

Quick Start Filing Instructions #1

Filing a Medical Record Appeal (also known as a Medical Record Review Reconsideration Determination Appeal)

These abbreviated instructions address filing a Level II (Hearing Officer) appeal request within the Office of Hearings Case and Document Management System (“OH CDMS”) and assume that the MA Organization Contact and Representative Contact (optional) have already registered for access to OH CDMS. For more complete instructions on filing a Level II Medical Record Appeal (“MRA”) to appeal a Level I Reconsideration Determination, please refer to the OH CDMS MA RADV External User Manual. For registration instructions, please refer to the OH CDMS External Registration Manual.

1. After logging in and launching OH CDMS, select the **MA RADV** tile.
2. Select the **Create New Appeal** button. The **General Information** page for the new appeal is displayed.
3. On the **General Information** page, complete the following information:
 - Enter Contract Number (required).
 - Select Contract Year (required).
Note: Contract Year is also known as “Payment Year.”
 - Confirm MA Organization (pre-populated).
 - Select Authorized MA Organization Contact (required).
 - Enter Representative Organization (optional).
 - Select Representative Contact (optional, unless Representative Organization is selected).
4. Select the **Save and Continue** button. The **Medical Record Appeal** page is displayed.
5. On the **Medical Record Appeal** page, you must “Confirm that you are submitting your Medical Record (Medical Record Review Determination) Appeal.” Select “Yes.”
 - Upload: Written Reconsideration Decision (required).
 - Upload: Cover Letter (optional).
 - Scroll Down to the prepopulated **List of ARN(s)** [Appeal Reference Numbers].
 - Select each ARN you wish to appeal, enter a “Justification” and select the **Save** button.
 - After selecting all applicable ARNs, select the **Save and Continue** button.

TIP: As you are completing your Medical Record Appeal, you may save your work by selecting Save, then return to complete at a later date/time. If you save your work, upon return, you will find your draft appeal within the list of “Draft Appeals” at the bottom of the page.
6. The **Payment Error Calculation** page is displayed. If you are submitting a Medical Record Appeal, the response to the statement “Confirm that you are submitting only your Payment Error Calculation Appeal” will auto-populate as “No.” Select the **Save and Continue** button.
7. The **Review and Submit** page is displayed. Review the “General Information” and “MRA” sections for accuracy. If all information is correct, check the box to accept the following statement “I confirm that I have reviewed the materials entered on behalf of the MA Organization in this appeal and the appeal is complete and ready for submission.” Select the **Certify and Submit** button. The case may be edited until **Certify and Submit** is selected.
8. Upon submitting your request, OH CDMS sends an email confirmation of receipt for the new appeal that includes the docket number assigned to the appeal. Your appeal has now been filed with the Office of Hearings.

If you have any system questions, please contact the OH CDMS Help Desk at 1-833-783-8255 or Helpdesk_OHCDMS@cms.hhs.gov.