CMS Hospital-Acquired Condition (HAC) Reduction Program Validation Review for Reconsideration Request

If the Centers for Medicare & Medicaid Services (CMS) determines that a hospital **did not meet** the Hospital-Acquired Condition (HAC) Reduction Program data validation requirement 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 submit this form. Hospitals are **not** required to resubmit a copy of a medical record that was previously sent to the Clinical Data Abstraction Center (CDAC) Contractor. Note: CMS limits the scope of data validation reconsideration reviews to information already submitted by the hospital during the initial validation process, and we will not abstract medical records that were not submitted to the CMS contractor during the initial validation process. We will expand the scope of our review only if we find during the review that the hospital correctly and timely submitted the requested medical records.

This form and medical record(s) (if applicable) **must be received** by the Validation Support Contractor, **by the deadline** identified on the HAC Reduction Program Validation Notification Letter. Hospitals must send the form/medical record(s) to the "Validation Support Contractor" group via the CMS Managed File Transfer (MFT) application: https://qnetmft.cms.gov/. This form cannot be sent via regular email. Contact validation@telligen.com for questions/assistance.

Following the receipt of the request form/medical records, an email acknowledgement will be sent confirming the form has been received. Once a determination has been made, CMS will provide the formal decision regarding the reconsideration request.

Fields marked with (*) indicates required field

***Facility Information:**

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

***Designated Personnel Contact Information:**

*Name and Title: _____

*Email Address: _____

*Telephone Number: _____ Ext. _____

*Mailing Address *(must include physical address; P.O. Box addresses are not valid):*

_____

*City: _____

*State: ____*ZIP Code: _____

*Validation Review for Reconsideration Request Form:

Fields marked with (†) can be found on the Case Detail Report.
If you need to request reconsideration for more elements, or if additional space is needed to describe the rationale, you may attach another document to accompany this form.

Patient ID*†	Abstraction Control #*†	Quarter*†	Discharge Date*†	Data Element Name*†	NHSN Event ID	**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 reconsideration. Supplemental information that was not located in the original medical record sent to the CDAC cannot be accepted. If the rationale field is blank, the form will not be accepted.

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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 **0938-1352 (Expires 11/30/2025).** 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@telligen.com.**