

Date

Address:

Case Number:

Dear requester:

This letter is to inform you that there is insufficient documentation for the Program to make a determination concerning your eligibility for CICIP benefits in the Request for Benefits Package (Request Package) that you filed, on behalf of [Injured Countermeasure Recipient's Representative] regarding [Injured Countermeasure Recipient's name], with the U.S. Department of Health and Human Services' (HHS) Countermeasures Injury Compensation Program (CICIP or the Program). *See* 42 C.F.R. §110.71. You must submit the necessary documentation, identified below, to the CICIP **within 60 calendar days** from the date of this letter. If insufficient documentation is submitted in response to this letter, the CICIP may disapprove the Request for Benefits. 42 C.F.R. § 110.71.

Background

Upon receipt of your Request Package and the medical records indicated on the submitted Authorization for Use or Disclosure of Health Information form(s), CICIP conducted an initial review of the medical documentation submitted and identified that medical records concerning the Request Package had been submitted. You were sent a letter notifying you that your Request Package had been received and if you had any additional documentation to submit for consideration, you should do so, otherwise your Request Package would proceed to the next phase of the medical eligibility review process with the documentation that had been received. You did not submit any additional documentation. While conducting a more thorough evaluation of the medical history associated with your claim, the reviewer identified that there were significant gaps in the medical records, as more fully discussed below. Therefore, CICIP is now notifying you that there is insufficient documentation to make an eligibility determination and giving you an opportunity to provide the necessary additional documentation.

Documentation Received

The CICIP has received the following documents pertaining to your claim for CICIP benefits:

Medical Records Received

Date To - From

Documentation Required But Not Yet Received

COMMENTS: [ADD CASE SPECIFIC INFORMATION CONCERNING THE MISSING RECORDS]

The CICP prefers that medical records are sent directly to the program by your health care provider(s). The indicated required documentation should be sent directly to the CICP online at injurycompensation.hrsa.gov (preferred). If unable to submit electronically, please send them to the following address:

Health Resources and Services Administration
Countermeasures Injury Compensation Program
5600 Fishers Lane, ~~148W-1825A~~
Rockville, MD 20857

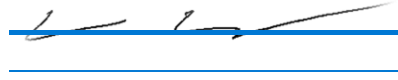
If you are unable to provide the required additional documentation, you may provide a written explanation of the reason(s) that the requested documentation is unavailable and the efforts you have made to obtain the documentation. 42 C.F.R. §§ 110.50(c); 110.71. The CICP may accept such a statement in place of the required documentation or disapprove the Request for Benefits due to insufficient documentation.

If you have questions, please call 1-855-266-2427, email CICP@HRSA.gov, or mail them to the address above.

Very Respectfully,

Director,
Division of Injury Compensation Programs

SincerelyVery Respectfully,



CAPT George Reed Grimes, M.D., MPH
Director, Division of Injury Compensation
Programs

PUBLIC BURDEN STATEMENT ~~The purpose of this data collection is to gather information to allow the Secretary of Health and Human Services to determine if requesters are eligible for Countermeasure Injury Compensation Program (CICP) benefits. Requesters (or their representatives) must submit appropriate documentation forms and relevant medical records as specified in Section 42 CFR 110.50-110.53 to the CICP. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0334 and it is valid until 4/30/2026. This information collection is required to obtain or retain a benefit (42 CFR Part 110). Access to these records is strictly limited to authorized users who are aware of their responsibilities under the Privacy Act and who are required to maintain Privacy Act safeguards with respect to such records. The System of Records Notice for Injury Compensation Programs, HHS/HRSA/HSB, System No. 09-15-0056, identifies authorized users. Public reporting burden for this collection of information is estimated to average 5.1 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please do not send documents related to an individual claim to paperwork@hrsa.gov.~~

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