
REQUEST FOR SETTLEMENT CONFERENCE FACILITATION

Medicare Part A & Part B Administrative Law Judge Appeals

To request an OMHA settlement conference, you must first receive an OMHA *Settlement Conference Facilitation (SCF) Preliminary Notice*. After receiving your preliminary notice, you must submit this form, the *SCF Agreement of Participation*, and a complete *SCF Request Spreadsheet* to OMHA.

Electronic submission of all materials on a flash drive or CD is mandatory. OMHA cannot accept electronic signatures at this time. Please scan your *Request for SCF* and *SCF Agreement of Participation*, with original signatures, into PDF format. **Your *SCF Request Spreadsheet* must be sent in Excel format (.xlsx).**

For more information on the OMHA SCF process, please visit the OMHA website at www.hhs.gov/omha or contact us at OMHA.SCF@hhs.gov.

Please send your complete request package to the following address (*US Postal Service, non-signature delivery strongly recommended*). Please note this is a new address:

Office of Medicare Hearings and Appeals
Settlement Conference Facilitation Program
5201 Leesburg Pike
Suite 1300
Falls Church, VA 22041

Appellant Name (the provider or supplier that appealed the QIC reconsideration):

Please note, if you are a Medicare beneficiary or a Medicaid State Agency, your claim appeals are not currently eligible for the OMHA SCF process.

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

National Provider Identifier (NPI) and corresponding Provider Transaction Access Number (PTAN) or CMS Certification Number (CCN). If claims were submitted under multiple identification numbers, list all of the identification numbers at issue.

Please **do not** handwrite NPI/PTAN or CCN numbers. If you need additional space, please attach in a separate document:

<u>NPI</u>	<u>PTAN or CCN</u>

Indicate whether claims are pre-payment and/or post-payment denials:

- Pre-Payment Denial Post-Payment Denial

Are all claims covered under Medicare Part A and/or Medicare Part B?

- Part A Part B

Are you only appealing QIC reconsideration decisions (that is, none of the claims were dismissed by the QIC)? Yes No

Were all of the requests for ALJ hearing timely filed (that is, they were filed with OMHA within 60 days of your receiving the QIC reconsideration notice)? Yes No

Is the amount in controversy (AIC) met for each claim that is being appealed, or if it was not met for a claim, was a request for aggregation submitted with the request for hearing for claims that did not meet the amount in controversy requirement? For calendar year (CY) 2013 and CY 2014, the AIC was \$140. For CY 2015, the AIC is \$150. Yes No

Are all of the requests for ALJ hearing unscheduled for an ALJ hearing (that is, you have not received a Notice of Hearing)? Yes No

Is the amount of each claim \$100,000 or less? (For the purposes of an extrapolated statistical sample, the extrapolated amount must be \$100,000 or less.) Yes No

Have you received an OMHA SCF Preliminary Notification? Yes No

NOTE: If any of the above responses are marked No, please contact OMHA at the phone number listed on your SCF Preliminary Notification or at the email address above. If a request for SCF is submitted and includes appealed decisions or claims that are not eligible for the process, the request for SCF will be delayed and the ineligible appeals and associated claims will not be considered.

Was the beneficiary found liable for the denied items or services at the redetermination or reconsideration level for any of the appealed claims? Yes No

Did the beneficiary participate at the QIC reconsideration level for any of the appealed claims (for example, file a request for reconsideration or offer the QIC written testimony)? Yes No

Is there an outstanding request for OMHA statistical sampling for the same claims in this request? Yes No

Has the appellant filed for bankruptcy and/or is expected to file for bankruptcy in the future? Yes No

Do any of the claim(s) involve services, drugs, or biologicals billed under unlisted, unspecified, unclassified, or miscellaneous healthcare codes (for example, CPT Code 38999 Unlisted procedure, hemic or lymphatic system; HCPCS Code J3490 Unclassified drugs)? Equipment and other items billed under unlisted, unspecified, unclassified, or miscellaneous healthcare codes are eligible for SCF. Yes No

Were any of the claims eligible for the CMS Part A Hospital Appeals Settlement option? Yes No

NOTE: If any of the above responses are marked "Yes," please contact OMHA at the phone listed on your SCF Preliminary Notification or at the email address above. If a request for SCF is submitted and includes appealed decisions or claims that are not eligible for the process, the ineligible appeals and associated claims will not be considered for settlement or the entire SCF request may be rejected.

You must also complete the SCF Agreement of Participation and the SCF Request Spreadsheet. Electronic submission of all documents on a CD or flash drive is mandatory. You may not submit your SCF Request Spreadsheet as a PDF document.

Please provide a narrative explanation of why the claims included in this request were denied. You may attach your narrative in a separate document if it will not fit this space. Please be as specific as possible.