

Hospital Quality Reporting Program Validation Review for Reconsideration Request

If the Centers for Medicare & Medicaid Services (CMS) determines that a hospital did not meet the Hospital Quality Program requirement(s) due to a confidence interval validation score less than 75%, hospitals must:

- After completing this form please read the weblinks below for additional submission instructions:

For Inpatient Reconsideration Requirements:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1184627418989>

For Outpatient Reconsideration Requirements:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228694343534>

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

Hospital Contact Name: _____ **Telephone:** _____

<u>Patient ID</u> (Displayed on Case Detail report)	<u>Abstraction Control #</u> (Displayed on Case Detail report)	<u>Encounter / Discharge Date</u> (Displayed on Case Detail report)	<u>Measure Set</u> (Displayed on Case Detail report)	<u>Element Name</u> (Displayed on Case Detail report)	<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.)

This material was prepared by Telligen, Hospital Inpatient Quality Reporting Program National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. 10SoW-IA-HIQR-06/12-183