

CONTACT INFORMATION

In the event it should be necessary to contact your hospital regarding an issue concerning your hospital's submitted documents* associated with your psychiatric unit's/rehabilitation unit's request to be exempted from the hospital inpatient prospective payment system [IPPS], it would be helpful if the hospital would designate a contact person. To this end, please provide the following information:

Hospital Name: _____

This is for the hospital's [check applicable]:

_____ Psychiatric Unit

_____ Rehabilitation Unit

Name of designated contact: _____

Title: _____

Phone Number: _____

Email address: _____

Best method of contact:

_____ Email

_____ Phone

Thank you for your response.

Having the above information on file will facilitate resolving any questions we may have regarding information that may be missing or incompatible with your previous year's submittal that may delay the submission to CMS in Chicago of your request to be exempt from the IPPS.

**HCFA-437 Psychiatric Unit Criteria Worksheet*

Attestation Statement for Exclusion from PPS for Psychiatric Unit

CMS-437A Rehabilitation Unit Criteria Worksheet

Attestation Statement for Exclusion from PPS for Rehabilitation Unit