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-NEW (Expires XX/XX/XXXX)**. This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **0.25 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 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 Heidi Magladry at Heidi.Magladry@cms.hhs.gov.**

ATTENTION!

Never include protected health information (PHI) and personal identifiable information (PII) in documentation submitted to CMS for review. CMS will NOT review ECE requests containing sensitive information or any documentation that violates HIPAA laws.

Reconsideration Request
Collection of Information

This document is a vital resource for your facility, providing essential information for requests regarding an Initial Determination of Non-Compliance. Please complete this document and submit the Reconsideration Request form to the email address for your Program Type (see Section 5), along with any supporting documentation within thirty (30) days from the date at the top of the non-compliance notification letter. The Centers for Medicare & Medicaid Services (CMS) does not accept requests submitted after the thirty (30) day submission deadline. If more time is needed beyond this period, the user must submit a new Request for an Extension to Request a Reconsideration with supporting documentation.

1. Facility Identification	
CMS Certification Number (CCN)	**[Six-digit number]:** Click or tap here to enter text.
Facility Name (Full legal name of the facility)	**[Text field]:** Click or tap here to enter text.
Facility Address (Street, City, State, ZIP Code)	**[Text field]:** Click or tap here to enter text.
Facility Type:	Choose an item.
Request Type: [Check only one] ☐ Reconsideration Request	
☐ Request for an Extension for a Reconsideration	
2. Contact Information	
CEO Name and/or any designated facility personnel	**[Text field]:** Click or tap here to enter text.
Phone Number	**[Text field]:** Click or tap here to enter text.
Email Address	**[Text field]:** Click or tap here to enter text.

ATTENTION!

Never include protected health information (PHI) and personal identifiable information (PII) in documentation submitted to CMS for review. CMS will NOT review ECE requests containing sensitive information or any documentation that violates HIPAA laws.

3. CMS Identified Reason(s) for Non-Compliance from the Non-Compliance Notification Letter

Choose all that apply.

☐ Assessment-based data
☐ CDC National Healthcare Safety Network (NHSN)
☐ CAHPS Survey
☐ Data Validation Records
[Text field]: Click or tap here to enter text.

ATTENTION!

Never include protected health information (PHI) and personal identifiable information (PII) in documentation submitted to CMS for review. CMS will NOT review ECE requests containing sensitive information or any documentation that violates HIPAA laws.

4. Supporting Documentation or Evidence Demonstrating Extraordinary Circumstances

This section ensures that CMS has sufficient detail to evaluate the validity of the Reconsideration request. Please provide the following information:

- *Description of the event (examples provided above) associated with the reason for requesting the exception and extension Information supporting the SNF's belief that either non-compliance is in error, OR evidence of the impact of extraordinary circumstances which prevented timely submission of data.*
- ***NOTE: CMS will be unable to review requests that fail to provide the necessary documentation nor accept any files that are larger than 20 MB (megabytes).***

Supporting documentation may include any or all of the following:

- *Proof of submission*
- *Email communications*
- *Data submission reports from the iQIES*
- *Data submission reports from the National Healthcare Safety Network (NHSN)*
- *Proof of previous waiver approvals (including disaster exceptions/exemptions)*
- *Notification of the CCN activation letter to prove that the CCN was not activated by the end of the reporting quarter*
- *Other documentation supporting the rationale for seeking reconsideration.*

[Text field]:

Click or tap here to enter text.

ATTENTION!
Never include protected health information (PHI) and personal identifiable information (PII) in documentation submitted to CMS for review. CMS will NOT review ECE requests containing sensitive information or any documentation that violates HIPAA laws.

5. Acknowledgement
The acknowledgments include certifying the accuracy and completeness of the provided information, confirming efforts to comply with CMS requirements despite exceptional circumstances, understanding that CMS will review the request but approval is not guaranteed, acknowledging reporting obligations if the request is denied, authorizing a designated contact person to manage related matters, providing a signature along with the representative's title and signing date, and recognizing CMS's right to audit and deny requests if inaccuracies are found.
Digital or Physical Signature **or the Name of the authorized representative:** [Text field]: Click or tap here to enter text.
Title or position: [Text field]: Click or tap here to enter text.
Date of signing: [Date]: Click or tap to enter a date.

Please return this form and send it, along with any supporting attachments, to

Program	**Email address**
HH QRP	HHAPUReconsiderations@cms.hhs.gov
Hospice QRP	HospiceQRPReconsiderations@cms.hhs.gov
IRF QRP	IRFQRPReconsiderations@cms.hhs.gov
LTCH QRP	LTCHQRPReconsiderations@cms.hhs.gov
SNF QRP	SNFQRPReconsiderations@cms.hhs.gov

ATTENTION!

Never include protected health information (PHI) and personal identifiable information (PII) in documentation submitted to CMS for review. CMS will NOT review ECE requests containing sensitive information or any documentation that violates HIPAA laws.

CMS Next Steps
• Upon receiving Reconsideration Request, the Centers for Medicare & Medicaid Services (CMS) will follow a structured process that includes acknowledging receipt by email within five (5) business days upon receipt of the reconsideration request. If you do not receive a follow-up acknowledgment of receipt within five (5) business days, please check to ensure that the overall size of the reconsideration request does not exceed the 20 MB limit and resubmit your request prior to the deadline. CMS will then conduct a preliminary review by assigning a dedicated reviewer, and performing a detailed evaluation to validate the resolution efforts, including cross-checking previous submissions.
• CMS will make a definitive decision (approval, denial, or partial approval) and communicate the decision effectively in writing back to the facility or provider.
• CMS will document and maintain records, execute post-decision actions, and implement audit and monitoring procedures.