**INSTRUCTIONS:**

**This is a SAMPLE request for Independent Informal Dispute Resolution (IIDR). You must tailor this request to your center.**

**Steps:**

1. Fill in all items in RED specific to the center and then change to black type.
2. Print letter on center letterhead and sign.
3. Print the CMS Form 2567.
4. Print confirmations of data submission and any others supporting documentation as described in your letter.
5. Scan all documents together and email to IIDR contact indicated in enforcement letter you received, with cc to CMS RO contact.

**NOTE:** You must submit the written IIDR request within 10 calendar days of receipt of the enforcement letter.

**SUBJECT LINE IN EMAIL:** IIDR REQUEST **[Center]** CCN# **[XXXXXX]**

June **XX**, 2020

**NAME AND CONTACT INFORMATION FOR IIDR ENTITY INDICATED IN**

**ENFORCEMENT LETTER**

**RE: Independent Informal Dispute Resolution: [FACILITY NAME]**

**CCN #XXXXXX**

Dear [**INSERT NAME**]:

**[FACILITY NAME]** Respectfully requests an independent informal dispute resolution (IIDR) of the alleged noncompliance with the National Health Safety Network (NHSN) reporting requirements (F884). **[FACILITY NAME]** was not notified of this alleged noncompliance, but rather retrieved notification of a compliance determination and imposition of remedy via **[SIMPLE LTC/CASPER]**. This compliance determination alleged that our center had not reported complete information to NHSN about COVID-19 in the standardized format and frequency as specified by CMS and CDC.

We disagree with this determination and request an IIDR. The notice letter retrieved from **[SIMPLE LTC/CASPER]** states that in order to receive an IIDR, we must: 1) submit a written request; 2) provide the specific deficiency being disputed; 3) provide an explanation of why we are disputing the deficiency; and 4) submit supporting documentation.

1. Through this letter and its attachments, we are formally requesting an IIDR;
2. The statement of deficiencies (form CMS-2567) is attached for reference to the specific deficiency being disputed;
3. This letter explains our reasons for disputing the deficiency; and
4. Supporting documentation of our explanation is attached.

Explanation for dispute of deficiency F884: Reporting – National Health Safety Network:

The statement of deficiencies (CMS Form 2567) specifically states that “[b]ased on review of that data, CMS determined that between **[INSERT APPLICABLE DATES]**, the facility did not report complete information to NHSN about COVID-19 in the standardized format and frequency as specified by CMS and the CDC).” [**INSERT EXPLANATION OF WHY YOU ARE DISPUTING THIS DEFICIENCY, SUCH AS**: Our center has successfully reported the required information as outlined in the stated requirement on XX/XX/XXXX. This date falls within the required time period as stated in the 2567: XX/XX/XXXX. Please reference the attached data confirmation and/or other supporting documentation to support our explanation.]

We respectfully request that this deficiency be reviewed, and based on the information provided, deleted. We also request that the civil money penalty imposed in connection with this deficiency be rescinded.

If you have any questions, please reach out to me directly at **[ENTER PHONE AND EMAIL]**. We appreciate your consideration in this matter. We have been and continue to be vigilant in our efforts to meet applicable regulatory requirements set forth by state and federal governing agencies.

Sincerely,

**[NAME],** Administrator

**FACILITY NAME**

cc: **[CMS RO CONTACT]**

Attachments