

## DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of Medicare Hearings and Appeals

## **FILING OF NEW EVIDENCE**

**Instructions:** If you have new evidence to submit, complete this form and include it with your request for an ALJ hearing (form OMHA-100), or if you have already filed your request for an ALJ hearing or if you are a party but not the appellant, send this form to the assigned Office of Medicare Hearings and Appeals (OMHA) adjudicator (visit <a href="www.hhs.gov/omha">www.hhs.gov/omha</a> and use the appeal status lookup tool to find your assigned adjudicator). If an adjudicator has not yet been assigned, send this form to OMHA Central Operations, Attention: New Evidence Mail Stop (visit <a href="www.hhs.gov/omha">www.hhs.gov/omha</a> or call the number at the bottom of this form for the full mailing address).

Unless you are an unrepresented beneficiary or enrollee, any additional evidence you wish to have considered in your appeal must be submitted with your request for hearing, by the date specified in your request for hearing, or if a hearing is scheduled, within 10 calendar days of receiving the notice of hearing from OMHA. If an expedited hearing is scheduled, even if you are not represented, you must submit any additional evidence with your request for hearing, by the date specified in your request for hearing, or within 2 calendar days of receiving the notice of expedited hearing. If evidence is submitted later than the filing deadline, any applicable adjudication period will be extended by the number of calendar days in the period between the filing deadline and the date when the evidence is received.

If you are a Part D enrollee and you are submitting evidence of a change in condition that occurred after your original coverage determination was made, the OMHA adjudicator will remand (return) your case to the Part D Independent Review Entity that issued your reconsideration for a new decision.

If you are a provider, supplier, or beneficiary represented by a provider or supplier, and you are appealing a reconsideration issued by a Medicare Part A or Part B Qualified Independent Contractor (QIC), any evidence that was not submitted prior to the QIC's reconsideration must be accompanied by a statement explaining why the evidence was not previously submitted. The OMHA adjudicator assigned to your appeal will consider this statement to determine whether you had good cause for submitting the evidence for the first time at the OMHA level (for example, if the new evidence is material to an issue addressed in the QIC reconsideration that was not identified as a material issue prior to the QIC's reconsideration). If you do not include a statement explaining why the evidence was not previously submitted, or if the OMHA adjudicator determines you did not have good cause for submitting the evidence for the first time at the OMHA level, the new evidence will not be considered. A good cause statement is not required for evidence submitted by an unrepresented beneficiary, CMS or any of its contractors, a Medicaid State agency, an applicable plan, or a beneficiary represented by someone other than a provider or supplier.

Section 1: What is the OMHA appeal nu	ımber or th	ie reconsideration (Medicare) appeal oi	case number?	
OMHA Appeal Number (if known)	Reco	Reconsideration Number (if OMHA appeal number not known)		
Section 2: What is the information for t	he party fil	ing new evidence? (Representative infor	mation in next section)	
Name (First, Middle initial, Last)		Firm or Organization (if applicable)	Telephone Number	
Section 3: What is the representative's	informatio			
Name		Firm or Organization (if applicable)	Telephone Number	
Section 4: What is the new evidence the evidence below, including the title, relevare explaining why this evidence was not prevented.	nce, and da	te of creation. If you are required to do so	also include a good cause statement	
Section 5: Sign and date this form.				
Party or Representative Signature			Date	
		Privacy Act Statement	l	

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The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(b)(1), and 1876 of Title XVIII). The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

If you need large print or assistance, please call 1-855-556-8475