



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

REQUEST FOR STATISTICAL SAMPLING

Instructions: This form should only be used by an appellant requesting statistical sampling in the adjudication of claim appeals at the Office of Medicare Hearings and Appeals (OMHA). For more information on the OMHA Statistical Sampling Initiative, please visit the OMHA website at www.hhs.gov/omha, or email the Statistical Sampling Coordinator(s) at OMHA.stat.sampling@hhs.gov, and information will be mailed to you. Please send your completed request form, along with any other required information, to:

Office of Medicare Hearings and Appeals
Statistical Sampling Coordinator
5201 Leesburg Pike, Suite 1300
Falls Church, VA 22041

Section 1: What is the appellant's information? *(The appellant is the provider or supplier that appealed the QIC reconsiderations. If you have an appointed representative, please enter that information in Section 2.)*

Appellant Name	National Provider Identifier (NPI)*		
<i>*Please enter a single provider or supplier. If multiple providers or suppliers 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.</i>			
Point of Contact Name <i>(Leave blank if represented)</i>	Point of Contact Title <i>(Leave blank if represented)</i>		
Mailing Address	City	State	ZIP Code
Telephone Number	Fax Number		

Section 2: What is the representative's information? *(Skip if you do not have a representative)*

Representative Name	Firm or Organization <i>(If applicable)</i>		
Mailing Address	City	State	ZIP Code
Telephone Number	Fax Number		

Section 3: What is the nature of the claims? *(NOTE: If any of these responses are marked "No," OMHA will be unable to proceed with statistical sampling based on the tentative universe.)*

Are you requesting statistical sampling for Medicare Part A or Medicare Part B claims? Part A Part B

Do you have at least 250 claims at issue? A minimum of 250 claims is required for statistical sampling. If this requirement is not met, OMHA will be unable to proceed with statistical sampling. Yes No

Identify the category of claim denials that is applicable to all claims for which you are requesting statistical sampling. Only one can be checked. If you would like to request 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.

- Pre-payment
 Post-Payment by a non-RAC
 Post-Payment by a RAC (please specify the name of the RAC) _____

Have you identified the claim appeals for which you are requesting statistical sampling? 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. Yes No

Section 4: Are all of the claims appropriate for statistical sampling? *(NOTE: If any of these responses are marked "No," OMHA will be unable to proceed with statistical sampling based on the tentative universe.)*

Is the amount in controversy met for each claim in the tentative universe, or was a request for aggregation submitted with the request(s) for hearing for any claims that did not meet the amount in controversy requirement? Yes No

Does the tentative universe include only claims in which there was no beneficiary liability for the denied items or services after the initial determination, and in which the beneficiary did not participate in the reconsideration level (for example, file a request for reconsideration)? Yes No

Was every claim in the tentative universe the subject of a QIC reconsideration? Yes No

Were all of the requests for an Administrative Law Judge hearing timely filed? Yes No

Do you affirm that you do not have an outstanding request for OMHA Settlement Conference Facilitation for any of the claims in the tentative universe? Yes No

Section 5: Do you understand and agree to the following? (If yes, sign and date below)

- 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 appeal number for statistical sampling, and will be assigned or re-assigned on a rotational basis to available Administrative Law Judges.

Point of Contact or Representative Signature

Date

Section 6: Appointed representative acknowledgement (Skip if you do not have a representative)

- I am legally authorized to represent the appellant. If not previously submitted, I am attaching form CMS-1696 Appointment of Representative.
- I have fulfilled my duty to advise the appellant of the consequences of consenting to statistical sampling conducted at OMHA.

Representative Signature

Date
