

## Hospital Quality Reporting Program Validation Review for Reconsideration Request

If the Centers for Medicare & Medicaid Services (CMS) determines that a hospital did not meet the Hospital Quality Program requirement(s) due to a confidence interval validation score less than 75%, hospitals must:

- After completing this form please read the weblinks below for additional submission instructions:

For Inpatient Reconsideration Requirements: <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1184627418989>

For Outpatient Reconsideration Requirements: <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228694343534>

**CMS Certification Number (CCN):** \_\_\_\_\_ **Hospital Name:** \_\_\_\_\_ **State** \_\_\_\_\_

Hospital Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

<b>Patient ID</b> (Displayed on Case Detail report)	<b>Abstraction Control #</b> (Displayed on Case Detail report)	<b>Encounter / Discharge Date</b> (Displayed on Case Detail report)	<b>Measure Set</b> (Displayed on Case Detail report)	<b>Element Name</b> (Displayed on Case Detail report)	<b>Rationale</b> (Please provide written justification in the space below for each appealed data element classified as a mismatch. Mismatched data elements that affect a hospital's validation score would be subject to reconsiderations. Supplemental information that was not located in the original medical record sent to the CMS Clinical Data Abstraction Center (CDAC) cannot be accepted.)