Throughout the MGCRB module, users will be required to upload supporting documents. Although the window titles differ based on the context, the upload processes as noted below are the same regardless of the document type.



## 2.4.1 Direct Upload

1. Select the **Upload** button.



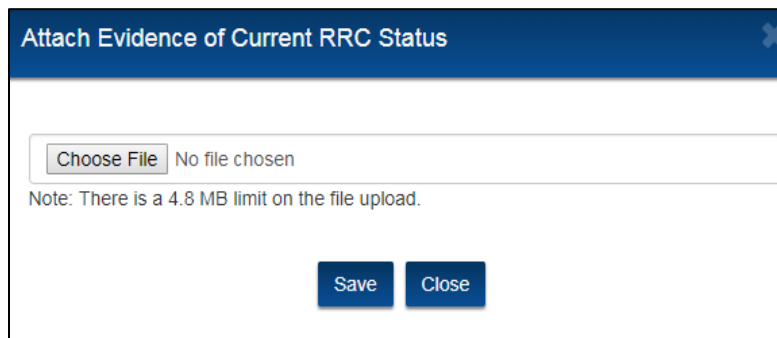
Is the provider currently a rural referral center ("RRC")?

Attach evidence of the current RRC status.

**Upload**

Figure 7: Upload Button for Direct Upload

2. A pop-up window is displayed to attach the document.
3. Select the **Browse** button if using Internet Explorer 11 or Mozilla Firefox browser (or select the **Choose File** button if using Google Chrome).



Attach Evidence of Current RRC Status

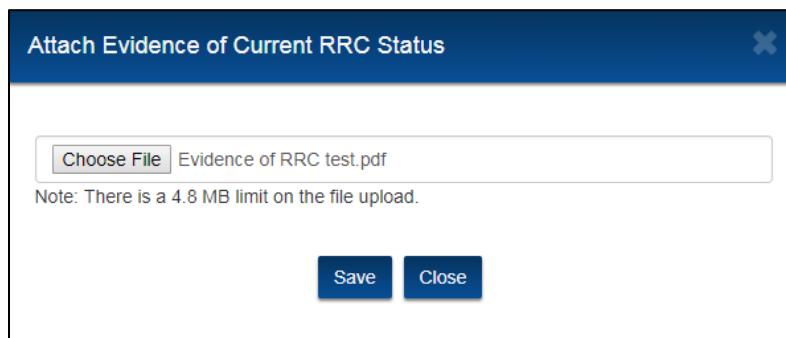
**Choose File** No file chosen

Note: There is a 4.8 MB limit on the file upload.

**Save** **Close**

Figure 8: Attach Document Window in Google Chrome

4. Your file directory is displayed.
5. Select the desired file.
6. Select the **Open** button.
7. The file name is displayed in the **Browse File** field.
8. Select the **Save** button to close the pop-up window.



Attach Evidence of Current RRC Status

**Choose File** Evidence of RRC test.pdf

Note: There is a 4.8 MB limit on the file upload.

**Save** **Close**

Figure 9: Attach Document Window with Selected File

- The uploaded document type and file name are displayed on the page.

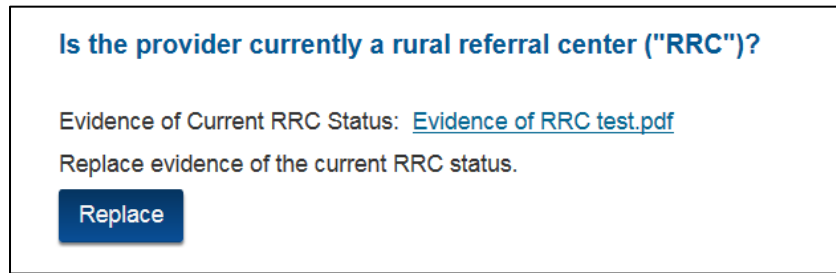


Figure 10: Confirmation of Uploaded Document

## 2.4.2 Multi-File Upload

In several instances, you may be required to upload multiple related documents.

- Select the **Upload** button, which is accompanied by a blank table to identify the document type and document name.



Figure 11: Upload Button for Multiple Documents

- A pop-up window is displayed to upload the necessary documents. Select the document and save.
- Repeat steps 1-2 for each document.
- The uploaded documents are displayed in a table with the associated document type and document name.

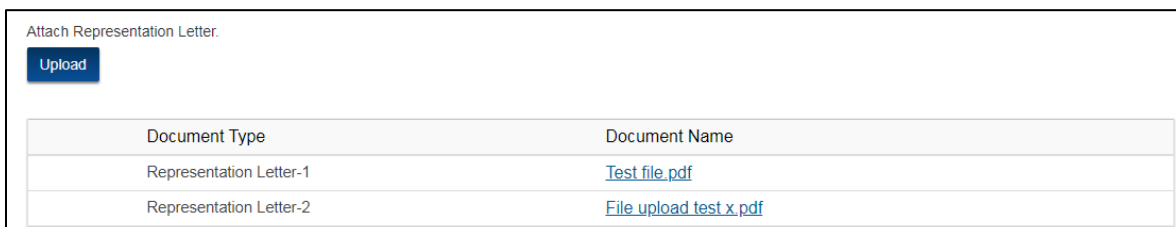


Figure 12: Uploaded Document Summary Table

## 2.4.3 File Upload Limitations

### 2.4.3.1 File Types

Allowable file types include the following extensions: docx, xlsx, pptx, csv, pdf, txt, jpg, png, mp3, mp4, mov, wmv, onepkg, tif, rtf, msg, bmp, mdb, mdf, snote, gif, properties, log.

### 2.4.3.2 File Size

There is a message on each upload window identifying the file size limitation for uploaded documents. Files over the specified size cannot be uploaded. The system does allow, however, for the multiple uploads of the same document type for certain items deemed likely to exceed this document size limit. In such cases the document type label is appended with a number in the document summary table.

### 2.4.3.3 File Name <40 Characters

Files that have more than 40 characters in the file name cannot be uploaded and must be renamed to a shorter length.

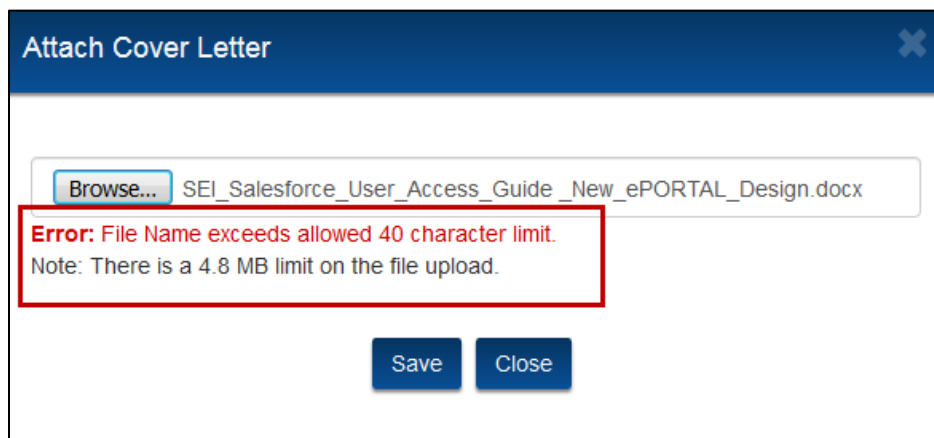


Figure 13: File Size/Name Limitation Error Message

### 2.4.3.4 Removal of Files

Documents cannot be removed once they been uploaded. If an error is noted, single file uploads may be replaced by following the original upload instructions. However, multiple file uploads must be cancelled and re-uploaded.

## 2.4.4 View Documents

Users can view previously submitted documents throughout the system.

1. Select the **View Documents** button.

Change of Representative Requested	<a href="#">View Documents</a>
Tertiary Request Withdrawn (Pre-Decision)	<a href="#">View Documents</a>
Complete Application Acknowledged	<a href="#">View Documents</a>
Application Submitted - 33C0002	<a href="#">View Documents</a>

Figure 14: View Documents Buttons

2. A **View Documents** pop-up window is displayed showing the document type and document name of available documents.

3. Select a **Document Name** link to view the document.

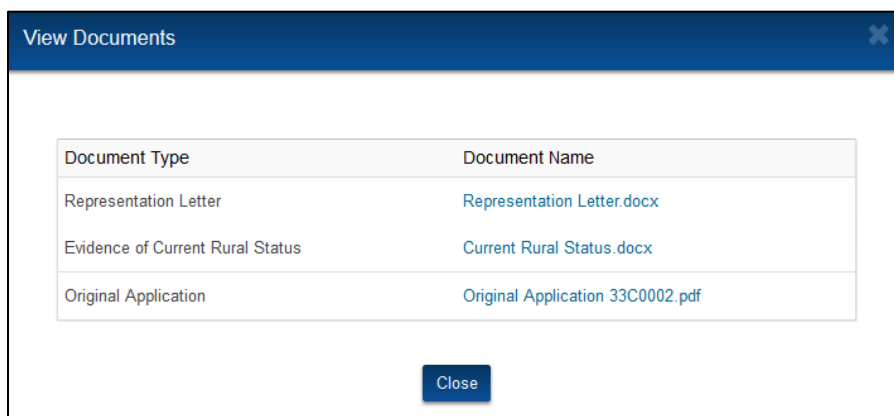


Figure 15: View Documents Window

**Note:** Depending on file type, downloads display differently. For example, Word documents may appear in a download folder and PDF documents display in a new browser window.

## 2.5 Case Statuses

Status	Definition
Draft	The external user has started an application but has not yet submitted the request. The MGCRB cannot access and will not recognize any information entered or uploaded to an application in draft status.
Submitted	The external user has submitted an application for MGCRB review, but the Board has not yet issued an acknowledgement in the form of a complete or incomplete notice.
Incomplete	The MGCRB has completed a preliminary review of the application and determined that additional information is required to complete the application. The Board has issued a formal notice identifying the missing information and the deadline to submit.
Complete	The MGCRB has completed a preliminary review of the application and determined that the required information has been submitted for the Board to process the application. The Board has issued a formal notice identifying the complete status.
Open	The MGCRB has issued a decision on the case with a reclassification request in an approved status. A case will stay in an open status while the hospital is able to take action on the approved reclassification, including withdrawal, termination, or reinstatement.
Closed	The MGCRB has issued a decision on the case and there are no active reclassification requests. A case may reach closure by dismissal, denial, or expiration of the reclassification requests.

Table 2: Case Statuses

### 3. Using the System

This section provides detailed instructions on how to use the various functions and features of the MGCRB module.

#### 3.1 MGCRB Home Page

Upon selecting the MGCRB tile, the MGCRB home page is displayed. The home page includes the following features:

- Create New Application button
- Case Correspondence button
- Search for Case field
- Cases Awaiting Decision table
- Recent Decisions table
- Draft Applications table
- Download Listing of Cases buttons.

**Office of Hearings  
Case and Document Management System  
Medicare Geographic Classification Review Board**

[Create New Application](#)  
[Case Correspondence](#)

Search for Case

**Cases Awaiting Decision**

Case Number ▲	Reclassification Period	Provider/Group Name	Representative Organization
There are no cases currently awaiting decision.			

**Recent Decisions**

Case Number ▲	Reclassification Period	Provider/Group Name	Representative Organization
There are no recent decisions to be displayed.			

**Draft Applications**

Draft applications will appear in this list until the application deadline of 11:59 p.m. on 09/04/2018. Any draft applications not submitted by the deadline will be deleted.

Record ID	Reclassification Period	Provider/Group Name	Date Created
No records found.			

**Download Listing of Cases**

[Individual Cases](#)
[Group Cases](#)

Figure 16: MGCRB Home Page

### 3.1.1 Create New Application Button

Select the **Create New Application** button to create a new individual or group application. See [Create New Applications](#) section for detailed instructions by appeal type.

### 3.1.2 Case Correspondence Button

Select the **Case Correspondence** button for correspondence options that are not tied to a specific case. See [Alternative Method to Request Change of Representative](#) section.

#### 3.1.2.1 Alternative Method to Request Change of Representative

Accessing a case record is limited to the current representative of the case. However, there are instances where a user other than the designated representative may need to submit a change or representative request without direct access to the impacted case.

1. From the MGCRB Home Page, select the **Case Correspondence** button.



Figure 17: MGCRB Home Page – Case Correspondence Button

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

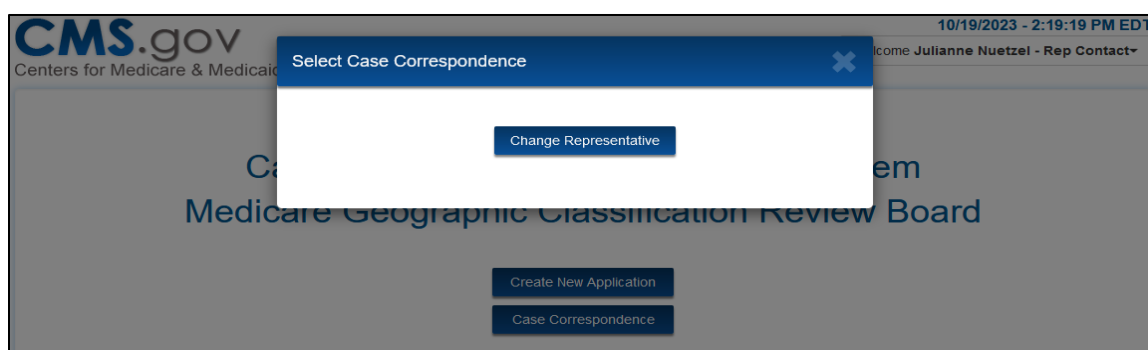
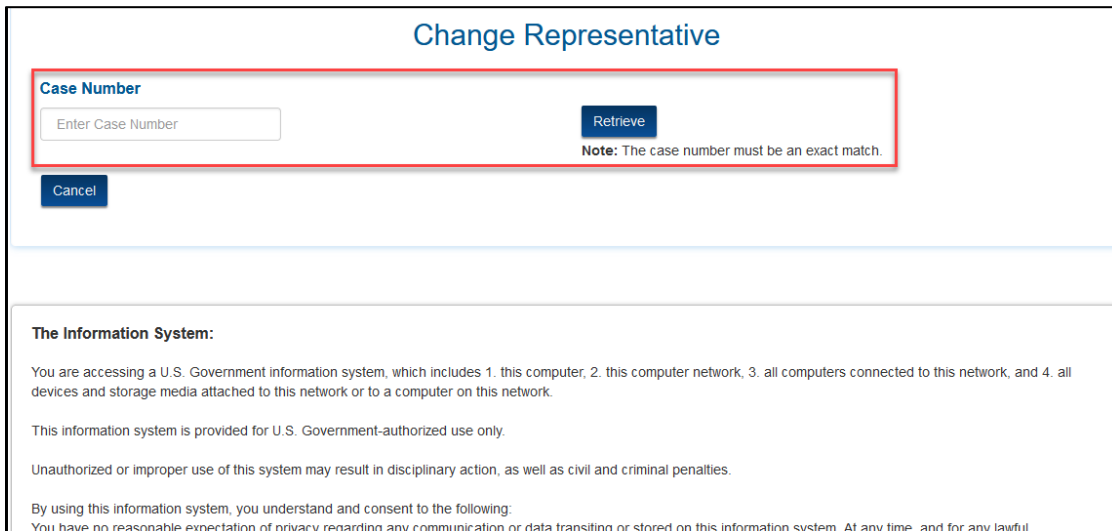


Figure 18: Select Case Correspondence Pop-Up Window

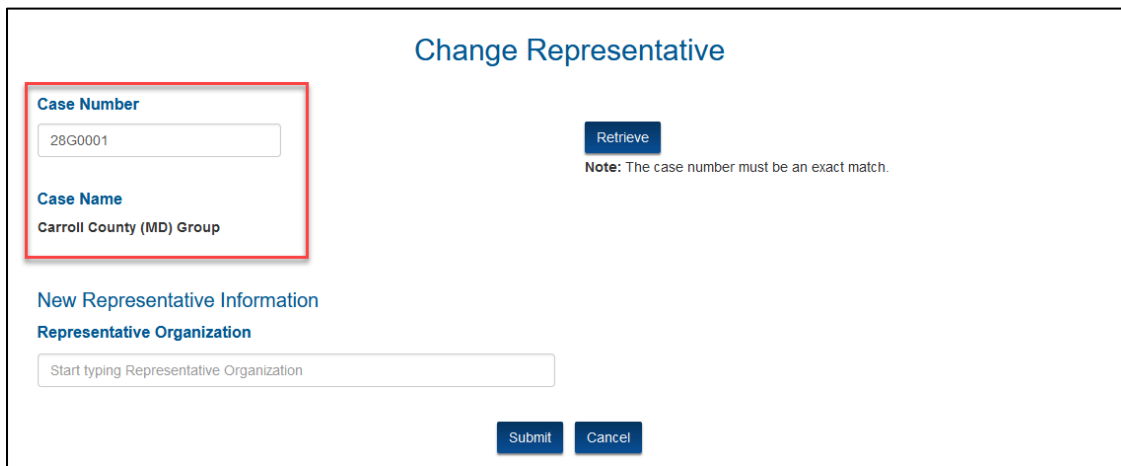
- From the **Change Representative** page, enter the impacted case number in the **Case Number** field. The case number must be an exact match. Select **Retrieve** to retrieve the applicable case name.



The screenshot shows the 'Change Representative' page. At the top, the title 'Change Representative' is displayed in blue. Below the title, there is a red-bordered box containing the 'Case Number' section. This section includes a text input field with the placeholder text 'Enter Case Number', a blue 'Retrieve' button, and a note: 'Note: The case number must be an exact match.' Below this box is a blue 'Cancel' button. The main content area below the box contains a section titled 'The Information System:' with several lines of text regarding U.S. Government information system access and privacy.

Figure 19: Alternative Change Rep Page – Enter Case Number and Retrieve Case Name

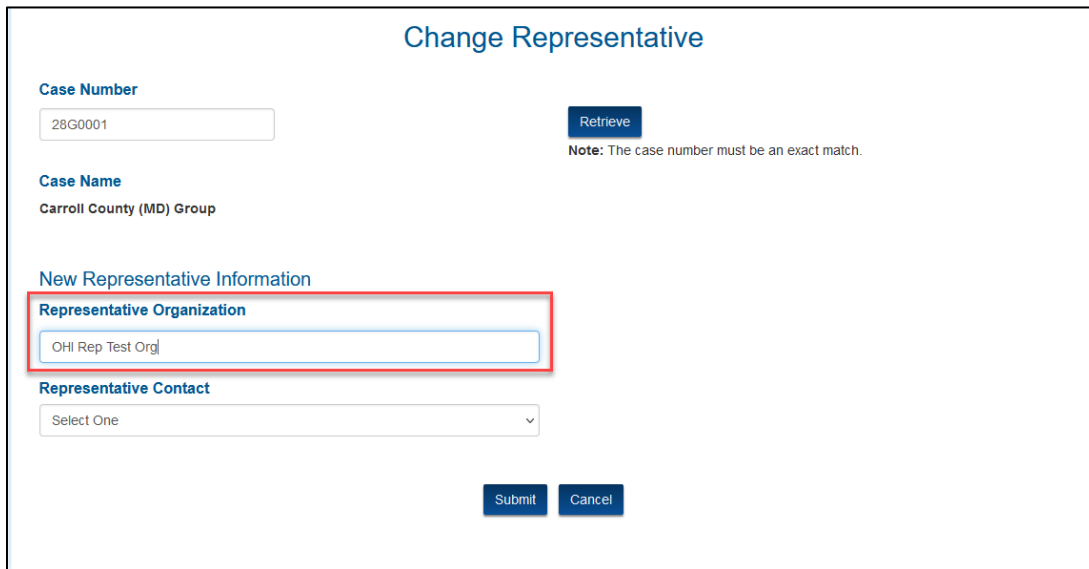
- Verify that the identified **Case Name** is listed as expected.



The screenshot shows the 'Change Representative' page. The 'Case Number' input field now contains the text '28G0001'. The 'Case Name' is displayed as 'Carroll County (MD) Group'. The 'Retrieve' button is still present, along with the note: 'Note: The case number must be an exact match.' Below this, there is a section titled 'New Representative Information' with a sub-section 'Representative Organization' containing a text input field with the placeholder 'Start typing Representative Organization'. At the bottom of this section are blue 'Submit' and 'Cancel' buttons.

Figure 20: Alternative Change Rep 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.



**Change Representative**

**Case Number**  
28G0001 Retrieve  
**Note:** The case number must be an exact match.

**Case Name**  
Carroll County (MD) Group

**New Representative Information**

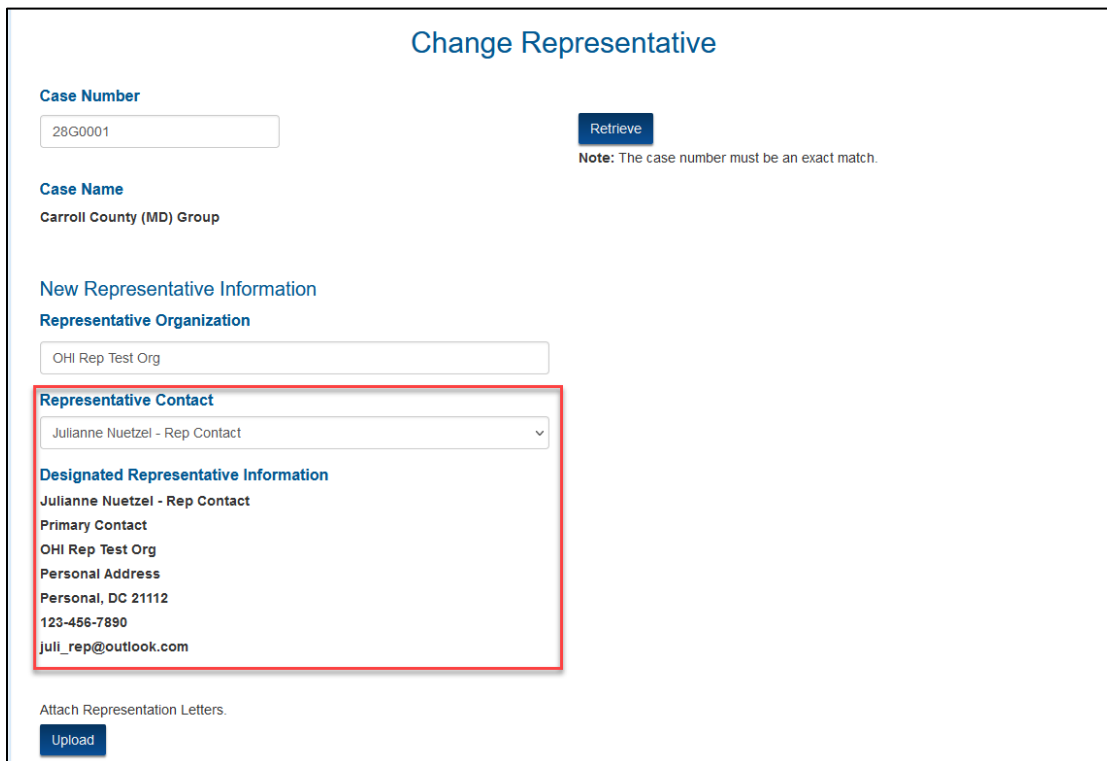
**Representative Organization**  
OHI Rep Test Org

**Representative Contact**  
Select One

Submit Cancel

Figure 21: Alternative Change Rep 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.



**Change 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**  
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  
123-456-7890  
juli\_rep@outlook.com

Attach Representation Letters.  
Upload

Figure 22: Alternative Change Rep 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.

**New Representative Information**

**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

123-456-7890

juli\_rep@outlook.com

Attach Representation Letters.

**Upload**

Action	Document Type	Document Name
<b>Remove</b>	Representation Letter-1	<a href="#">Representative Letter.docx</a>

**Submit** **Cancel**

Figure 23: Alternative Change Rep 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.

### 3.1.3 Search for Case Field

1. To search for a specific case (either open or closed), enter the case number in the **Search for Case** field.
2. Select the **Submit Search** button to display details of the case in a new table.
3. Select the **Case Number** link to navigate to the selected case.

**Search for Case**

18C0001 **Submit Search**

Case Number	Reclassification Period	Provider/Group Name	Representative Organization
No case found. Ensure the case number has been entered correctly.			

Figure 24: Search for Case Field

4. There are data retrieval limitations.
  - Case numbers must be complete entries including proper case type designator.
  - Only cases that are in an open status as of the launch of OH CDMS or are created after the launch will be available.
  - Closed cases will not be available indefinitely, but will be maintained for reporting in accordance with the CMS record retention guidelines.
  - You will only be able to view cases you are authorized to retrieve.
5. If an invalid case number is entered, you will receive one the two following warning messages.

Case Number	Reclassification Period	Provider/Group Name	Representative Organization
No case found. Ensure the case number has been entered correctly.			

Case Number	Reclassification Period	Provider/Group Name	Representative Organization
You are not authorized to view this case.			

Figure 25: Search for Case Warning Messages

### 3.1.4 Decision Tables

Two tables on the home page display cases with requests that have been submitted to OH in the current MGCRB cycle. Both tables may be sorted by any of the column labels. Details of the case may be viewed by selecting the **Case Number** link.

#### 3.1.4.1 Cases Awaiting Decision Table

Between July and February, this table will include cases with new applications and reinstatement requests that are pending before the MGCRB until the Board has issued its decision. After the proposed rule is issued by CMS, this table will contain cases with a pending withdrawal or termination request until the Board has issued its decision.

#### 3.1.4.2 Recent Decisions Table

Upon the Board's decision, cases will move from the Cases Awaiting Decision table to the Recent Decisions table. Cases will remain on this table for ease of reference until the next fiscal year cycle begins in July. At the beginning of the next cycle, these tables will be refreshed. Any cases from a prior period that you wish to view or take action for must be retrieved through the Search for Case field.

Cases Awaiting Decision			
Case Number▲	Reclassification Period	Provider/Group Name	Representative Organization
There are no cases currently awaiting decision.			

Recent Decisions			
Case Number▲	Reclassification Period	Provider/Group Name	Representative Organization
There are no recent decisions to be displayed.			

Figure 26: Decision Tables

### 3.1.5 Draft Applications

The Draft Applications table displays applications that have been created and saved, but *not yet* submitted to the MGCRB. You do not have to complete your application in one session. If you save your submitted information by selecting the Save button located on each page, the application can be revised or updated up until the annual application deadline.

The most recently created application displays at the top of the list and the applications show the following data points.

- Record ID
- Reclassification Period
- Provider/Group Name
- Date Created

Draft applications will appear in this list until the application deadline. Any draft applications not submitted by the deadline will be automatically deleted.

1. Select a **Record ID** link to navigate to the general information page of the draft application.
  - a. The Record ID is a temporary system-generated identification for the draft application. Once the application is submitted, a permanent case number will replace the Record ID.
2. Select the **Delete** button to delete the draft application. This action completely removes the application record from the system so users are asked to confirm the request by selecting the **Proceed** button in a pop-up window.

Draft Applications			
Draft applications will appear in this list until the application deadline of 11:59 p.m. on 09/04/2018. Any draft applications not submitted by the deadline will be deleted.			
Record ID	Reclassification Period	Provider/Group Name	Date Created
<a href="#">M-01182</a>	2020 - 2022	General Hospital (99-0101)	07/14/2018
			<input type="button" value="Delete"/>

Figure 27: Draft Application Table

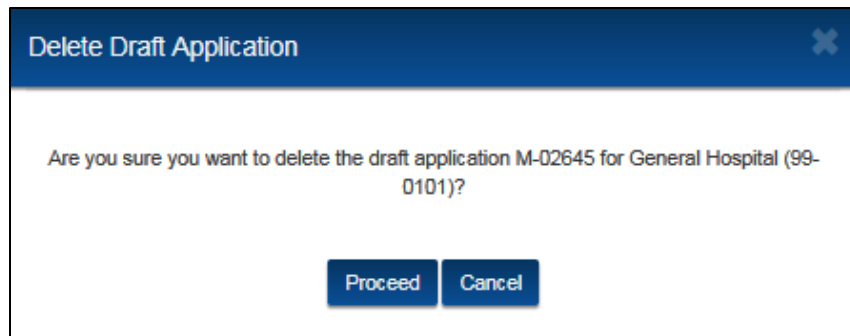


Figure 28: Delete Draft Application – Confirmation Window

### 3.1.6 Download Listing of Cases

Users may download an Excel listing of cases for which they are responsible by selecting either the **Individual Cases** button or the **Group Cases** button.

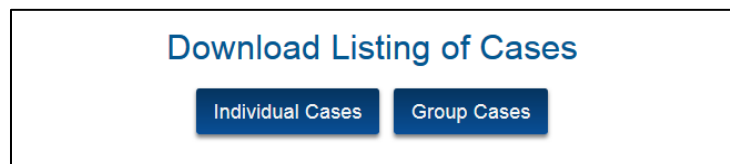


Figure 29: Download Listing of Cases Buttons

Due to the conversion of data from Salesforce to the Excel format, you will receive a Microsoft Excel pop-up message indicating that the file format and extension do not match. Select the **Yes** button to open the file or select the **No** button to cancel and return to the landing page.

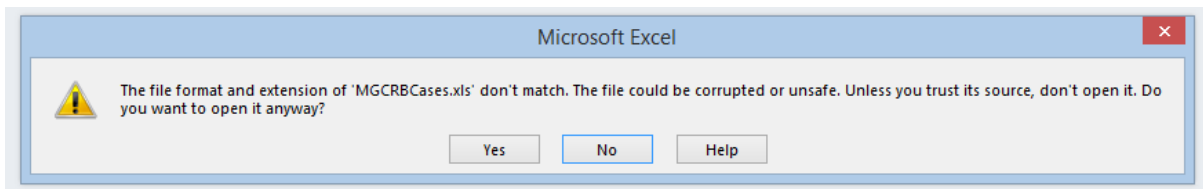


Figure 30: Microsoft Excel Message

MGCRB Individual Cases				
Case Number	Case Name	Representative Organization	Reclassification Period	Case Status
17C400	Memorial Hospital (99-0101)	Memorial Hospital	2017 - 2019	Closed

Figure 31: Sample Case Listing

## 3.2 Create New Applications

1. From the MGCRB landing page, select the Create New Application button.



Figure 32: Create New Application Button

2. The Select Application Type window is displayed with the option to select either the **Individual Application** button or **Group Application** button. Note that Statewide applications may not be filed through OH CDMS at this time.

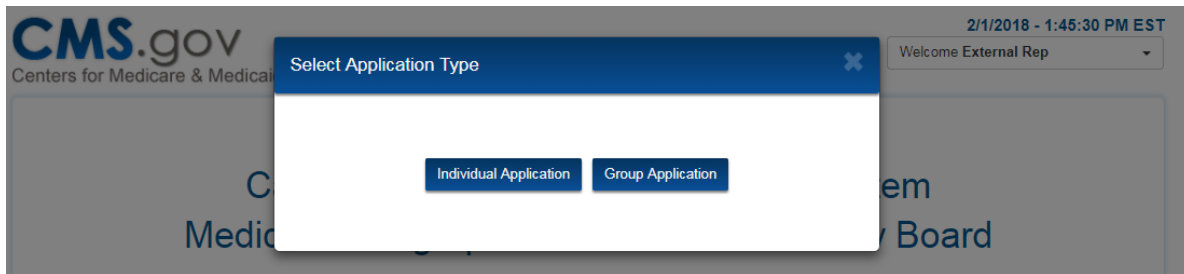


Figure 33: Select Application Type Window

3. The **General Information** page of the selected application type is displayed. You will be prompted to enter data and upload files on a series of pages including:
  - General Information,
  - Background Questionnaire,
  - Reclassification Request, and
  - Review and Submit.

All fields and uploads are required unless specifically identified as optional.

## 3.2.1 Individual Application

### 3.2.1.1 General Information Page

The **General Information** page allows you to enter the organization name and contact information for the provider, designated representative, and authorizing official.

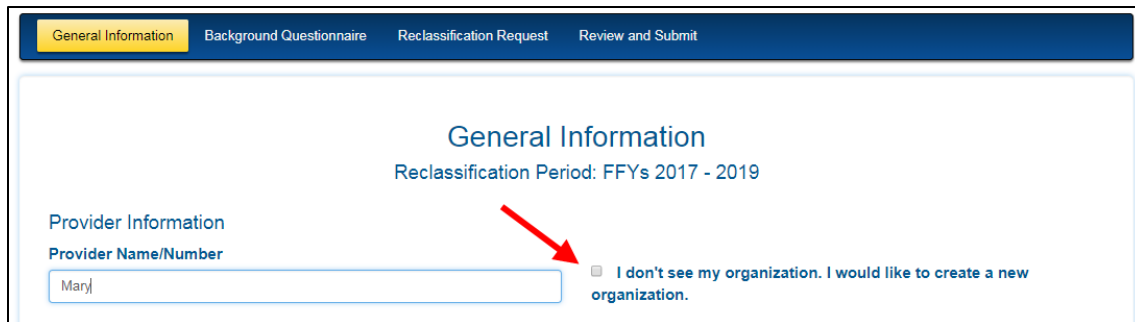
The screenshot shows a web application interface for the 'General Information' page. At the top, there is a navigation bar with four tabs: 'General Information' (highlighted in yellow), 'Background Questionnaire', 'Reclassification Request', and 'Review and Submit'. Below the navigation bar, the page title 'General Information' is centered, followed by the subtitle 'Reclassification Period: FFYs 2019 - 2021'. The form is organized into three main sections: 'Provider Information', 'Representative Information', and 'Provider's Authorizing Official'. The 'Provider Information' section contains a single text input field labeled 'Provider Name/Number' with the placeholder text 'Start typing Provider Number or Name'. The 'Representative Information' section contains a single text input field labeled 'Representative Organization' with the placeholder text 'Start typing Representative Organization'. The 'Provider's Authorizing Official' section contains five text input fields: 'First Name' (placeholder: 'Enter First Name'), 'Last Name' (placeholder: 'Enter Last Name'), 'Title' (placeholder: 'Enter Title'), 'Organization Name' (placeholder: 'Enter Organization Name'), and 'Email' (placeholder: 'Enter Email'). At the bottom of the form, there are three buttons: 'Save', 'Save and Continue', and 'Cancel'.

Figure 34: Individual Application – General Information Page

#### 3.2.1.1.1 Provider Information

1. Start typing the provider number or provider name in the **Provider Name/Number** field. This is a predictive text field, which means a list will be displayed after two characters are entered into the field. Continue entering characters to narrow the list. You must select from the available list to complete the field entry.
  - a. Either provider name or number will narrow the predictive text, but it is preferable to search using the provider number since that is a unique identifier. In contrast, provider names are very similar across the universe of possible providers nationwide. Also provider names may change over time, but the provider number remains constant.

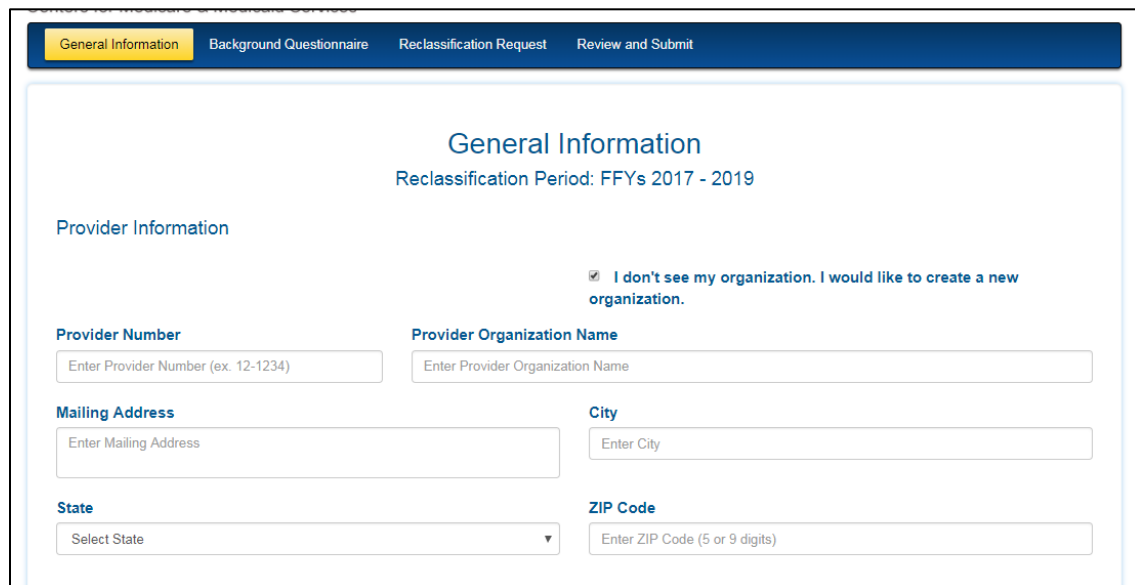
2. If the provider organization is not located in the predictive text, select the **“I don’t see my organization.”** check box to create a new provider organization within OH CDMS.



The screenshot shows the 'General Information' section of a web form. At the top, there is a navigation bar with tabs: 'General Information' (highlighted in yellow), 'Background Questionnaire', 'Reclassification Request', and 'Review and Submit'. Below the navigation bar, the title 'General Information' is centered, followed by 'Reclassification Period: FFYs 2017 - 2019'. Under the heading 'Provider Information', there is a text input field for 'Provider Name/Number' containing the text 'Mary'. To the right of this field is a checkbox labeled 'I don't see my organization. I would like to create a new organization.' A red arrow points to this checkbox.

Figure 35: Individual Application – Create New Organization Checkbox

3. The page displays additional text fields to add full contact information for the new provider organization.
4. Enter the required information into the text fields, including:
  - Provider Number
  - Provider Name
  - Mailing Address
  - City
  - State
  - ZIP Code.



The screenshot shows the 'General Information' section of a web form, similar to Figure 35. The navigation bar and title are the same. The 'Provider Information' section now includes several text input fields: 'Provider Number' (with placeholder 'Enter Provider Number (ex. 12-1234)'), 'Provider Organization Name' (with placeholder 'Enter Provider Organization Name'), 'Mailing Address' (with placeholder 'Enter Mailing Address'), 'City' (with placeholder 'Enter City'), 'State' (a dropdown menu with 'Select State'), and 'ZIP Code' (with placeholder 'Enter ZIP Code (5 or 9 digits)'). The checkbox 'I don't see my organization. I would like to create a new organization.' is now checked.

Figure 36: Individual Application – Create New Organization Form Fields

### 3.2.1.1.2 Representative Information

1. Start typing a **Representative Organization** name in the field and select from the predictive drop-down menu.
  - The designated representative may be a provider, parent, or representative organization that is active within OH CDMS.
  - If the desired organization is not listed or has no active contacts, you may enter yourself and request to change the representative when the other entity has successfully registered for the system.
  - All cases must have an identified representative, even if the provider opts to represent itself.
2. Select a **Representative Contact** from the drop-down menu that is based on the selected representative organization. The contact's full information will be displayed for reference and confirmation.
3. Select the **Upload** button to attach the Representation Letter. See the [Upload Supporting Documents](#) section for detailed instructions on how to attach the requested documentation. Select the **Replace** button to replace the document, if necessary.

### 3.2.1.1.3 Provider's Authorizing Official Information

1. Enter text into the fields to complete the **Provider's Authorizing Official** section. The authorizing official will be copied on all Board correspondence issued to the designated representative.



When all information is entered and verified as accurate, select the **Save and Continue** button to proceed to the **Background Questionnaire** page.

**General Information**  
Reclassification Period: FFYs 2019 - 2021

**Provider Information**  
**Provider Name/Number**  
General Hospital (99-0101)  
Note: The Provider Name/Number may not be changed.

**Representative Information**  
**Representative Organization**  
Jones & Associates  
**Representative Contact**  
External Rep

**Designated Representative Information**  
External Rep  
External Rep  
Jones & Associates  
12 Test Street  
Baltimore, MD 21210  
(443) 789-2345  
externalrep\_aw1@mailinator.com  
Representation Letter: [RepresentationLetter.docx](#)  
Replace Representation Letter.  
Replace

**Provider's Authorizing Official**  
**First Name** Jane  
**Last Name** Doe  
**Title** CEO  
**Organization Name** General Hospital  
**Email** JaneDoe@generahospital.org

Save Save and Continue Cancel

Figure 37: Individual Application – Completed General Information Page

### 3.2.1.2 Background Questionnaire Page

The **Background Questionnaire** page displays a series of questions relating to the provider organization and the current application.

1. Select the **Yes** or **No** radio button for each question.

The screenshot shows the 'Background Questionnaire' page for the Reclassification Period: FFYs 2019 - 2021. The page has a dark blue header with four tabs: 'General Information', 'Background Questionnaire' (which is highlighted in yellow), 'Reclassification Request', and 'Review and Submit'. Below the header, the title 'Background Questionnaire' is centered, followed by the subtitle 'Reclassification Period: FFYs 2019 - 2021'. The main content area contains 11 questions, each with two radio buttons for 'Yes' and 'No'. The questions are:

- Is the provider also a member of a group reclassification request?  Yes  No
- Is the provider also a member of a statewide wage index area request?  
Note: The Board will rule on a statewide request first and then a group reclassification request before it reviews any individual reclassification request.  Yes  No
- Is the provider an urban hospital currently classified as rural by the CMS Regional Office under 42 C.F.R. § 412.103?  Yes  No
- Is the provider currently classified as a sole community hospital ("SCH")?  Yes  No
- Has the provider lost its designation as an SCH due to previous MGCRB reclassification?  Yes  No
- Is the provider currently a rural referral center ("RRC")?  Yes  No
- Has the provider ever been an RRC?  Yes  No
- Has the provider lost its designation as an RRC due to previous MGCRB reclassification?  Yes  No
- Is the provider the single acute care inpatient prospective payment system ("IPPS") hospital in the provider's urban area?  Yes  No
- Is the provider classified as a Lugar hospital and deemed to an urban area under 42 C.F.R. § 412.64(b)(3)(1)?  Yes  No
- Is the provider requesting an oral hearing?  Yes  No
- Does the provider have additional information to submit in support of its application?  Yes  No

At the bottom of the page, there are four buttons: 'Previous', 'Save', 'Save and Continue', and 'Cancel'.

Figure 38: Individual Application – Background Questionnaire Page

2. Depending on the answer provided, a number of questions require additional information to be entered and/or a document to be uploaded. If prompted, the following documents will need to be provided:
  - Evidence of *Current* [Section 401] Rural Status
  - Evidence of *Current* Sole Community Hospital ("SCH") Status
  - SCH Status Change Letter
  - Evidence of *Current* Rural Referral Center ("RRC") Status
  - RRC Approval Letter
  - RRC Status Change Letter
  - Single Inpatient Perspective Payment System ("IPPS") Hospital Support

- Oral Hearing Request Rationale
- Additional Application Support

See the [Upload Supporting Documents](#) section for detailed instructions on how to attach the requested documentation.

When all information is entered and verified as accurate, select the **Save and Continue** button to proceed to the **Reclassification Request** page.

### 3.2.1.3 Reclassification Request Page

The **Reclassification Request** page allows you to submit evidence that your request meets the requirements for reclassification.

1. Enter the **Geographic Address** for the front entrance of the hospital into the text fields.
2. Enter the **Provider's CBSA Code** for the provider's home area. This is a predictive text field. A list of available codes will display in a list after two characters are entered into the field.

General Information Background Questionnaire **Reclassification Request** Review and Submit

## Reclassification Request

Reclassification Period: FFYs 2019 - 2021

Enter geographic address for the front entrance of the hospital.

**Geographic Street Address** **City**

**County** **State** **ZIP Code**

**Provider's CBSA Code**

**Requested CBSA Codes**

Priority	Requested CBSA Code	Method Type
No requests exist for this application.		

**Figure 39: Individual Application – Reclassification Request Page**

### 3.2.1.3.1 Add New Request

1. Within the Requested CBSA Codes section, select the **Add New Request** button. This will open a separate **Add New Request** page, which will need to be fully completed before returning to the Reclassification Request page.



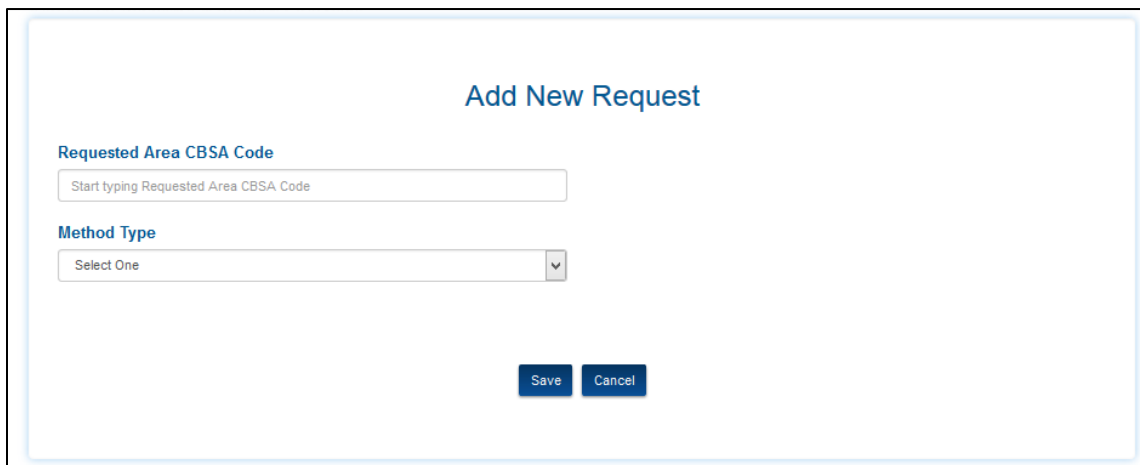
**Requested CBSA Codes**

[Add New Request](#)

Priority	Requested CBSA Code	Method Type
No requests exist for this application.		

Figure 40: Individual Application – Add New Request Button

2. Enter the **Requested Area CBSA Code**. This is a predictive text field.



**Add New Request**

**Requested Area CBSA Code**

Start typing Requested Area CBSA Code

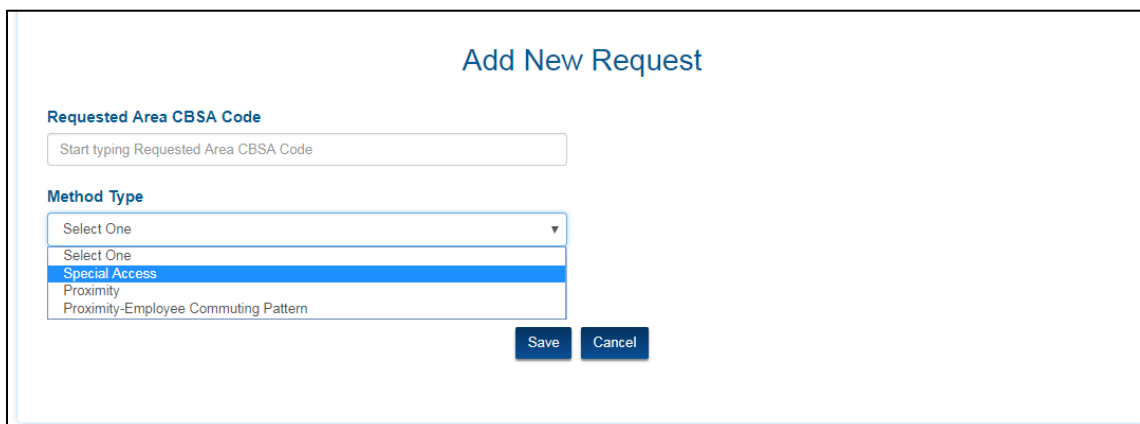
**Method Type**

Select One

[Save](#) [Cancel](#)

Figure 41: Individual Application – Add New Request Page

3. Make a selection from the **Method Type** drop-down menu. Additional data entry fields will open depending on the selection of Special Access, Proximity, or Proximity-Employee Commuting Pattern as the method type.



**Add New Request**

**Requested Area CBSA Code**

Start typing Requested Area CBSA Code

**Method Type**

Select One

Select One

Special Access

Proximity

Proximity-Employee Commuting Pattern

[Save](#) [Cancel](#)

Figure 42: Add New Request – Method Type Drop-Down Menu

4. Enter text into the text fields and upload documents as requested for the different method types.

- a. **Special Access:**

- Identify whether using Distance (miles) or Driving Time (minutes) as the basis for the special access request.

**Add New Request**

**Requested Area CBSA Code**

**Method Type**

**In comparison to the next closest Urban or Rural area, is the requested area closer via Distance (miles) or Driving Time (minutes)?**

Distance (miles)  
 Driving Time (minutes)

**Figure 43: Add New Request – Special Access Distance or Driving Time**

- If Distance is selected:
  - Enter **Distance to Closet Area** in miles to the nearest tenth of a mile.
  - Attach **Map Support** showing mileage over improved roads from the front entrance of the hospital to the requested area. Map support must be from a nationally recognized electronic mapping system with turn-by-turn directions.
  - Enter CBSA Code of Next Closest Area.
  - Enter **Distance to Next Closet Area** in miles to the nearest tenth of a mile.
  - Attach **Map Support** showing mileage over improved roads from the front entrance of the hospital to the next closest area. Map support must be from a nationally recognized electronic mapping system with turn-by-turn directions.
  - Attach **Wage Comparison** support to demonstrate that the required wage data thresholds have been met.
  - Once all information is complete, select the **Save** button to save information and return to the **Reclassification Request** page.

Distance (miles)  
 Driving Time (minutes)

**Distance to Closest Area**

Enter Distance (in miles to the tenth)

Attach map support showing mileage from the front entrance of the hospital to the requested area.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

**CBSA Code of Next Closest Area**

Enter CBSA Code of Next Closest Area

**Distance to Next Closest Area**

Enter Distance (in miles to the tenth)

Attach map support showing mileage from the front entrance of the hospital to the next closest area.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

**Wage Comparison**

Attach Wage Comparison.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

Figure 44: Method Type: Special Access (Distance)

- If Driving Time is selected:
  - Enter Driving Time to Closet Area in minutes.
  - Attach **Map Support** showing driving time over improved roads from the front entrance of the hospital to the requested area. Map support must be from a nationally recognized electronic mapping system with turn-by-turn directions.
  - Enter CBSA Code of Next Closest Area.
  - Enter Driving Time to Next Closet Area in minutes.
  - Attach **Map Support** showing driving time over improved roads from the front entrance of the hospital to the next closest area. Map support must be from a nationally recognized electronic mapping system with turn-by-turn directions.

- Attach **Wage Comparison** support to demonstrate that the required wage data thresholds have been met.
- Once all information is complete, select the **Save** button to save information and return to the **Reclassification Request** page.

Distance (miles)

Driving Time (minutes)

### Driving Time to Closest Area

Enter Driving Time (in whole minutes)

Attach map support showing driving time from the front entrance of the hospital to the requested area.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

### CBSA Code of Next Closest Area

Enter CBSA Code of Next Closest Area

### Driving Time to Next Closest Area

Enter Driving Time (in whole minutes)

Attach map support showing driving time from the front entrance of the hospital to the next closest area.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

### Wage Comparison

Attach Wage Comparison.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

Figure 45: Method Type: Special Access (Driving Time)

**b. Proximity**

- Enter **Distance to Requested Area** in miles to the nearest tenth of a mile.
- Attach **Map Support** showing mileage over improved roads from the front entrance of the hospital to the requested area. Map support must be from a nationally recognized electronic mapping system with turn-by-turn directions.
- Attach **Wage Comparison** support to demonstrate that the required wage data thresholds have been met.
- Once all information is complete, select the **Save** button to save information and return to the **Reclassification Request** page.

The screenshot shows a web form for the 'Method Type: Proximity' section. It includes a dropdown menu for 'Method Type' with 'Proximity' selected. Below this is a text input field for 'Distance to Requested Area' with the placeholder text 'Enter Distance (in miles to the tenth)'. The next section is for 'Map Support', with a text prompt 'Attach map support showing mileage from the front entrance of the hospital to the requested area.' and a file upload area containing a 'Browse...' button and the text 'No file selected.'. A note below states 'Note: There is a 4.8 MB limit on the file upload.'. The final section is for 'Wage Comparison', with a text prompt 'Attach Wage Comparison.' and another file upload area with a 'Browse...' button and 'No file selected.'. A second note below states 'Note: There is a 4.8 MB limit on the file upload.'.

**Figure 46: Method Type: Proximity**



### c. Proximity-Employee Commuting Pattern

- Enter **Distance to Requested Area** in miles to the nearest tenth of a mile.
- Attach **Map Support** showing mileage over improved roads from the front entrance of the hospital to the requested area. Map support must be from a nationally recognized electronic mapping system with turn-by-turn directions.
- Enter Percentage of Employees Residing in Requested Area to the nearest tenth.
- Attach **Wage Comparison** support to demonstrate that the required wage data thresholds have been met.
- Attach **Employee Commuting Support** to demonstrate that the required commuting threshold has been met. If necessary, multiple documents may be uploaded.
- Once all information is complete, select the **Save** button to save information and return to the **Reclassification Request** page.

The screenshot shows a web form for the 'Method Type: Proximity-Employee Commuting Pattern'. It includes a dropdown menu for the method type, input fields for distance and percentage, and file upload sections for map support and wage comparison. Each file upload section has a 'Browse...' button and a note about a 4.8 MB limit. An 'Upload' button is located at the bottom.

**Method Type**

Proximity-Employee Commuting Pattern

**Distance to Requested Area**

Enter Distance (in miles to the tenth)

Attach map support showing mileage from the front entrance of the hospital to the requested area.

Browse... No file selected.

Note: There is a 4.8 MB limit on the file upload.

**Percentage (%) of Employees Residing in Requested Area**

Enter Percentage (to the tenth)

**Wage Comparison**

Attach Wage Comparison.

Browse... No file selected.

Note: There is a 4.8 MB limit on the file upload.

Attach employee commuting support.

Upload

Figure 47: Method Type: Proximity-Employee Commuting Pattern

5. The **Requested CBSA Codes** are displayed in a table on the **Reclassification Request** page and are denoted in priority order.
6. The requests can be edited or deleted by selecting the **Edit** or **Delete** buttons.
7. Uploaded documents can be viewed by selecting the **View Uploads** or **Edit** buttons.

## Reclassification Request

Reclassification Period: FFYs 2017 - 2019

Enter geographic address for the front entrance of the hospital.

**Geographic Street Address**

**City**

**County**

**State**

**ZIP Code**

**Provider's CBSA Code**

**Requested CBSA Codes**

Add New Request
Resequence

Previous
Save
Save and Continue
Cancel

**Figure 48: Individual Application – Reclassification Page with Requested CBSA Codes**

### 3.2.1.3.2 Resequence the Priority Order of Requests

While the application is still in draft status, you can change the priority order of the reclassification requests.

1. Select the **Resequence** button on the Reclassification Request page.

Figure 49: Individual Application – Reclassification Request Page: Resequence

2. A **Resequence Reclassification Requests** window is displayed showing the current Priority, Requested CBSA Code, and Method Type.
3. Select each drop-down menu to change the priority of the reclassification request. Note that the priority level cannot be duplicated. There must be a unique number for each exhibit.
4. Select the **Save** button.

Figure 50: Individual Application – Resequence Reclassification Requests Window

- The requests will display in the new sequence in the Requested CBSA Codes table on the Reclassification Request page.

When all information is entered and verified as accurate, select the **Save and Continue** button to proceed to the **Review and Submit** page.

### 3.2.1.4 Review and Submit Page

Three accordion bars display a summary of the information submitted on the previous pages.

- To reveal the contents of a section, select the **plus** icon on the left side of the bar.
- To hide the contents of a section, select the **minus** icon on the left side of the bar.
- To edit the contents, select the **Edit** button from within an open section.

General Information Background Questionnaire Reclassification Request **Review and Submit**

## Review and Submit

Reclassification Period: FFYs 2019 - 2021

**General Information** Edit

**Provider Information**

**Provider Name/Number**

General Hospital (99-0101)

**Representative Information**

**Representative Organization**

Jones & Associates

**Designated Representative Information**

**External Rep**

**External Rep**

**Jones & Associates**

**12 Test Street**

**Baltimore, MD 21210**

**(443) 789-2345**

**externalrep\_aw1@mailinator.com**

Representation Letter: [RepresentationLetter.docx](#)

**Provider's Authorizing Official**

**First Name** Jane **Last Name** Doe

**Title** CEO **Organization Name** General Hospital

**Email** jane@generalhospital.org

**Background Questionnaire**

**Reclassification Request**

Figure 51: Individual Application – Review and Submit Page

### 3.2.1.4.1 Submission Errors

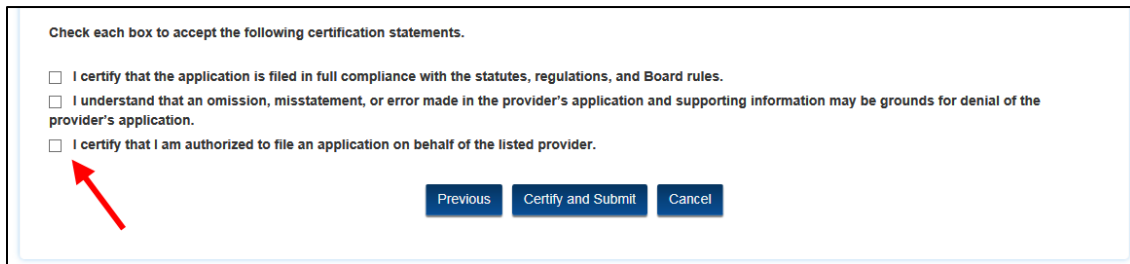
1. **Submission Errors** are displayed at the top of the page if a required answer, selection, or document was omitted during the application process.
2. Click on the **error message** to navigate to the error.
3. Complete the missing information and the error message will disappear.
4. Repeat these steps for each error message. You cannot submit the application until all errors are cleared.

The screenshot displays the 'Review and Submit' page for a reclassification request. At the top, a navigation bar includes 'General Information', 'Background Questionnaire', 'Reclassification Request', and 'Review and Submit'. Below this, a 'Submission Errors' section is highlighted in red, containing two error messages: 'Error: Provider's CBSA Code is required.' and 'Error: Reclassification request is required.' A red arrow points to the second error message. The main content area is titled 'Review and Submit' with the subtext 'Reclassification Period: FFYs 2019 - 2021'. It features three expandable sections: 'General Information', 'Background Questionnaire', and 'Reclassification Request'. Below these sections, there are three certification statements, each with an unchecked checkbox. At the bottom, there are three buttons: 'Previous', 'Certify and Submit', and 'Cancel'.

Figure 52: Individual Application – Review and Submit Page with Submission Errors

### 3.2.1.4.2 Certification Statements

1. When all information is entered and verified as accurate and you are ready to submit the application, review the certification statements at the bottom of the page.
2. Accept each certification statement by selecting the corresponding checkbox.
3. Select the **Certify and Submit** button. Once the application is certified and submitted, it can no longer be edited.



Check each box to accept the following certification statements.

- I certify that the application is filed in full compliance with the statutes, regulations, and Board rules.
- I understand that an omission, misstatement, or error made in the provider's application and supporting information may be grounds for denial of the provider's application.
- I certify that I am authorized to file an application on behalf of the listed provider.

Previous Certify and Submit Cancel

Figure 53: Individual Application – Certification Statements

### 3.2.1.4.3 Submission Confirmation

1. An instant confirmation window is displayed indicating that your request has been submitted. Select the **Close** button to proceed.
2. You will receive an auto-generated confirmation email with a case number. The email will include a PDF document that summarizes the data entered and the files uploaded during the application process.
3. Upon MGCRB review of the application request, the Board will issue an acknowledgement notice indicating whether the request was determined to be complete or incomplete at submission. If incomplete, the notice will identify the specific documentation to be submitted and the associated critical due date(s).

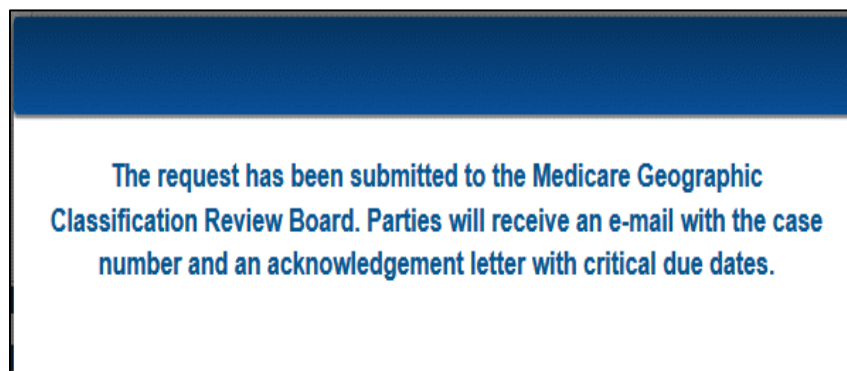


Figure 54: Individual Application – Submission Confirmation

## 3.2.2 Group Application

### 3.2.2.1 General Information Page

The General Information page allows you to enter the shared group information and representative information.

**General Information**  
Reclassification Period: FFYs 2017 - 2019

**Group Information**

**State**  
Select State

**County**  
Select County

**Is the county located in an urban or rural area?**  
Note: Select Urban or Rural before entering Group CBSA Code.  
 Urban  Rural

**Group CBSA Code**  
Start typing Group CBSA Code

**Representative Information**

**Representative Organization**  
Start typing Representative Organization

Save Save and Continue Cancel

Figure 55: Group Application – General Information Page

#### 3.2.2.1.1 Group Information

1. Enter the **State** and **County** from the drop-down menus.
2. Identify whether the county is located in an **Urban** or **Rural** area by selecting the corresponding radio button.
3. Enter the **Group CBSA Code** for the home county. This is a predictive text field. A list of available codes will display in a list after two characters are entered into the field.

#### 3.2.2.1.2 Representative Information

1. Start typing a **Representative Organization** name in the field and select from the predictive drop-down menu.
  - The designated representative may be a provider, parent, or representative organization that is active within OH CDMS.
  - If the desired organization is not listed or has no active contacts, you may enter yourself and request to change the representative when the other entity has successfully registered for the system.
  - All cases must have an identified representative.

2. Select a **Representative Contact** from the drop-down menu that is based on the selected representative organization. The contact's full information will be displayed for reference and confirmation.
3. Select the **Upload** button to attach the Representation Letter. See the [Upload Supporting Documents](#) section for detailed instructions on how to attach the requested documentation. Select the **Replace** button to replace the document, if necessary.

**CMS.gov**  
Centers for Medicare & Medicaid Services

2/8/2018 - 4:46:08 PM EST  
Welcome External Provider

General Information | Reclassification Request | Background Questionnaire | Review and Submit

### General Information

Reclassification Period: FFYs 2017 - 2019

**Group Information**

**State**  
MD - Maryland

**County**  
Baltimore County

**Is the county located in an urban or rural area?**  
 Urban  Rural  
Note: Select Urban or Rural before entering Group CBSA Code.

**Group CBSA Code**  
12580-Baltimore-Columbia-Towson, MD

**Representative Information**

**Representative Organization**  
Blue Sky Test Org (1234-49)

**Representative Contact**  
Audrey Sieling

**Designated Representative Information**  
Audrey Sieling  
MGCRB Blue Sky Provider  
Blue Sky Test Org (1234-49)  
3110 Lord Baltimore Drive  
Baltimore, MD 21244  
(703) 204-0090  
audprovider@gmail.com

Save Save and Continue Cancel

Figure 56: Group Application – Completed General Information Page

When all information is entered and verified as accurate, select the **Save and Continue** button to proceed to the **Reclassification Request** page.



### 3.2.2.2 Reclassification Request Page

The **Reclassification Request** page allows you to submit evidence that your request meets the requirements for reclassification.

Figure 57: Group Application – Reclassification Request Page

#### 3.2.2.2.1 Add New Request

1. Select the **Add New Request** button to request a CBSA code. This will open a separate **Add New Request** page, which will need to be fully completed before returning to the **Reclassification Request** page.
2. Enter the **Requested Area CBSA Code**. This is a predictive text field.
3. Attach the Group's **Average Hourly Wage Computation** to demonstrate that the required wage data threshold has been met. See the [Upload Supporting Documents](#) section for detailed instructions on how to attach the requested documentation.
4. Attach **Map Support** to demonstrate the group's adjacency to the requested area.
5. Once all information is complete, select the **Save** button to save information and return to the **Reclassification Request** page.

Figure 58: Group Application – Add New Request Page

6. The **Requested CBSA Codes** are displayed in a table on the **Reclassification Request** page and are denoted in priority order.
7. The requests can be edited or deleted by selecting the **Edit** or **Delete** button.
8. Uploaded documents can be viewed by selecting the **View Uploads** or **Edit** button.

Actions	Priority	Requested CBSA Code
<a href="#">Edit</a> <a href="#">Delete</a>	Primary Request	42540 <a href="#">View Uploads</a>
<a href="#">Edit</a> <a href="#">Delete</a>	Secondary Request	38300 <a href="#">View Uploads</a>

Figure 59: Group Application – Requested CBSA Codes Table

### 3.2.2.2.2 Add Participating Providers

1. Select the **Add Provider** button. This will open a separate **Add Provider** page, which will need to be fully completed before returning to the Reclassification Request page.
2. Start typing the provider number or provider name in the **Provider Name/Number** field. This is a predictive text field, which means a list will be displayed after two characters are entered into the field. Continue entering characters to narrow the list. You must select from the available list to complete the field entry.
3. If the provider is not listed, double-check the information entered for accuracy and use the provider number for the entry method as that is a unique CMS-issued identifier. If still not listed, select the **“I don’t see my organization”** check box to create a new provider organization within OH CDMS. The page will display additional text fields to identify the new provider organization and its contact information.

4. Select the **Yes** or **No** radio button for each question.
5. Attach the provider's **Representation Letter**. Each provider in the group must submit a representation letter that corresponds with the designated representative identified on the General Information page.
6. Enter text into the fields to complete the **Provider's Authorizing Official** section. The authorizing official will be copied on all Board correspondence issued to the designated representative.
7. Once all information is complete, select the **Save** button to save information and return to the **Reclassification Request** page.

**Add New Provider**

**Provider Information**

**Provider Name/Number**

Start typing Provider Number or Name

Has the provider also submitted an individual application for this reclassification period?  Yes  No

Is this an urban provider currently classified as rural by the CMS Regional Office under 42 C.F.R. § 412.103?  Yes  No

**Designated Representative**

Attach Representation Letter.

No file selected.

Note: There is a 4.8 MB limit on the file upload.

**Provider's Authorizing Official**

**First Name**  **Last Name**

**Title**  **Organization Name**

**Email**

Figure 60: Group Application – Add Provider Page

8. The added providers are displayed in the **Participating Providers** table on the **Reclassification Request** page.
9. The requests can be edited or deleted by selecting the **Edit** or **Delete** button.
10. Uploaded documents can be viewed by selecting the **View Uploads** or **Edit** button.

Actions	Provider Name/Number	Individual Application	Urban Classified Rural
<input type="button" value="Edit"/> <input type="button" value="Delete"/>	General Hospital (99-0101)	No	No

Figure 61: Group Application – Participating Providers Table

When all information is entered and verified as accurate, select the **Save and Continue** button to proceed to the **Background Information** page.

### 3.2.2.3 Background Questionnaire Page

1. Select the **Yes** or **No** radio button for each question.

**Background Questionnaire**  
Reclassification Period: FFYs 2019 - 2021

Are all the acute care inpatient prospective payment system ("IPPS") providers in the county listed as members of the group?  Yes  No

Is the county in which the providers are located adjacent to the area to which the group is requesting reclassification?  Yes  No

Is the county in which the providers are located part of the CSA or CBSA that includes the urban area to which the group is requesting reclassification?  Yes  No

Are the providers in the group also members of a statewide wage index area request?  Yes  No

Is the group requesting an oral hearing?  Yes  No

Does the provider have additional information to submit in support of its application?  Yes  No

Figure 62: Group Application – Background Questionnaire Page

2. Select the **Upload** buttons to attach supporting documents. The documents requested will vary based on your selection. See the [Upload Supporting Documents](#) section for detailed instructions to attach the requested documentation.

When all information is entered and verified as accurate, select the **Save and Continue** button to proceed to the **Review and Submit** page.

### 3.2.2.4 Review and Submit Page

See detailed instructions outlined at the [Individual Application Review and Submit Page](#), section 3.2.1.4.

## 3.3 Submitted Cases

Users may navigate to a submitted case either by clicking on the case number link in one of the decisions tables or by searching by case number. See [MGCRB Home Page](#) at section 3.1.

There are four pages that allow you to manage a submitted case.

- Case Contacts
- Case Issues
- Case Actions
- Case History

The case number, case name, and reclassification period display at the top left of every page for reference. The MGCRB Home Page button displays at the bottom of every page to return to the home page.

### 3.3.1 Case Contacts Page

After selecting a case number link, the user is navigated to the **Case Contacts** page. This page contains information regarding the provider or group, designated representative, authorizing official, and CMS.

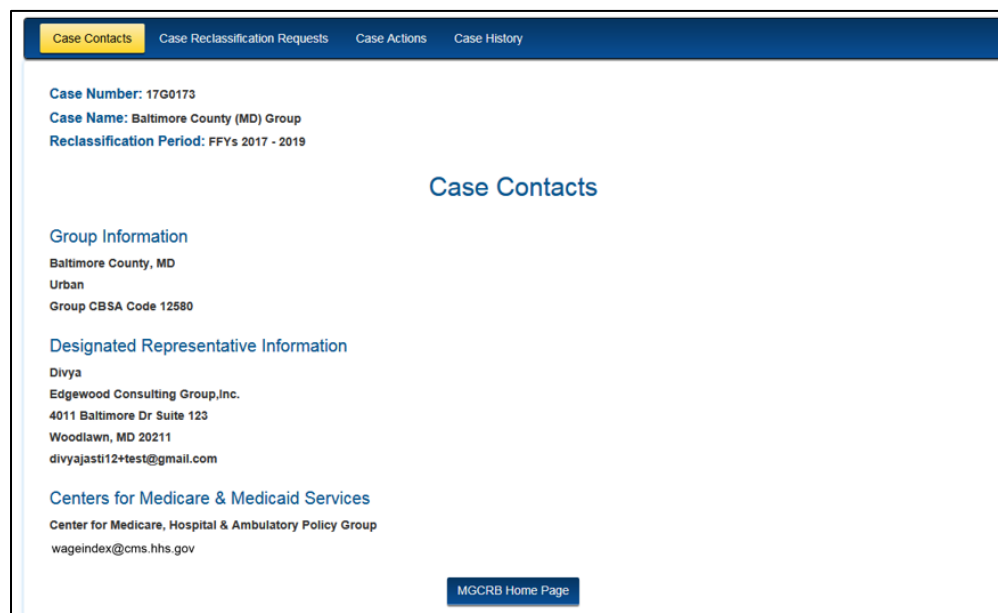


Figure 63: Case Contacts Page

### 3.3.2 Case Reclassification Requests Page

The **Case Reclassification Requests** page includes the following information:

- Provider’s Geographic Address (for individual requests only)
- Requested CBSA Codes table
- Existing Approvals table
- Participating Providers table (for group requests only)

The screenshot shows the 'Case Reclassification Requests' page with the following content:

- Navigation Tabs:** Case Contacts, Case Reclassification Requests (active), Case Actions, Case History
- Case Details:**
  - Case Number: 19G0032
  - Case Name: Baltimore County (MD) Group
  - Reclassification Period: FFYs 2019 - 2021
- Section Header:** Case Reclassification Requests
- Requested CBSA Codes:**
  - Button: Add New Request
  - Table:

Actions	Priority	Requested CBSA Code	Request	
			Status	Date
<a href="#">Withdraw</a>	Primary Request	25180	Submitted	<a href="#">View Documents</a>
- Existing Approvals:**
  - Table:

Actions	Provider Name/Number	Reclassification Period	Requested CBSA Code	Request
There are no manageable approvals to be displayed.				
- Participating Providers:**
  - Table:

Provider Name/Number	Individual Application	Urban Classified Rural	
General Hospital (99-0101)	No	No	<a href="#">View Documents</a>
- Footer:** [MGRB Home Page](#)

Figure 64: Case Reclassification Requests Page

### 3.3.2.1 Requested CBSA Codes

This table is a summary of submitted reclassification requests, including priority, requested CBSA, and case status. This section may display action buttons to **Add New Request** to the application, **Withdraw** a pending request prior to decision, and **View Documents** that were submitted with the request.

Requested CBSA Codes				
<a href="#">Add New Request</a>				
Actions	Priority	Requested CBSA Code	Request	
			Status	Date
<a href="#">Withdraw</a>	Primary Request	25180	Submitted	<a href="#">View Documents</a>

Figure 65: Case Reclassification Requests Page – Requested CBSA Codes Table

#### 3.3.2.1.1 Add New Reclassification Request

Additional reclassification requests may be submitted to a submitted application while the application period is still active. Once the filing period has passed, this button will be eliminated.

1. Select the **Add New Request** button.
2. The **Add New Request** window is displayed requiring the data entry and file upload consistent with the [Individual Reclassification Request Page](#) or [Group Reclassification Request Page](#).
3. Enter the required information and select the **Save** button. The priority of the reclassification request will be assigned in the order in which the requests were timely received.

#### 3.3.2.1.2 Withdraw Reclassification Request

A reclassification request can be withdrawn until the MGCRB has issued its decision.

1. Select the **Withdraw** button.
2. The **Withdraw Reclassification Request** window is displayed requesting confirmation of this action. The message varies based on how many reclassification requests are pending before the MGCRB as the withdrawal of the last reclassification request will result in the closure of the case.
3. Type **Yes** into the field to confirm and select the **Proceed** button (or select the **Cancel** button to cancel the action).

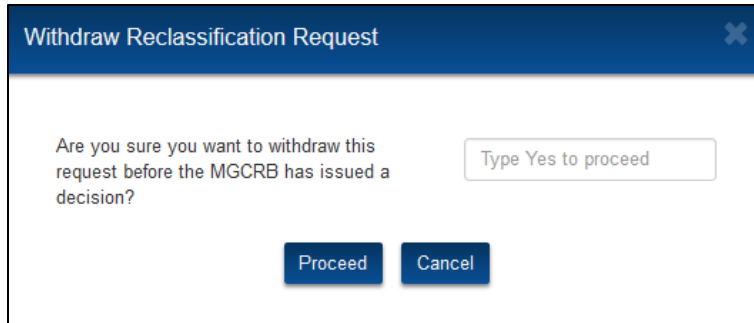


Figure 66: Withdraw Reclassification Request – Multiple Requests Pending

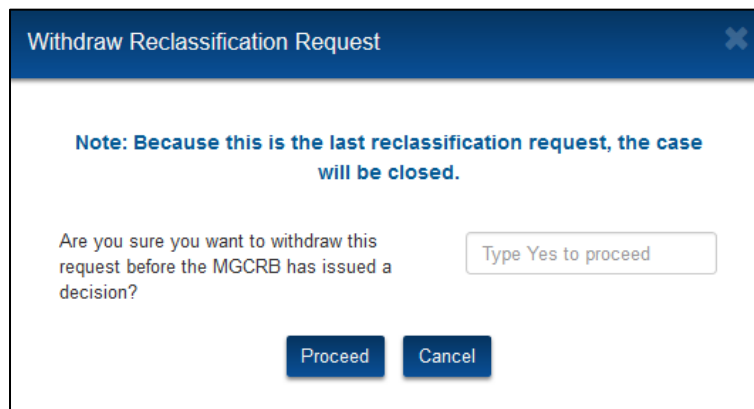


Figure 67: Withdraw Reclassification Request – Only One Request Pending

4. A confirmation message is displayed, and you are navigated back to the **Case Reclassification Requests** page.
5. The **Requested CBSA Codes** table will display the request’s updated **Withdrawn** status.

Requested CBSA Codes					
Actions	Priority	Requested CBSA Code	Method Type	Request	
				Status	Date
	Primary Request	22	Special Access - Distance	Withdrawn (Pre-Decision)	02/09/2018
					<a href="#">View Documents</a>

Existing Approvals				
Actions	Provider Name/Number	Reclassification Period	Requested CBSA Code	Request
There are no manageable approvals to be displayed.				

[MGCRB Home Page](#)

Figure 68: Requested CBSA Codes – Withdrawn Status



### 3.3.2.2 Existing Approvals

This table displays the reclassification request that was approved by the MGCRB, if applicable, and the current status of the request. The table will provide buttons to take action on an approved reclassification, including withdraw, terminate, and reinstate. See MGCRB Rule 11.

Existing Approvals					
Actions	Provider Name/Number	Reclassification Period	Requested CBSA Code	Request	
				Status	Date
<a href="#">Withdraw</a>	General Hospital (99-0101)	2019 - 2021	25180	Approved	03/06/2018

[MGCRB Home Page](#)

Figure 69: Case Reclassification Requests Page – Existing Approvals Table

#### 3.3.2.2.1 Withdraw Approved Reclassification

Withdrawal of an approved geographic redesignation refers to the withdrawal of a 3-year MGCRB reclassification that has been approved by the Board but has not yet gone into effect. An approved withdrawal request is effective for the full 3-year reclassification period.

Groups may withdraw an approved geographic redesignation, but the request to withdraw must be made by *all* hospitals that are a party to the approved redesignation.

The request for withdrawal must be received by the MGCRB within 45 days of publication of CMS' annual notice of proposed rulemaking concerning changes to the IPPS and proposed payment rates for the fiscal year for which the application has been filed. The **Withdraw** button will only be available during this period.

1. Select the **Withdraw** button.
2. The Withdraw Approved Reclassification window is displayed.
  - a. For individual cases, confirmation of this action is required.
  - b. For group cases, an upload is required from each group participant authorizing this action as well as a final confirmation of the action.
3. Upload documents (for group case only) and type **Yes** into the field to confirm. Select the **Proceed** button (or select the **Cancel** button to cancel the action).
4. A confirmation message is displayed, and you are navigated back to the **Case Reclassification Requests** page.
5. The reclassification status will not change until the Board has reviewed and issued a decision on this request.

#### 3.3.2.2.2 Terminate Approved Reclassification

Termination of an approved geographic redesignation refers to the termination of an already existing 3-year MGCRB reclassification where such reclassification has already been in effect for 1 or 2 years, and there are 1 or 2 years remaining on the 3-year reclassification. A termination is effective only for the full fiscal year(s) remaining in the 3-year period at the time the request is received. Requests for terminations for part of a fiscal year are not considered.

Groups may terminate an approved geographic redesignation in its entirety or any individual provider within the group may individually request to terminate participation in the second and/or third year(s) of a 3-year geographic redesignation. Termination actions must be initiated separately for each participating provider in OH CDMS.

Requests to terminate an approved geographic redesignation must be received by the Board within 45 days from the date of publication of CMS' annual notice of proposed rulemaking concerning the changes to the IPPS and proposed payment rates for the fiscal year for which the application has been filed. The **Terminate** button will only be available during this period.

1. Select the **Terminate** button.
2. The Terminate Approved Reclassification window is displayed.
3. Type **Yes** into the field to confirm. Select the **Proceed** button (or select the **Cancel** button to cancel the action).
4. A confirmation message is displayed, and you are navigated back to the **Case Reclassification Requests** page.
5. The reclassification status will not change until the Board has reviewed and issued a decision on this request.

#### 3.3.2.2.3 Reinstatement Approved Reclassification

A hospital (or group of hospitals) may cancel a withdrawal or termination in a subsequent year and request the MGCRB to reinstate the wage index reclassification for the remaining fiscal year(s) of the 3-year period. (Withdrawals may be cancelled only in cases where the MGCRB issued a decision on the geographic reclassification request.)

Reinstatement requests must be received by the MGCRB no later than the deadline for submitting reclassification applications for the following fiscal year, as specified in 42 C.F.R. § 412.256(a)(2). The **Reinstate** button will only be available during this period.

1. Select the **Reinstate** button.
2. The **Reinstate Approved Reclassification** window is displayed. Follow the directions as noted in the Withdraw and Terminate sections above.
  - a. For individual cases, confirmation of this action is required.
  - b. For group cases cancelling a termination, confirmation of this action is required for each participating provider.
  - c. For group cases cancelling a withdrawal, an upload is required from each group participant authorizing this action as well as a final confirmation of the action.
3. Upload documents (for group cancelling a withdrawal only) and type **Yes** into the field to confirm. Select the **Proceed** button (or select the **Cancel** button to cancel the action).
4. A confirmation message is displayed, and you are navigated back to the **Case Reclassification Requests** page.
5. The reclassification status will not change until the Board has reviewed and issued a decision on this request.

### 3.3.2.3 Participating Providers

This table provides information regarding the providers raised in a group application. Select the **View Documents** button to view documents associated with each participating provider.

## 3.3.3 Case Actions Page

The Case Actions page contains two sections. The top table is designed to respond to specific requests for additional information from the MGRCB. The Case Correspondence dropdown allows you to submit additional correspondence as needed.

### 3.3.3.1 Case Actions Table

The case actions table displays notifications from the MGRCB, including the date, notification type, the document requested, and the due date.

1. Select the **Respond** button.

The screenshot shows the 'Case Actions' page. At the top, there are navigation tabs: 'Case Contacts', 'Case Reclassification Requests', 'Case Actions' (highlighted), and 'Case History'. Below the tabs, case details are displayed: 'Case Number: 19G0032', 'Case Name: Baltimore County (MD) Group', and 'Reclassification Period: FFYs 2019 - 2021'. The main heading is 'Case Actions'. Below this is a table with the following data:

Date Requested	Notification Type	Document Type	Date Due	Action
03/06/2018	Request for Information	Oral Hearing Request Rationale	03/21/2018	<a href="#">Respond</a>

Below the table is a 'Case Correspondence' section with a dropdown menu set to 'Select One' and a 'Proceed' button. At the bottom, there is an 'MGRCB Home Page' button. Two red arrows in the original image point to the 'Case Actions' title and the 'Respond' button.

Figure 70: Case Actions Page – Case Actions Table

2. A response page specific to the required document type is displayed.
3. Attach the requested document.
4. Select the checkbox to affirm the certification statement.
5. Select the **Submit** button.

The screenshot shows the 'Oral Hearing Request Rationale Response' page. The heading is 'Oral Hearing Request Rationale Response'. Below the heading is the instruction 'Attach Oral Hearing Request Rationale.' followed by a file upload field with a 'Browse...' button. A note states: 'Note: There is a 4.8 MB limit on the file upload.' Below this is the instruction 'Check to accept the following certification statement.' followed by a checkbox and the text: 'I certify that the uploaded documentation is responsive to this specific request and is filed in compliance with the statutes, regulations, and Board rules.' At the bottom, there are 'Submit' and 'Cancel' buttons.

Figure 71: Notification Response Page

6. A confirmation message is displayed. Select the **Close** button to navigate back to the **Case Actions** page.
7. After you have responded to the request, the **Case Actions** table no longer displays the notification or **Respond** button.

The screenshot shows the 'Case Actions' page for Case Number 19G0032. The page header includes navigation tabs: Case Contacts, Case Reclassification Requests, Case Actions (highlighted), and Case History. Below the header, case details are listed: Case Number: 19G0032, Case Name: Baltimore County (MD) Group, and Reclassification Period: FFYs 2019 - 2021. The main heading is 'Case Actions'. Below this is a table with columns: Date Requested, Notification Type, Document Type, Date Due, and Action. The table contains the text 'No actions exist for this case.' Below the table is the 'Case Correspondence' section, which includes a dropdown menu labeled 'Select One' and a 'Proceed' button. At the bottom, there is an 'MGCRB Home Page' button.

Figure 72: Case Actions Page – Updated Case Actions Table After Response Submitted

### 3.3.3.2 Case Correspondence Drop-Down

The **Case Correspondence** feature allows you to submit correspondence to the MGCRB that was not specifically asked for in a notification.

1. Select an option from the drop-down menu.
  - Change Representative
  - Other
2. Select the **Proceed** button to navigate to the correspondence page.

This screenshot is similar to Figure 72 but shows the 'Case Correspondence' dropdown menu open. The dropdown menu is expanded, showing the following options: 'Select One', 'Change Representative', and 'Other'. A red arrow points to the 'Other' option. The 'Proceed' button and 'MGCRB Home Page' button are also visible.

Figure 73: Case Actions Page – Case Correspondence Drop-Down Menu

### 3.3.3.2.1 Change Representative

1. Start typing the new **Representative Organization** name in the field and select from the predictive drop-down menu.
  - The designated representative may be a provider, parent, or representative organization that is active within OH CDMS.
  - All cases must have an identified representative, even if the provider opts to represent itself.



**Change Representative**

**New Representative Information**

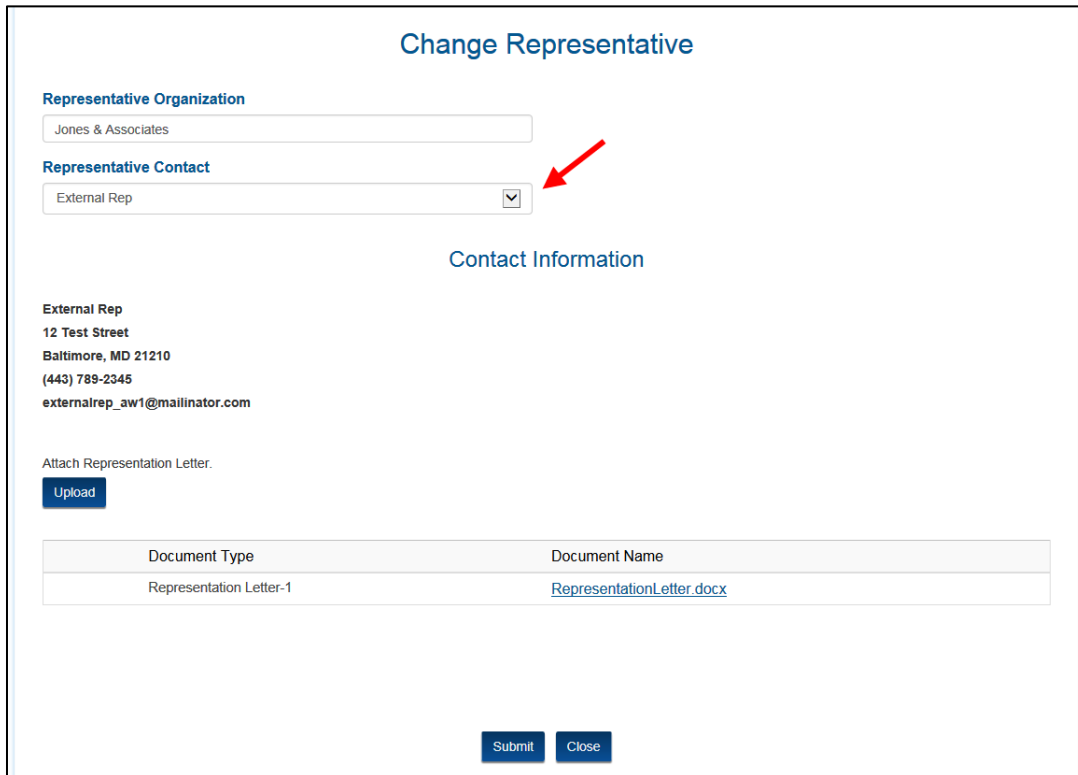
**Representative Organization**

Start typing Representative Organization

Submit Cancel

Figure 74: Change Representative Page

2. Select a **Representative Contact** from the predictive drop-down menu that is based on the selected representative organization. The contact's full information will be displayed for reference and confirmation.



**Change Representative**

**Representative Organization**

Jones & Associates

**Representative Contact**

External Rep

**Contact Information**

**External Rep**  
 12 Test Street  
 Baltimore, MD 21210  
 (443) 789-2345  
 externalrep\_aw1@mailinator.com

Attach Representation Letter.

Upload

Document Type	Document Name
Representation Letter-1	<a href="#">RepresentationLetter.docx</a>

Submit Close

Figure 75: Representative Contact Drop-Down Menu

3. Select the **Upload** button to attach the new Representation Letter(s). If a group case, a letter must be submitted for each provider participating in the group.
4. Select the **Submit** button.

5. A confirmation message is displayed. Select the Close button to navigate back to the **Case Actions** page.
6. You will also receive an email with the **Confirmation of Correspondence** attached as a PDF file.

**Note:** Accessing the **Case Correspondence** tab within the impacted case is limited to the current representative of the case. Non-representative users can also use an [Alternative Method to Request a Change of Representative](#) from the MGCRB Home Page.

### 3.3.3.2.2 Other Case Correspondence

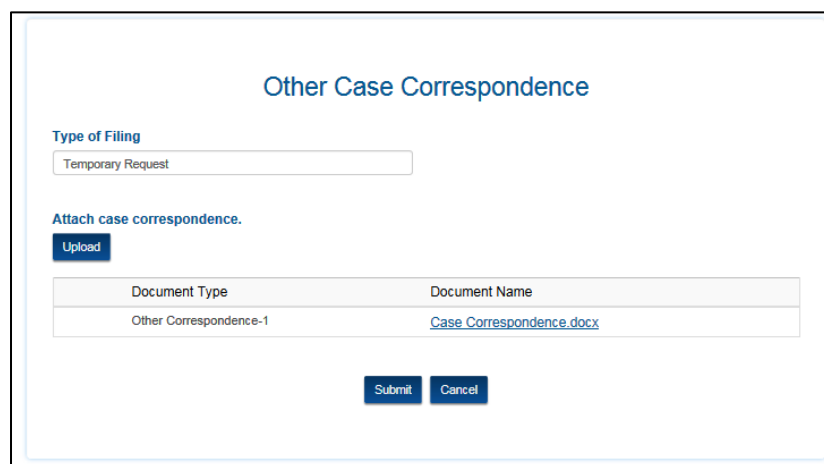
1. Enter text into the **Type of Filing** field to specify the nature of the correspondence that you are submitting.
2. Select the **Upload** button to attach the case correspondence.



The screenshot shows the 'Other Case Correspondence' page. At the top, the title 'Other Case Correspondence' is displayed in blue. Below the title, there is a section labeled 'Type of Filing' with a text input field containing the placeholder text 'Specify Type of Filing'. Underneath this is another section labeled 'Attach case correspondence.' which contains a file upload field and a 'Browse...' button. A note below the upload field states: 'Note: There is a 4.8 MB limit on the file upload.' At the bottom of the form, there are two buttons: 'Submit' and 'Cancel'.

Figure 76: Other Case Correspondence Page

3. A table displays the document name and document type.
4. Select the **Upload** button to attach additional documents as needed.



The screenshot shows the 'Other Case Correspondence' page after a document has been uploaded. The 'Type of Filing' field now contains the text 'Temporary Request'. In the 'Attach case correspondence.' section, there is an 'Upload' button. Below this is a table with two columns: 'Document Type' and 'Document Name'. The table contains one row of data. At the bottom of the form, there are two buttons: 'Submit' and 'Cancel'.

Document Type	Document Name
Other Correspondence-1	<a href="#">Case Correspondence.docx</a>

Figure 77: Other Case Correspondence Page – Uploaded Documents Table

5. When all necessary documentation has been uploaded, select the **Submit** button.
6. A confirmation message is displayed. Select the Close button to navigate back to the **Case Actions** page.

7. You will also receive an email with the **Confirmation of Correspondence** attached as a PDF file.

### 3.3.4 Case History Page

You can view the history of case actions and case correspondence items from the **Case History** page. The **Case History** table identifies the date, the party that took action, and the action that occurred. There is also a **View Documents** button to view documents associated with that action. This table will build through the course of the case with the most recent item on top.

Date	Party Organization	Action
03/05/2018	Jones & Associates	Application Submitted - 19G0032

Figure 78: Case History Page

## 4. OH CDMS Administration

Organization administrators have the ability to take limited access actions including deactivating, reactivating, and archiving users within their own organization. For users with administrator access to OH CDMS, an **Administration** module tile is displayed on the OH CDMS landing page.

**Note:** If you do not have access to the Administration module, but need to deactivate or archive a user, please contact the help desk.

### 4.1 Administration Home Page

1. Select the **Administration** tile to navigate to the Administration home page.

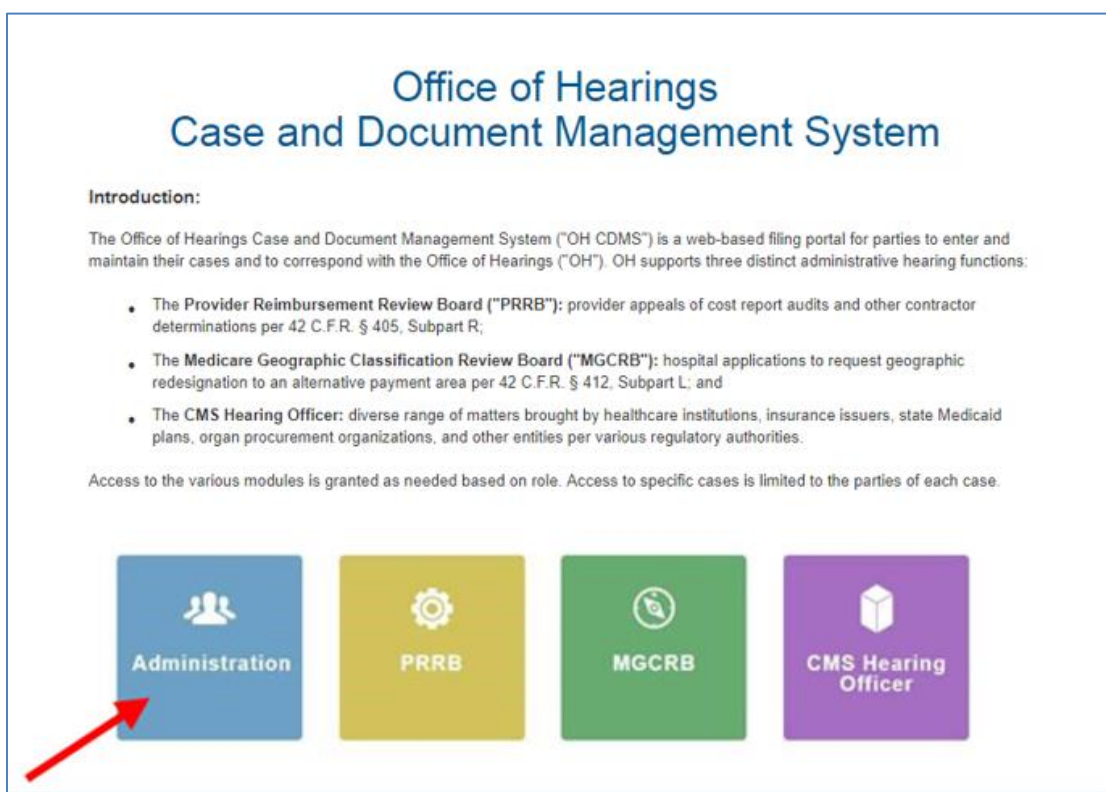


Figure 79: OH CDMS Landing Page – Administration Tile

2. The Administration home page displays two accordion bars:
  - Active Users
  - Inactive Users



3. Select the arrow to the left of the label to reveal or hide the accordion panel.



Figure 80: OH CDMS Administration Home Page

## 4.2 Active Users

The administrator can view all active users within the organization and deactivate users in the **Active Users** list.

1. Select the **Active Users** accordion.
2. A table displays the user's name, email address, user ID, and an action button.

### 4.2.1 Deactivate User

1. Select the **Deactivate** button.



Figure 81: Active Users List

2. The **Deactivate User** window is displayed for confirmation.
3. Select the **Proceed** button;
4. The user's access to the OH CDMS is temporarily deactivated. The user may be reactivated through the administration process or by contacting the help desk.

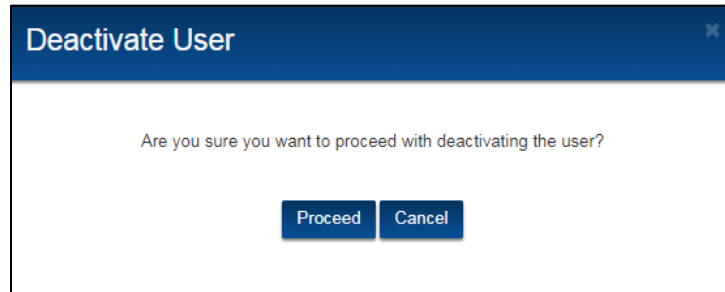


Figure 82: Deactivate User Window

## 4.3 Inactive Users

The administrator can reactivate or archive a user in the **Inactive Users** list.

1. Select the **Inactive Users** accordion.
2. A table displays the user's name, email address, user ID, and two action buttons.

### 4.3.1 Reactivate User

1. Select the **Reactivate** button. The **Reactivate** button displays *only* if the user was deactivated by OH CDMS for not working within the system for 60 days or more or was administratively deactivated.



Figure 83: Inactive Users List

2. The **Reactivate User** window is displayed for confirmation.
3. Select the **Proceed** button to reinstate the user's access to OH CDMS. The user will be moved to the Active Users list.

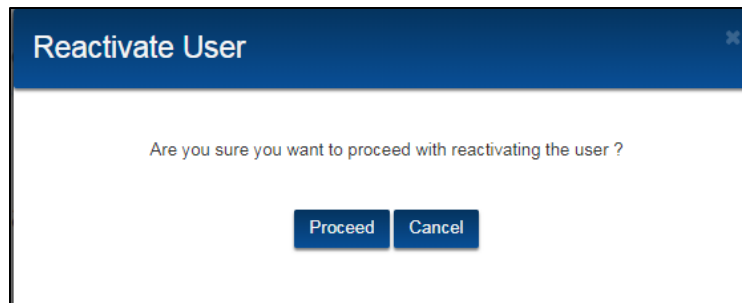


Figure 84: Reactivate User Window

### 4.3.2 Archive User

Archiving a user is a permanent action to be used when the user is no longer affiliated with your organization. Once a user is archived, they must re-register for OH CDMS through the [CMS Portal](#). The user will need to select a new user role and provide information for his new organization.

1. Select the **Archive** button.
2. The **Archive User** window is displayed for confirmation.
3. Enter **Yes** to confirm the user is to be archived.
4. Select the **Proceed** button to *permanently* archive the user's access to OH CDMS within the current organization.

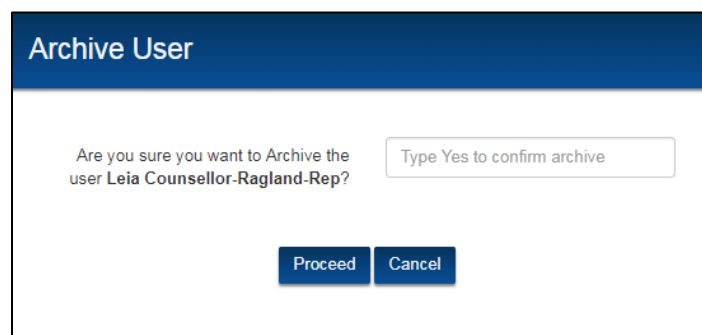


Figure 85: Archive User Window

## 5. Troubleshooting and Support

### 5.1 Help Desk Support

For any technical system issues, please contact the OH CDMS Help Desk at 1-833-783-8255 or email [helpdesk\\_ohcdms@cms.hhs.gov](mailto:helpdesk_ohcdms@cms.hhs.gov).

To access the help desk information within the system, select the **Welcome drop-down** menu on any page and select the **Help** option.



Figure 86: Help Option in Username Drop-Down Menu

The **OH CDMS Help Desk Window** is displayed with contact information and hours of operation.

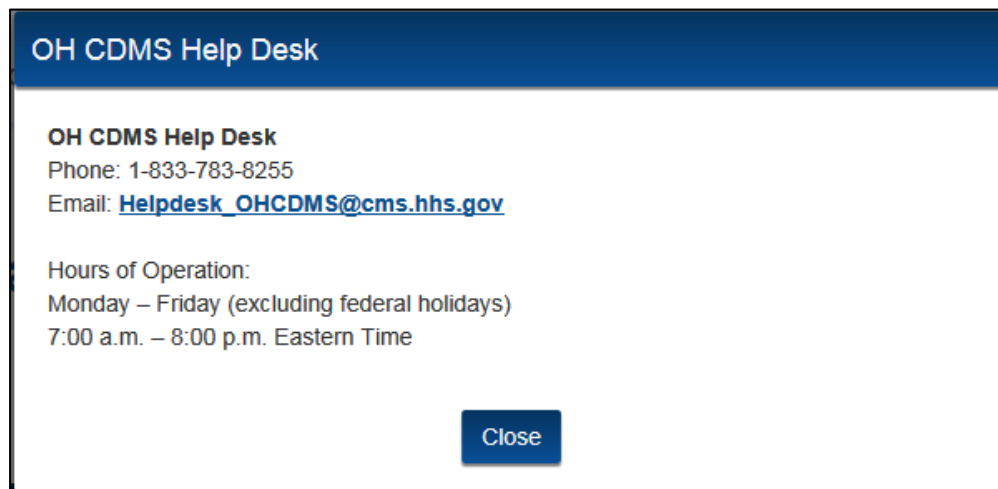


Figure 87: OH CDMS Help Desk Window

## Appendix A: Acronyms

Acronym	Term
CBSA	Core-Based Statistical Area
CMS	Centers for Medicare & Medicaid Services
IDM	Enterprise Identity Management
IPPS	Inpatient Prospective Payment System
MGCRB	Medicare Geographic Classification Review Board
OH	Office of Hearings
OH CDMS	Office of Hearings Case and Document Management System
RRC	Rural Referral Center
SEI	Salesforce Enterprise Integration
SCH	Sole Community Hospital

**Table 3: Acronyms**

## Appendix B: Record of Changes

Version Number	Date	Description of Change
1.0	07/17/2018	Initial issuance for release of MGCRB module within OH CDMS
1.1	08/22/2018	Update to correct minor errors and omissions
1.2	12/20/2023	<p>Updates to <a href="#">CMS Accessibility &amp; Nondiscrimination for Individuals with Disabilities Notice</a> (Section 1.3), Accessing OH CDMS (Section 2.2.2), File Upload Limitations (Section 2.4.3), MGCRB Home Page (Section 3.1), and Change Representative (Section 3.3.3.2.1);</p> <p>New section related to Case Correspondence Button (Section 3.1.2) and Alternative Method to Request Change of Representative (Section 3.1.2.1)</p>

**Table 4: Record of Changes**