

CMS-1696 Form Changes Crosswalk

Change #	Form	Change	Current Location	Reason
1	1696	Change form expiration date to 2023.	Page 1, top right hand corner	Update for new collection.
2	1696	In Section 1: First sentence following instruction, change from: "I appoint the individual, _____, to act as my representative in connection with my claim...", remove the blank line and requirement to enter a name and alter language to now read: "I appoint the individual named in Section 2 to act as my representative in connection with my claim..."	Section 1, first page	For clarity and ease of use, remove the requirement to add the name of the individual appointed here. This name is already given in Section 2, so a reference here to where the name can be found on the page is sufficient.
3	1696	Section 1: Last line of section, shorten the space to fill in an email address and add a space to fill in a fax number. Make both enclosed fill boxes, rather than lines.	Section 1, first page	To provide space for a fax number, typically a more secure method than email, to transmit sensitive information related to appeals.
4	1696	Section 2, first sentence following instruction, change the line following "I" in: "I, _____, hereby accept the above appointment." from a line to a defined fill box .	Section 2, first page	To make the fill space more visually noticeable.
5	1696	Section 2: Last line of section, shorten the space to fill in an email address and add a space to fill in a fax number. Make both enclosed fill boxes, rather than lines.	Section 2, first page	To provide space for a fax number, typically a more secure method than email, to transmit sensitive information related to appeals.
6	1696	Add the header "Instructions and Regulation Requirements" at top of page.	Page 2 - top of page	Insert a heading to describe the information contained in new first paragraph on page 2 for clarity.

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7	1696	Add instructions under header "Instructions and Regulation Requirements" on how to complete the first 2 fill boxes on page 1 at top of form, and clarify that all fill boxes in sections 1 & 2 are required to be completed unless indicated that information is optional.	Page 2 - top of page	To clarify what is required information and what is optional.
8	1696	Update information under header "Charging of Fees for Representing Beneficiaries before the Secretary of HHS": Change first sentence in second paragraph in section to read: <i>The form, OMHA-118, "Petition to Obtain Approval of a Fee for Representing a Beneficiary" elicits the information required for a fee petition.</i>	Page 2 - near top of page	Update information with new form, OMHA-118, used to file for approval of charging a fee in Medicare appeals.
9	1696	Update information under header "Charging of Fees for Representing Beneficiaries before the Secretary of HHS": Remove last sentence (no longer applicable with new form), and replace with URL for form OMHA-118.	Page 2 - near top of page	Remove outdated form instruction, and replace with URL of new form.
10	1696	Under header "Where to Send This Form" revise last sentence so that 1-800-MEDICARE TTY phone number is following the regular phone number for clarity.	Page 2 - near bottom of page	Revise placement of telephone numbers for 1-800-MEDICARE
11	1696	Page 2, bottom of page, update the accessibility language per the Office of Hearings and Inquiries/CARS. UPDATED LANGUAGE (changes in red font): You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice , or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.	Page 2, bottom of page.	Updated accessibility and discrimination statement required per OHI/CARS.