



CMS Hospital IQR Program Validation Review for Reconsideration Request

If the Centers for Medicare & Medicaid Services (CMS) determines that a hospital did not meet any of the Hospital Inpatient Quality Reporting (IQR) Program requirements due to a confidence interval validation score of less than 75 percent and the hospital would like to request a reconsideration, the hospital must complete and mail this form, along with a paper copy of the entire medical record (as previously sent to the Clinical Data Abstraction Center [CDAC] Contractor) for the appealed element(s). This form and the entire medical record **must be received** by the Validation Support Contractor, **within 30 days** following the date of receipt of the Hospital IQR Program Annual Payment Update (APU) Notification Letter, at:

Telligen
 Attn: Validation Support Contractor
 1776 West Lakes Parkway
 West Des Moines, IA 50266

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

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

<u>Patient ID*</u>	<u>Abstraction Control #*</u>	<u>Encounter/Discharge Date*</u>	<u>Measure Set*</u>	<u>Element Name*</u>	Rationale: 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.

***These elements are displayed on the Case Detail Report.**

PRA Disclosure Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1022**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1650. Expiration Date: xx-xx-xxxx