

CMS Ruling 1455-R

Hospital Request to Withdraw Request for Administrative Law Judge (ALJ) Hearing

INSTRUCTIONS

Under Case Information, please provide the Appellant name, Representative name (if applicable), Beneficiary's last name for your appeal, and the ALJ appeal number for your case. If you don't know the ALJ appeal number, please provide the Medicare Appeal Number assigned by the QIC for the reconsideration that you appealed, and the approximate date you submitted your request for ALJ hearing. This information will help us process your request and minimize delays.

The Withdrawal Acknowledgement must be read and signed by the Appellant (or an employee of the Appellant), or the authorized or appointed representative of record (or an employee of the representative). Representatives must also sign the Representative Acknowledgement.

If your case:

Was remanded to a QIC and you received notice from the QIC that your appeal was sent back to the ALJ for a hearing on your Part A claim, or

Has been assigned to an ALJ for hearing:

Please send your completed request to the assigned ALJ at the appropriate OMHA Field Office, at the address provided below. If you need assistance identifying the correct Field Office, please call any office for assistance.

OMHA Mid-Atlantic Field Office
1700 N. Moore St., Suite 1600
Arlington, VA 22209-1912
Phone: 866-231-3087

OMHA Midwestern Field Office
200 Public Square, Suite 1300
Cleveland, OH 44114-2316
Phone: 866-236-5089

OMHA Southern Field Office
100 SE 2nd Street, Suite 1660
Miami, FL 33131-2100
Phone: 866-622-0382

OMHA Western Field Office
27 Technology Drive, Suite 100
Irvine, CA 92618-2364
Phone: 866-495-7414

If you have multiple withdrawals to send to the **same ALJ**, you may send them together in one envelope, but there must be a separate withdrawal for each ALJ Appeal Number. Please **do not send multiple withdrawals for multiple ALJs in the same envelope**—this will delay your withdrawals

If your case:

Was remanded to a QIC and you have not received notice from the QIC that your appeal was sent back to the ALJ for a hearing on your Part A claim, or

Has not been assigned to an ALJ for hearing: (or you are uncertain of the assigned ALJ)

Please send your completed request to OMHA's Central Operations Division, CMS Ruling Processing Unit, at the following address:

CMS Ruling Processing Unit
OMHA Central Operations Division
200 Public Square, Suite 1260
Cleveland, OH 44114-2316

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Hospital Request to Withdraw Request for Administrative Law Judge (ALJ) Hearing

This form should only be used by a hospital that is withdrawing its request for hearing.

If you are a Medicare beneficiary, please use HHS form 730, available at:

<http://www.hhs.gov/forms/HHS730.pdf>

Case Information

Appellant Name

ALJ Appeal Number

Representative (if applicable) Name

QIC Medicare Appeal Number (if ALJ is unknown)

Beneficiary Last Name

Date Request for ALJ
Hearing was submitted
(if ALJ is unknown) DD/MM/YYYY

Withdrawal Acknowledgement

I wish to withdraw my request for an Administrative Law Judge hearing on my denied Part A inpatient services claim, which may allow me to submit a Part B claim to the Medicare Administrative Contractor, pursuant to CMS Ruling 1455-R. I do not intend to proceed with the appeal on my denied Part A claim. I understand that by withdrawing my request for an Administrative Law Judge hearing on my denied Part A claim, my appeal will be dismissed by the Administrative Law Judge if no other party to the Medicare Qualified Independent Contractor's (QIC) reconsideration determination has filed a valid request for an Administrative Law Judge hearing. I understand that the Administrative Law Judge will not honor my request if the Notice of Decision has already been issued. If my request for an Administrative Law Judge hearing is dismissed based on my withdrawal, I understand that any Medicare Part B claim(s) must be submitted in accordance with CMS Ruling 1455-R (while such Ruling is in effect).

Appellant (or Representative) Signature

Date

Appellant (or Representative) Name (printed)

Representative Acknowledgement (if applicable)

I am legally authorized to represent the appellant. I have fulfilled my duty to advise the appellant of the consequences of the withdrawal of the request for an Administrative Law Judge hearing and subsequent dismissal.

Appellant (or Representative) Signature

Date
