

## CMS Hospital OQR 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 Outpatient Quality Reporting (OQR) 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 send 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 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>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.

**\*Please Note: 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 **0938-1109** (Expiration date: 10/31/2020). 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, Maryland 21244-1850. \*\*\*\*\*CMS Disclaimer\*\*\*\*\*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 Outpatient Quality Reporting Program Support at 866.800.8756.