

CMS Response to Public Comments Received for Appointment of
Representative (AOR) Form CMS-1696

The Centers for Medicare and Medicaid Services (CMS) received two comments related to CMS-1696 from two healthcare organizations. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comments from a healthcare organization suggesting additional changes to the form CMS-1696. The suggested changes were to rename the form field designations “name of party” and “address” to specify “enrollee”, include additional instructions on how to complete the form, include more space in the areas where members and representatives need to enter information, and to indicate an expiration date of the appointment on the form.

Response:

CMS appreciates the suggestions from this commenter. The appointment of representative form is used across all Medicare programs. We have used terms on the appointment form that would broadly apply since specific terminology varies from program to program. While enrollee would be an appropriate term for certain programs, it would not be appropriate for others. In addition, the appointment of representative form is used by providers and suppliers to appoint an individual as a representative to assist in an appeal. Accordingly, we believe substituting enrollee for the name of party appointing a representative would be too narrowly focused for use on the form. Thus, CMS respectfully declines to accept the suggestion to change the form field designations. We have added instructions for completing the form on page 2, and we believe the information provided will enable parties to complete the form accurately.

With respect to the suggestion to include more space to enter certain additional information, CMS believes there is sufficient space on the form to include all necessary and optional information to complete the form. We note that the form itself is not required to appoint a representative. A written instrument containing all required elements may be used if desired.

Finally, unless revoked, an appointment is considered valid for 1 year from the date that the AOR form, or other conforming written instrument, contains the signatures of both the party and the appointed representative. Further, once the appointment is submitted with an appeal, the representation is valid for the duration of an individual's appeal, which can last well past the 1 year timeframe. Since the appointment expiration is fluid and can be dependent on several factors, we aren't able to include the lengthy explanation in the instructions due to space limitations.

Page 2 of the form contains a link to the regulation citation 42 CFR 405.910, which supplies detailed information on appointing a representative, including the duration of the appointment. Additionally, plans may find detailed information in §20 of CMS Guidance:

<https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf>

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment from a healthcare organization that recommended CMS update the instructions concerning when a person or entity appointing a representative should fill in, “not applicable” with respect to not supplying a Medicare Beneficiary Number (MBI) or National Provider Identifier (NPI) on the form.

Response:

CMS thanks the commenter for the suggestion but disagrees with the commenter that the current instruction for this field needs additional information.