

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%2FPPage%2FQnetTier3&cid=1184627418989>

For Outpatient Reconsideration Requirements:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier4&cid=1228694343534>

CMS Certification Number (CCN): _____ **Hospital Name:** _____ **State** _____

Hospital Contact Name: _____ **Telephone:** _____

<u>Patient ID</u> (Displayed on Case Detail report)	<u>Abstraction Control #</u> (Displayed on Case Detail report)	<u>Encounter / Discharge Date</u> (Displayed on Case Detail report)	<u>Measure Set</u> (Displayed on Case Detail report)	<u>Element Name</u> (Displayed on Case Detail report)	<u>Rationale</u> (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.)

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