



## 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 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, via the *QualityNet Secure Portal*, Secure File Transfer “Validation Contractor” group or via mail to:

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>	<u>NHSN Event ID Number for HAI Measures</u>	<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.

**\*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 (Expires xx-xx-xxxx)**. 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 estimate(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 21244-1850.

**\*\*\*\*CMS Disclosure\*\*\*\*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Validation Support Contractor at [validation@hcqis.org](mailto:validation@hcqis.org).