

Quick Start Filing Instructions #2

Filing a Payment Error Calculation (or “PEC”) Appeal of an Original RADV Audit Report

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. An MA organization must file a single PEC appeal request per audit report. For more complete instructions on filing a PEC appeal, please refer to the OH CDMS MA RADV External User Manual. **For instructions regarding how to file a PEC appeal from a Revised RADV Audit Report or Reissued Original Audit Report, please refer to the Quick Start Filing Instructions #3 that addresses such appeals.** 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 select the answer “No” to the question “Confirm that you are submitting your Medical Record (Medical Record Review Determination) Appeal.” A pop-up box “Confirm No MRA” appears. Type “Yes” in the text box to confirm that you are waiving your Medical Record Appeal and select the **Proceed** button.
6. Select **Save and Continue** button. The **Payment Error Calculation** page is displayed.
7. On the **Payment Error Calculation** page, select the answer “Yes” to the question “Confirm that you are submitting only your Payment Error Calculation Appeal.” Once selected, the “Attach payment error calculation supporting documents” instruction appears along with an upload button. For each document you plan to submit, you must do the following:
 - Select the **Upload** button.
 - Select the type of document for upload from the drop-down list (Written Reconsideration Decision (required); MA Organization Payment Error Calculation (required); or Cover Letter (optional)).
 - Select the **Choose File** button to select the document from your computer’s files.
 - Select the **Save** button.
 - Repeat for each document that you choose to submit.
8. Once you have uploaded all documents, select the **Save and Continue** button. The **Review and Submit** page is displayed.
9. Review the 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.
10. Upon submitting your request, OH CDMS will send 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.