

STATE OF MICHIGAN
 Department of Licensing and Regulatory Affairs
 Bureau of Survey and Certification

HOME HEALTH AGENCY
INSTRUCTIONS FOR REQUESTING AN INFORMAL DISPUTE RESOLUTION (IDR)

As the State Survey Agency for the Centers for Medicare and Medicaid Services (CMS), the Department of Licensing and Regulatory Affairs Bureau of Survey and Certification contracts with iMPROve Health to provide IDR review services. When a Home Health Agency (HHA) disputes a citation(s) in a Statement of Deficiencies (CMS-2567), pursuant to Chapter 10 of the State Operations Manual at section 10009.3, the agency may request an Informal Dispute Resolution (IDR) for condition-level survey deficiencies. To be eligible, the agency must electronically submit its request to iMPROve Health within ten calendar days from the date of issuance of CMS’s 2567 by the State Agency using the iMPROve portal.

To request an IDR, submit this **IDR Request Form** electronically, along with factual evidence that supports your dispute and an explanation of the specific deficiencies that are being disputed to the **iMPROve Health** portal www.improve.health/idr. Provide an explanation for any documentation submitted that was not provided at the time of survey. For questions, please contact Charlene Kawchak-Belitsky at 248-465-1038 or Aris Rhodes-Bond at 248-465-7405.

Home Health Agency Name:		CMS Provider Number:	
Contact Name/Title/email address:		Contact Phone Number:	
Event ID:	Survey Exit:	Date of Request:	
Enter tag number being disputed.			
<i>Example: G0406</i>	4.	8.	12.
1.	5.	9.	13.
2.	6.	10.	14.
3.	7.	11.	15.

Optional iMPROve Health Conference Call

The HHA may request a conference call with the iMPROve Health reviewer. This enables the HHA to present an overview of the material submitted and answer questions from the reviewer. The conference will be limited to one hour. The survey process is not to be discussed during this call. If the agency has concerns about the survey process, those questions should be referred to LARA-BSC.

iMPROve Health conference call is requested. Additional cost to agency is \$150.00. LARA-BSC to invoice the agency. Agencies with an outstanding balance due will not be eligible for future calls until payment is received.

I understand the listed conditions, and I am authorized to make payment for the services.

Enter signature: _____

Date: _____