



Dec 13, 2019

Tips for Filing a Request for ALJ Hearing

- If you are requesting an Administrative Law Judge (ALJ) hearing related to a Medicare Part A, Part B or Part D claim, submit your request for hearing to the following address:

OMHA Central Operations
1001 Lakeside Ave., Suite 930
Cleveland, OH 44114-1158

- For all other Medicare claim or entitlement appeals (e.g. Part C, IRMAA), please review the instructions provided in your reconsideration decision to determine the appropriate filing location.
- If appropriate, please include one of the following mailstops when addressing your request for hearing submission:

Mail Stop	Instruction
Attn: Beneficiary Mail Stop	Only use if you are a beneficiary seeking an appeal or an appointed representative appealing on behalf of a beneficiary
Attn: Expedited Part D Appeal	Only use if you are submitting an expedited Medicare Part D claim appeal by mail
Attn: 1455-R Processing Mail Stop	Only use if you seek to withdraw hearing requests subject to CMS Ruling 1455-R
Attn: Withdrawal Mail Stop	Only use if you seek to withdraw a request for hearing you previously submitted
Attn: Escalation Mail Stop	Only use if you have a request for hearing that has been pending longer than 90 calendar days (or 180 days, if you escalated the case from a QIC to OMHA).

NOTE: For more information on escalating and CMS Ruling 1455-R, visit www.hhs.gov/omha.

- For claim appeals, please consider using form OMHA-100 when filing a new request for hearing.
- If you do not complete OMHA-100 when filing, ensure that your request for hearing includes all of the following information:
 - Beneficiary name, address and Medicare Number (Health Insurance Claim Number or Medicare Beneficiary Identifier)
 - Appellant name and address (if not the beneficiary)
 - Representative name and address (if applicable)
 - Medicare Appeal Number assigned to your reconsideration decision by the QIC
 - Reason you disagree with the determination being appealed
 - Dates of service at issue
- **Prominently list the Medicare Appeal Number on your request for hearing.** It is located in the upper right hand corner of the reconsideration decision you are appealing. If using form OMHA-100, the Medicare Appeal Number should be listed in the box titled "Reconsideration (Medicare Appeal or Case) Number."
- Please include the beneficiary's full Medicare Number (HICN or MBI) on the request for hearing.



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Tips for Filing a Request for ALJ Hearing— Continued

- Please ship your requests for hearing via a tracked mail service (e.g. UPS, FedEx). Tracked mail service will provide you with delivery confirmation as well as important delivery details.
- Do not submit duplicate requests for hearing. Appellants should submit only one request for hearing for each Medicare Appeal Number on appeal.
- Please do not attach evidence to your request for hearing. OMHA will obtain all evidence reviewed at reconsideration directly from the QIC. If you have new evidence to submit, please submit it directly to the adjudicator assigned to the appeal within 10 calendar days of receiving the notice of hearing. See 42 C.F.R. § 405.1018. If appropriate, include a statement of good cause for submitting the evidence for the first time at the OMHA level. See 42 C.F.R. § 405.1028.
- You must copy the other parties to your appeal when you submit your request for hearing. Parties to the appeal typically include the beneficiary and the provider/supplier who furnished the items or services.
- Please do not submit a courtesy copy of your request for hearing to the QIC that issued your reconsideration or the Medicare Appeals Contractor (MAC) who issued your redetermination. Neither the QIC nor the MAC requires a copy for purposes of 42 C.F.R. § 405.1014(b).
- If you file a request for hearing more than 60 calendar days from the date you received your reconsideration decision, please include an explanation in writing why the request is late.
- **If the reconsideration you are appealing concerns more than one Beneficiary:** Please input “MULTIPLE” under “Beneficiary or Enrollee Name” on the OMHA-100 form and provide a full list of each beneficiary’s information as a separate attachment using the Multiple Claim Attachment form OMHA-100A. Please do not submit a separate request for hearing for each beneficiary if addressed by the same reconsideration decision.
- **If you would like to two or more hearing requests to be grouped for a single hearing by the same ALJ:** Please prepare a separate request for hearing form for each Medicare Appeal Number in the group. Submit the requests for hearing to OMHA in the same package with a cover letter expressly stating that you want them to be grouped for a single hearing. OMHA will only consider grouping requests for hearing contained in the same shipment, involving the same provider/supplier and sharing the same issues.
- **If you want to aggregate claims to meet the amount in controversy threshold:** Please prepare a separate request for hearing form for each Medicare Appeal Number related to your aggregation request. Submit the requests for hearing to OMHA in the same package with a cover letter expressly stating that you want them to be aggregated. Please note that requests to aggregate claims are subject to the requirements set out at 42 C.F.R. § 405.1006(e) and (f).
- **If you already submitted a request for hearing and now have a hearing brief, a procedural motion, additional evidence or other documentation to associate with it:** Please do not submit supplemental documentation to Central Operations. Please submit directly to the adjudicator assigned to the appeal.
- **If you want to withdraw an unassigned ALJ hearing request:** If an adjudicator has not yet been assigned to your case, mail your written withdrawal request to Central Operations including the following “Attn: Withdrawal Request Mail Stop.” If assigned, submit your withdrawal request directly to the adjudicator.