national government SERVICES

A CMS Medicare Administrative Contractor

MEDICARE

Provider Enrollment Appeal Cover Sheet

Provider Name: _____ National Provider Identifier (NPI): _____

Address: _____ Email Address: _____

City: _____ State: _____ ZIP + 4: _____

Provider Transaction Access Number(s) (PTAN): _____ State of Enrollment: _____

This appeal submission is based on a(n): ☐ Revocation ☐ Enrollment Denial ☐ Effective Date

Choose all that apply from the following:

Be sure to indicate if you are submitting both a CAP and reconsideration request or either individually.

I am submitting a:

☐ **Corrective Action Plan (CAP)** – The CAP is an opportunity for the provider/supplier to correct the deficiencies (if possible) that resulted in the denial or revocation of billing privileges. *A CAP may only be submitted for denials under 42 Code of Federal Regulation (CFR), Section 424.530(a)(1) or revocation of billing privileges under 42 CFR, Section 424.535(a)(1).*

When submitting a CAP, it must:

1. Contain verifiable evidence that the provider/supplier is in compliance with Medicare requirements;
2. Be submitted within 35 days from the date of the denial or revocation notice;
3. Be submitted in the form of a letter that is signed and dated by the individual provider/supplier, the authorized or delegated official, or a legal representative.
4. If a legal representative is an attorney, the CAP must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the CAP must contain written notice of the appointment of the nonattorney as legal representative signed by the provider, supplier or authorized/delegated official.

A decision will be issued within 60 days of receipt of the CAP.

The time to submit a reconsideration request runs concurrently with the time to submit a CAP. For example, if a CAP is submitted 20 days after the initial determination, there are 40 days remaining to submit a reconsideration request. These 40 days continue to elapse while the CAP is under consideration. Please note that failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review.

☐ **Reconsideration Request** – A reconsideration request is an opportunity for a provider/supplier to furnish evidence that demonstrates that there was an error made at the time of the initial determination affecting participation in the Medicare Program.

When submitting a reconsideration request, it must:

1. State the issues, or the findings of fact with which you disagree, and the reasons for disagreement.
2. Be submitted within 65 days from the date of the initial determination;
3. Be submitted in the form of a letter that is signed and dated by the individual provider/supplier, the authorized or delegated official or a legal representative.
4. If a legal representative is an attorney, the reconsideration request must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the reconsideration request must contain written notice of the appointment of the nonattorney as legal representative signed by the provider, supplier or authorized/delegated official.

A decision will be issued within 90 days of receipt of the reconsideration request

Provider Signature: _____ Date: _____

Note: The request may only be signed by provider/supplier, authorized/delegated official or legal representative. A contact person does not qualify as a "legal representative" for purposes of signing the request. An invalid signature will result in the closure of the request.

Print Name: _____ Role: _____

Please mail, email this form, the CAP or reconsideration request letter (signed and dated by the valid submitter), the initial determination letter and all supporting documentation applicable to the appeal to the following address:

J6 Part B	JK Part B	Overnight
NGS Medicare P.O. Box 6475 Indianapolis, IN 46206-6475	NGS Medicare P.O. Box 7149 Indianapolis, IN 46206-7149	NGS Medicare 220 Virginia Ave Indianapolis, IN 46204

J6/JK Part B Email Address: NGS-PE-Appeals@anthem.com