REQUEST FOR STATISTICAL SAMPLING

To request statistical sampling for adjudication of claim appeals before OMHA, please provide the information below. Use of this template is not required, provided your written request includes all of the information in this template. You must also submit a completed Claim Information Spreadsheet, or your own list in a Microsoft Excel compatible format, with your request, listing the claim appeals for which you are requesting statistical sampling. Electronic submission of the spreadsheet via CD is mandatory.

For more information on the OMHA statistical sampling process, including the requirements and limitations, please visit the OMHA website at www.hhs.gov/omha, or email the Statistical Sampling Coordinator at OMHA.stat.sampling@hhs.gov, and information will be mailed to you.

| Si 1 | | office of Medicare Hearings and Appeals tatistical Sampling Coordinator 700 N. Moore St., Suite 1800 rlington, VA 22209 | | | |
|--|-------------------------------------|--|---|--|--|
| Appellant (the provider or sup | plier that appealed the QIC recon | sideration) | | | |
| 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 | Representative firm or business (if applicable) | | |
| Address | | Address | Address | | |
| City | State Zip Code | City | State Zip Code | | |
| Phone Number | Fax Number | Phone Number | Fax Number | | |
| Provider/Supplier National Provider Identifier (NPI): | | owned by a single enti single provider or supp agrees to accept any p as a single payment, o | If multiple providers or suppliers (with multiple NPIs) are owned by a single entity, the owning entity may serve as "a single provider or supplier" provided that the owning entity agrees to accept any payment that may be due from Medicare as a single payment, or agrees to make any payment that may be due to Medicare as a single payment. | | |
| Indicate the items/services for | r which you are requesting statisti | cal sampling: | | | |
| Are you requesting statistical sampling for Medicare Part A or Medicare Part B claims? | | Please select only one | Please select only one. | | |
| ☐ Part A ☐ | Part B | | | | |
| Do you have at least 250 claims at issue? | | | A minimum of 250 claims is required for statistical sampling. | | |
| ☐ Yes ☐ | □ Yes □ No | | If this requirement is not met, OMHA will be unable to proceed with statistical sampling. | | |

| Identify the category of claim denials that is applicable to for which you are requesting statistical sampling: Pre-Payment Post-Payment by a non-RAC Post-Payment by a RAC (please specify the name of | statistical sampling for more t a separate request for each. F (overpayment) Recovery Audi limited to one RAC, and you m | statistical sampling for more than one category, please submit a separate request for each. Requests involving post-payment (overpayment) Recovery Audit Contractor (RAC) claims are limited to one RAC, and you must provide the name. | | | | | | |
|---|--|--|------|----|----|--|--|--|
| Have you identified the claim appeals for which you are restatistical sampling? | equesting You must complete the Claim (Microsoft Excel), or create yo the information in a format the Electronic submission of the s | You must complete the Claim Information Spreadsheet (Microsoft Excel), or create your own list that includes all of the information in a format that is Microsoft Excel compatible. Electronic submission of the spreadsheet in a Microsoft Excel compatible format via CD is mandatory. | | | | | | |
| Are you only requesting claim appeals of QIC reconsiderate | tions? | | Yes | | No | | | |
| Were all of the requests for ALJ hearing timely filed? | | Yes | | No | | | | |
| Is the amount in controversy met for each claim being appusubmitted with the request for hearing for claims that did | | Yes | | No | | | | |
| NOTE: If any of the above responses are marked <u>No</u> , please review the statistical sampling criteria and fill out a new request that does not result in a <u>No</u> response for the above questions. | | | | | | | | |
| Was the beneficiary found liable for the denied items or s beneficiary participate at the QIC reconsideration level fo | e \Box | Yes | | No | | | | |
| Is there an outstanding request for OMHA Settlement Corthis request? | | Yes | | No | | | | |
| NOTE: If any of the above responses are marked <u>Yes</u> , please review the statistical sampling criteria and fill out a new request that does not result in a <u>Yes</u> response for the above questions. | | | | | | | | |
| Submission of a request for statistical sampling does not guarantee the use of statistical sampling in the adjudication of claim appeals before OMHA. If OMHA determines a sufficient number of claims are appropriate for statistical sampling, OMHA will provide a written response, and I will be given the opportunity to provide initial consent for statistical sampling, based on a tentative universe. Upon receipt of my initial consent, a pre-hearing conference will be scheduled and held to confirm consent for statistical sampling by an OMHA-provided statistical expert and consent for a universe of claims, subject to removal of any claims identified during the pre-hearing conference or claims identified during the adjudication process that do not meet the criteria for statistical sampling, and must be excluded. Where I agree to statistical sampling during the pre-hearing conference, a pre-hearing conference order will be issued that summarizes the agreements and actions. Once the time period to object to the pre-hearing conference order elapses, my consent becomes binding. At that point, I may not withdraw my consent for statistical sampling at OMHA. The appeals and claims within the universe will be combined into one ALJ Appeal Number for statistical sampling, and will be assigned or re-assigned on a rotational basis to an available Administrative Law Judge. Appellant or Representative Signature Appellant or Representative Printed Name Date | | | | | | | | |
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| Appointed Representative Acknowledgement I am legally authorized to represent the Appellant. I have fulfilled my duty to advise the appellant regarding a request for statistical sampling conducted at OMHA. | | | | | | | | |
| Representative Signature | Representative Printed Name | | Date | | | | | |