




**DATE:** June 25, 2014

**SUBJECT:** Long Term Care Provider Bulletin No. 2011-12  
Independent Informal Dispute Resolution (Section 6111 of the Patient Protection and Affordable Care Act of 2010/ Sections 1819(h) and 1919(h) of the Social Security Act, 42 U.S.C. §§ 1395i-3(h) and 1396r(h), and 42 C.F.R. § 488.431)

**TO:** Nursing Home Administrators

**FROM:** Susan Y Williamson, Director   
Division of Nursing Care Facilities  
Bureau of Facility Licensure and Certification

In accordance with Sections 1819(h) and 1919(h) of the Social Security Act, 42 U.S.C. §§ 1395i-3(h) and 1396r(h), and 42 C.F.R. § 488.431 (promulgated under Section 6111 of the Patient Protection and Affordable Care Act of 2010), you are afforded an opportunity to request an Independent Informal Dispute Resolution (IIDR) review for deficiencies that lead to the imposition of a civil money penalty (CMP) and for which notice has been provided to the nursing home by the U.S. Centers for Medicare and Medicaid Services (CMS) that the CMP will be collected and placed in escrow.

The attached procedure entitled "Facility Directions on Federal Independent Informal Dispute Resolution," outlines the procedure that is to be followed when a facility exercises this option.

Attachment



## Facility Directions on Federal Independent Informal Dispute Resolution

If you have been notified by CMS that you are eligible for an IIDR review of deficiencies, and desire and IIDR review, you shall submit the information identified below to the Department of Health, Division of Nursing Care Facilities (DNCF) at the following address:

Susan Williamson, Director  
Division of Nursing Care Facilities  
Room 526 Health & Welfare Building  
625 Forster Street  
Harrisburg, PA 17120-0701

For your convenience, you may elect to submit your request electronically to the following address:

[suswilliam@pa.gov](mailto:suswilliam@pa.gov)

To request an IIDR review of deficiencies you must submit:

- A copy of the letter from CMS indicating that you are eligible for an IIDR review.
- Your **written** IIDR request that identifies the deficiencies disputed and the reasons for the IIDR request, including supporting documentation **with key areas highlighted**.
- The name(s) and contact information for residents involved in the deficiencies for which you seek IIDR review or the appropriate resident representative(s).

Upon receipt of the above listed required information, DNCF will forward your request to an independent reviewer. The reviewer will be a qualified healthcare professional within the Department of Health, Quality Assurance Deputate, but will not be an employee of DNCF. DNCF will send correspondence to the State Long Term Care Ombudsman and to the involved

resident(s) or appropriate resident responsible party seeking written comment related to the deficiency and IIDR request, and forward this information to the reviewer.

The reviewer will make a recommendation to DNCF regarding the status of the deficiency and the facility will receive a letter with the results of the IIDR. If a deficiency is deleted or modified, an amended 2567 will be issued to the facility.