



LOW VOLUME APPEALS SETTLEMENT EXPRESSION OF INTEREST

The Centers for Medicare & Medicaid Services (CMS) has created an administrative agreement process to allow eligible Appellants to withdraw their pending appeals at the Office of Medicare Hearings and Appeals (OMHA) and the Medicare Appeals Council (Council) at the Departmental Appeals Board levels of appeal in exchange for partial payment. CMS encourages eligible Appellants with eligible appeals currently in the appeals process to make use of this administrative agreement process to alleviate the administrative burden of the current appeals process on both the Appellant and Medicare appeals system.

The following Appellant types, with less than 500 appeals combined pending at the OMHA and the Council levels of review, MAY BE ELIGIBLE to submit an Expression of Interest (EOI):

- Part A Medicare Providers;
- Part B Medicare Physicians and Suppliers; and
- Durable Medical Equipment Suppliers billing under Part B

The following Appellant types are NOT eligible to submit an EOI:

- Beneficiaries, enrollees their family members or estates;
- Medicare Advantage Organizations (Medicare Part C);
- State Medicaid Agencies;
- Appellants who are currently in bankruptcy or who expect to file for bankruptcy; and
- Appellants with 500 or more appeals in total currently pending at the OMHA and Council levels.

Certain Appellants may be excluded from this settlement opportunity based on False Claims Act litigation or investigations, or other program integrity concerns, including pending civil, criminal, or administrative investigations.

For purposes of this agreement, an “eligible appeal” is defined as one meeting all elements of the following definition: 1) the appeal was pending before the OMHA and/or Council level of appeal as of November 3, 2017; 2) the appeal has a total billed amount of \$9,000 or less; 3) the appeal was properly and timely filed at the OMHA or Council level as of November 3, 2017; 4) the claims included in the appeal were denied by a Medicare contractor and remain in a fully denied status in the Medicare system; 5) the claims included in the appeal were submitted for payment under Medicare Part A or Part B; 6) the claims included in the appeal were not part of an extrapolation; and 7) as of the date this Agreement is fully executed, the appeal was still pending at the OMHA or Council level of review. The Appellant may not choose to settle some appeals and continue to appeal others; all eligible appeals and associated claims must be settled.

To formally request participation, you may submit this completed EOI in PDF format to MedicareAppealsSettlement@cms.hhs.gov during the below allotted submission timeframes. Original signatures, photocopies, and scanned copies of original signatures are acceptable. Please scan your signed EOI into PDF format and then send it as an attachment.

The appellant completes one EOI for each of their National Provider Identifiers (NPIs), then submits the EOI during the defined submission window. Appellants with multiple NPIs will be required to submit one EOI per NPI with eligible appeals.

- Appellants with an NPI ending in an even number: 02/05/2018 through 03/09/2018
- Appellants with an NPI ending in an odd number: 03/12/2018 through 04/11/2018

Appellants with both odd and even NPIs will be required to submit one EOI per NPI during the appropriate designated timeframe, as described above.

You must not email any beneficiary personally identifiable information including beneficiary first or last names, beneficiary names represented by initials, beneficiary addresses, or truncated health insurance claim numbers (HICN). You must only provide the information requested in this EOI. Failure to protect beneficiaries' private data will result in rejection of your appeals from the settlement process.

For more information on the settlement process, please visit go.cms.gov/LVA or contact us at MedicareSettlementFAQs@cms.hhs.gov.

Appellant (Provider/Supplier) Name:

Appellant point of contact (not necessary if represented)		Representative name (if applicable) (must be an individual)	
E-mail Address:		E-mail Address:	
Point of Contact Title (not necessary if represented)		Representative firm or business (if applicable)	
Address		Address	
City	State	Zip Code	
City	State	Zip Code	
Phone Number (extension #, if any)	Fax Number	Phone Number (extension #, if any)	Fax Number

Please **do not** handwrite the NPI. Only one NPI can be submitted per EOI.

<u>NPI</u>	<u>Provider Transaction Access Number (PTAN)</u>	<u>SERVICING MEDICARE ADMINISTRATIVE CONTRACTOR</u>

Is the Appellant currently in bankruptcy and/or is expected to file for bankruptcy in the future? If yes, the Appellant is not eligible for settlement.

- YES NO

Has the Appellant executed a settlement agreement with the United States related to False Claims Act litigation or related conduct since January 1, 2010?

- YES NO

I, _____, a duly authorized representative of Appellant, am requesting that CMS initiate the settlement process for Appellant's appeals that are pending review at OMHA and/or by the Council. I understand that CMS will review the appeals that I have pending and determine, to the best of its ability, which appeals would be eligible, if any.

I understand that this EOI serves only to indicate Appellant's interest in entering into a settlement. It does not constitute acceptance of an offer to settle any appeal. I understand that CMS is not obligated to enter into a settlement agreement with Appellant. I understand that certain appellants may be excluded from this process based on False Claims Act litigation or investigations or other program integrity concerns, including pending criminal, civil, or administrative investigations. I also understand that any party, including CMS, may respectfully decline participation in the settlement process at any time before an Administrative Agreement is signed, for any reason, or for no reason. I further understand that once a Spreadsheet of eligible Appeals is provided to the Appellant, the Appellant has 15 days to respond in order to continue participation. If the Appellant does not respond within 15 days after the receipt of this eligible appeals Spreadsheet, the Appellant will be considered to have abandoned the process.

I am authorized to initiate the settlement process on behalf of the Appellant identified above. I attest that the information provided in this EOI is true and correct to the best of my knowledge.

Appellant Signature	Appellant Printed Name	Date
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