

# OMHA Case Processing Manual

## Chapter 1 MANUAL OVERVIEW, DEFINITION, AND GOVERNANCE

Section	Title
1.0	Chapter overview
1.1	Purpose and organization
1.2	Using the OCPM
1.3	Acronyms, abbreviations, citations, and terminology
1.4	Updating the OCPM

### 1.0 Chapter overview

(Issued: 05-25-18, Effective: 05-25-18)

This chapter describes the OCPM's purpose and organization. It also describes how to navigate the OCPM, and when and how to cite an OCPM provision as an authority in an action issued by an OMHA adjudicator.

OMHA receives a variety of appeals, including appeals of Medicare Part A and B initial determinations; Part C organization determinations; Part D coverage determinations and at-risk determinations;<sup>1</sup> and SSA eligibility/entitlement, late enrollment penalty, and IRMAA determinations. This chapter describes when a specific OCPM provision may be read to apply to all or certain types of appeals, and describes OCPM conventions for citing to statutory, regulatory, and other applicable authorities.

In addition, this chapter describes the process for updating an OCPM chapter, as well as how to determine when a revision was issued or became effective, and how to access prior versions of a chapter.

**Caution:** When taking the actions described in this chapter, ensure that all PII, PHI, and Federal Tax Information is secured and only disclosed to authorized individuals (internally, those who need to know).

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<sup>1</sup> Effective June 15, 2018.

## **1.1 Purpose and organization**

(Issued: 05-25-18, Effective: 05-25-18)

### **1.1.1 What is the OCPM?**

Through the OCPM, OMHA establishes the day-to-day procedures for carrying out adjudicative functions, in accordance with applicable procedural rules. The manual provides direction for processing cases at the OMHA level of adjudication for appeals of Medicare Part A and B initial determinations; Part C organization determinations; Part D coverage determinations and at-risk determinations; and SSA eligibility/entitlement, Part B late enrollment penalty, and IRMAA determinations.

### **1.1.2 Are instructions contained in the OCPM mandatory?**

Yes. OCPM instructions are mandatory for all OMHA staff, including use of approved OMHA forms and templates described in the instructions.

### **1.1.3 How is the OCPM organized?**

The OCPM is organized into 20 chapters, with appendices.

- Chapters 1 through 8 contain general subjects;
- Chapters 9 through 20 address OMHA's case-processing procedures, from request intake and docketing (OCPM 9) through post-adjudication actions (OCPM 20); and
- Appendix A contains temporary instructions.

## 1.2 Using the OCPM

(Issued: 05-25-18, Effective: 05-25-18)

### 1.2.1 How do I locate information in the OCPM?

Each OCPM chapter has a table of contents listing the top-level sections contained in that chapter. Each entry in the table of contents is linked to the corresponding section; you can navigate to that section by clicking on the entry.

In addition, OCPM provisions contain clickable internal cross-references to other sections or subsections within the same chapter, as well as cross-references to other OCPM chapters.

### 1.2.2 How do I cite to an OCPM provision . . .

#### 1.2.2.1 When a controlling authority applies?

If an applicable controlling authority (for example, a statute, regulation, CMS Ruling, or CMS program guidance) applies, that authority must be cited.

*Example:* In a Part A appeal, an ALJ dismisses a case for failure to meet the minimum AIC required for an ALJ hearing. The regulation relating to dismissal for no right to a hearing, [42 C.F.R. section 405.1052\(a\)\(2\)](#), is cited in the dismissal, rather than the OCPM provision describing the dismissal process.

#### 1.2.2.2 When no controlling authority applies?

If the OCPM contains internal OMHA direction or procedural requirements that are not stated in an applicable controlling authority (for example, a statute, regulation, CMS Ruling, or CMS program guidance), it may be appropriate to cite to the OCPM.

When citing to a specific OCPM reference, use “OCPM,” followed by the section or subsection being referenced. Use citation signals (for example, *see*, *see also*, *Cf.*) as appropriate.

*Example:* See OCPM 1.2.2.2.

### 1.2.3 Who is responsible for completing OCPM-required actions?

The OCPM generally does not prescribe which staff role is responsible for completing a given task, *except*:

- When an authority requires an adjudicator to complete an action;

*Example:* In a Part A or Part B case, only an ALJ may determine the claims that a single appellant seeks to aggregate do not involve the delivery of similar or related services, or the claims that multiple appellants seek to aggregate do not involve common issues of law and fact.<sup>2</sup>

- When an authority or OCPM provision requires the Chief ALJ, Deputy Chief ALJ, or Associate Chief ALJ (or a designee) to perform or approve an action; and

*Example:* Upon a valid request filed by a party, CMS, a CMS contractor, or a Part D plan sponsor, only the Chief ALJ or a designee may review a remand issued by an OMHA adjudicator ([see OCPM 20.8.2](#)).<sup>3</sup>

- When an OCPM provision requires a Hearing Office Director or OMHA headquarters division to complete or approve an action.

*Example:* After being notified by the adjudication team, Hearing Office Directors must contact OMHA Central Operations to coordinate re-establishing an appeal that was remanded by the Council and received in a field office instead of Central Operations ([see OCPM 20.11.2](#)).

#### **1.2.4 How do I find an OMHA point of contact referenced in the OCPM?**

Visit the Contacts section of the OMHA Portal (SharePoint) home page for headquarters and field office contact lists, as well as a listing of headquarters divisions and contact information for each division.

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<sup>2</sup> 42 C.F.R. § 405.1006(e)(1)(iii), (e)(2)(iii).

<sup>3</sup> See also 42 C.F.R. §§ 405.1056(g), 423.2056(g).

## **1.3 Acronyms, abbreviations, citations, and terminology**

(Issued: 05-25-18, Effective: 05-25-18)

### **1.3.1 What acronyms and abbreviations does the OCPM use?**

Generally, when a term appears for the first time in a section, the term is spelled out and the acronym or abbreviation is shown in parentheses. The acronym or abbreviation is then used throughout the section, but may not be shown if the term is used only once in a section. However, there are some terms that are used so frequently that they will always appear as acronyms or abbreviations throughout the OCPM. They are:

Act:	Social Security Act
AdQIC:	Administrative Qualified Independent Contractor
AIC:	Amount in Controversy
ALJ:	Administrative Law Judge
BIPA:	Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000
CFR:	Code of Federal Regulations
CERT:	Comprehensive Error Rate Testing
CMS:	Centers for Medicare & Medicaid Services
Council:	Medicare Appeals Council
DAB:	Departmental Appeals Board
FOIA:	Freedom of Information Act
HHS:	U.S. Department of Health and Human Services
HICN:	Health Insurance Claim Number
IRE:	Independent Review Entity
IRMAA:	Income Related Monthly Adjustment Amount
IRS:	Internal Revenue Service
LCD:	Local Coverage Determination
MA:	Medicare Advantage
MAC:	Medicare Administrative Contractor
MAO:	Medicare Advantage Organization

MATS:	Medicare Appeals Template System
MBI:	Medicare Beneficiary Identifier
MMA:	Medicare Prescription Drug, Improvement, and Modernization Act of 2003
MSP:	Medicare Secondary Payer
NCD:	National Coverage Determination
OCPM:	OMHA Case Processing Manual
OIG:	HHS Office of Inspector General
OMHA:	Office of Medicare Hearings and Appeals
PHI:	Protected Health Information
PII:	Personally Identifiable Information
PSC:	Program Safeguard Contractor
QIC:	Qualified Independent Contractor
QIO:	Quality Improvement Organization
RAC:	Recovery Audit Contractor
SSA:	Social Security Administration
UPIC:	Unified Program Integrity Contractor
VTC:	Video-teleconference
ZPIC:	Zone Program Integrity Contractor

### **1.3.2 What citations are included in the OCPM?**

Where a controlling authority (for example, a statute, regulation, CMS Ruling, or CMS program guidance) is directly applicable, a citation to the authority is included as a footnote to the text.

### **1.3.3 How do I know if an OCPM provision applies in a given case?**

Provisions of the OCPM should be read to apply to all types of appeals that OMHA receives, *unless* the OCPM provision specifically provides otherwise. Many footnotes cite only to 42 C.F.R. parts 405 and 423 because only these parts contain directly applicable provisions. However, several regulatory cross-references make provisions of

42 C.F.R. part 405, 422, or 423 applicable to other types of appeals OMHA receives. For example:

- [42 C.F.R. section 422.562\(d\)\(1\)](#) provides that, unless part 422, subpart M provides otherwise (and subject to the exceptions in section 422.562(d)(2)), the regulations in part 405 apply under part 422, subpart M to the extent they are appropriate;<sup>4</sup>
- [42 C.F.R. section 417.600\(b\)\(1\)](#) provides that the rights, procedures, and requirements relating to beneficiary appeals and grievances set forth in part 422, subpart M apply to Medicare contracts with Health Maintenance Organizations (HMOs) and Competitive Medical Plans (CMPs) under section 1876 of the Act;
- [42 C.F.R. section 417.832\(c\) and \(d\)](#) provide that the provisions of part 405 dealing with representation of parties, ALJ hearings, Council review, and judicial review are applicable to enrollee appeals of Health Care Prepayment Plan (HCPP) organization determinations, unless otherwise provided;<sup>5</sup>
- [42 C.F.R. section 423.562\(c\)](#) provides that, unless part 423, subpart M provides otherwise, the regulations in part 422, subpart M (and any interpretive rules or CMS rulings issued under those regulations) apply under part 423, subpart M to the extent they are appropriate;<sup>6</sup>
- [42 C.F.R. section 478.40\(c\)\(1\)](#) provides that, unless they are inconsistent with specific provisions of part 478, subpart B, (and subject to the exceptions in section 478.40(c)(2)), the regulations in part 405, subpart I apply to hearings and appeals under part 478, subpart B, and references to initial determinations made by a Medicare contractor and reconsiderations made by a QIC should be read to mean initial determinations and reconsidered determinations made by a QIO;<sup>7</sup> and
- After SSA issues a reconsideration regarding a Medicare beneficiary's Part B or Part D IRMAA, [20 C.F.R. sections 418.1350](#) and [418.2350](#) provide that Medicare beneficiaries may request a hearing before an OMHA ALJ consistent with the regulations at 42 C.F.R. part 405 (for Part B IRMAAs) or part 423 (for Part D IRMAAs).

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<sup>4</sup> See also [42 C.F.R. §§ 422.560\(a\)\(3\), 422.561, 422.600\(b\), 422.602\(b\), 422.608, 422.612, 422.616](#).

<sup>5</sup> See also [42 C.F.R. § 417.840](#).

<sup>6</sup> See also [42 C.F.R. §§ 423.560, 423.1980\(b\)\(3\), 423.2014\(e\)\(4\), 423.2102\(b\)\(2\), 423.2134, 423.2140\(b\)\(2\)\(ii\)](#).

<sup>7</sup> See also [42 C.F.R. § 478.44\(a\), 478.46\(a\), 478.48\(b\)](#).

### 1.3.4 How does the OCPM address terminology differences among the Medicare Parts?

There are differences in terminology for the various types of appeals OMHA receives. For ease of reading, the OCPM generally uses 42 C.F.R. part 405 terminology.

*Unless the OCPM specifically provides otherwise, references to the following terms should be read as follows:*

- References to **Part C, Medicare Advantage, or MAOs** should also be read as applying to Medicare cost plans (HMOs and CMPs), and HCPPs, and appeals resulting from organization determinations made by these entities;
- References to a **plan** should be read as applying to Part C (MA) plans and MAOs, Medicare cost plans (HMOs and CMPs), HCPPs, and Part D plan sponsors;
- References to **beneficiaries** should also be read as applying to Part C or Part D enrollees and, in certain eligibility cases, applicants for benefits;
- References to an **initial determination** should also be read as applying to Part C organization determinations, Part D coverage determinations and at-risk determinations, SSA determinations, and QIO initial denial determinations; and
- References to a **reconsideration** should also be read as applying to QIO reconsidered determinations and Part C reconsiderations conducted by an IRE.

*Caution:* References in the OCPM to reconsiderations should *not* be read as applying to reconsiderations conducted by an MAO.<sup>8</sup>

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<sup>8</sup> See 42 C.F.R. §§ 422.578–422.590.



## 1.4 Updating the OCPM

(Issued: 05-25-18, Effective: 05-25-18)

### 1.4.1 How is the OCPM updated?

At the end of each OCPM chapter, there is a table that details the revision history of that chapter, with the most recent revision at the top. Each time a change is made to the OCPM chapter, the table is updated with the following information:

- The date the change was made;
- A brief description of the change; and
- A list of the sections and subsections affected by the change.

Updates are announced internally to OMHA staff by email, and to the public on the [OMHA listserv](#) and in a quarterly notice published in the Federal Register.

### 1.4.2 How can we tell when a particular section was last updated?

Beneath the heading of each OCPM **section**, there is a line that indicates:

- The date the current version of the section was issued; and
- The date the current version of the section became effective.

<p><i>Example:</i> <b>1.4</b>      <b>Updating the OCPM</b> (Issued: 05-25-18, Effective: 05-25-18)</p>
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This information is listed at the section level only. To determine when a particular **subsection** was issued or became effective, consult the list of sections/subsections affected in the revision history table at the end of the chapter (*see* OCPM 1.4.1).

### 1.4.3 How do we view prior versions of an OCPM chapter?

The revision history table at the end of each OCPM chapter (*see* OCPM 1.4.1) contains an anchor link to the OCPM website where you can view all prior versions of the current chapter, if any.

**Revision history**

<b>Date</b>	<b>Description</b>	<b>Sections/subsections updated</b>
05/25/2018	Initial release	N/A

If the table above indicates there are prior versions of this chapter, click [here](#) to view them.