

Form - Request for Reconsideration - Supporting Information

INSTRUCTIONS

This form consists of a cover sheet with a number of schedules. **If it is not filed with all the required schedules within 10 days of filing the *Notice of Request for Reconsideration*, the Request for Reconsideration will be dismissed, the cost report findings will immediately become final and no further appeals will be available.** (V.D.R.S.R. §15.3(d))

Cover sheet (Form 92-8.3F): All parts of the cover sheet must be completed, except for the spaces reserved for the Division. The provider must indicate if it requests a hearing and whether it wants sworn testimony from relevant members of the Division's staff. Regardless of whether or not a hearing is requested, the provider must complete the *Statement of Claim*. If no hearing is requested, the provider must also complete the *Exhibit List* and the *Adjustment Sheet*

Statement of Claim (Form 92-8.4F): The provider must complete one copy of the *Statement of Claim* for each issue listed on the form *Notice of Request for Reconsideration*. The provider must include a clear statement of the alleged error and an explanation of the remedy requested, showing how the error should be corrected. The provider must include a detailed description of the facts and law supporting its position, including cites to the relevant statutes, rules, regulations, or other authorities, such as the Provider Reimbursement Manual (HCFA Publication 15, also known as HIM-15) or GAAP.

Exhibit List (Form 92-8.5F): The provider should list on this form the documents or other materials that it is submitting in support of its position. The materials should be labeled with exhibit numbers and listed according to the issue to which they are related. This form need not be filed if a hearing has been requested. However, providers should be prepared to bring to the hearing the material which would otherwise have been submitted with this form.

Adjustment Sheet (Form 92-8.6F): On this form, the providers should include the disputed adjustment as shown on the Division's findings and then show the provider's proposed changes to the findings. For instance, if the Division has made a \$10,000 disallowance (negative adjustment) and the provider claims that no disallowance was appropriate, the provider should enter zero in the column "Provider's Proposed Revision".

Form - *Request for Reconsideration - Supporting Information* (cont.)

The provider should include all work papers necessary to support the proposed calculations. This form need not be filed if a hearing has been requested. However, providers should be prepared to bring to the hearing the material which would otherwise have been submitted with this form.

Effective: May 20, 1992

s/Jeanne Van Vlandren
Jeanne Van Vlandren
Director

Agency of Human Services
 Division of Rate Setting
 103 South Main Street
 Waterbury, Vermont 05671-2201

Request for Reconsideration - Supporting Information

IMPORTANT: This form with the supporting information required by V.D.R.S.R. §15.3(d) must be filed (received) at the Division of Rate Setting within 10 days of the filing of the *Notice of Request for Reconsideration* form.

The form *must* have the following schedules:

STATEMENT OF CLAIM: a clear statement of the alleged errors and of the remedy requested with a detailed description of the facts and law supporting the claim (V.D.R.S.R., HCFA-15, etc.); one schedule must be filed for each error claimed on the *Notice of Request for Reconsideration*.

If a hearing is *not* requested, you must also file the following schedules:

EXHIBIT LIST: evidence to support the provider's claims.

ADJUSTMENT SHEET: a proposed revision of the Division's calculations with supporting work papers.

Cost Report of _____ for the Year Ending _____	Pursuant to V.D.R.S.R. §15.3(d), I hereby file the following supporting information for the Request for Reconsideration, dated _____.
Do you request a hearing? <input type="checkbox"/> Yes. If yes, do you want staff from the Division to testify. <input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> No. (If you check this box, you must file an <i>Exhibit List</i> and an <i>Adjustment Sheet</i>)	I have attached the following schedules: <input type="checkbox"/> STATEMENT OF CLAIM: number of forms filed _____. <input type="checkbox"/> EXHIBIT LIST <input type="checkbox"/> ADJUSTMENT SHEET
I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me. Signature: _____ Date: _____	Name and Address of Representative: Telephone No.: _____

If a hearing is requested, the Division of Rate Setting will contact the provider's representative to arrange a mutually convenient time.

For Division of Rate Setting use only. Form filed on: (date stamp)	If hearing requested, representative contacted on _____ by _____. Hearing scheduled for: Date _____ Time _____ Place _____ Presiding: <input type="checkbox"/> Director <input type="checkbox"/> Designee _____ cc: Provider's Representative on _____.
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Statement of Claim

(Request for Reconsideration - Supporting Information)

Important: One form *must* be filed for each disputed adjustment.

Adjustment No.	Cost Report of _____ for the Year Ending _____
Statement of Alleged Error	
Statement of Remedy Requested	
Detailed Description of the Facts and Law Supporting the Claim of Error	

You may use additional sheets, if necessary. Are additional sheets attached? No. Yes. If yes, how many? _____

