

**MICHIGAN DEPARTMENT OF LICENSING & REGULATORY AFFAIRS  
BUREAU OF COMMUNITY & HEALTH SYSTEMS  
HEALTH FACILITIES DIVISION**

<b>CONTACT INFORMATION</b>
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In the event it should be necessary to contact your hospital regarding an issue concerning your hospital's submitted documents\* associated with your psychiatric/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:

Phone

Email

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 and may cause a delay in the submission of your request to be exempt from IPPS to the Regional Office of CMS in Chicago.

*\*CMS-437 Psychiatric Unit Criteria Worksheet*

*BHCS-HFD-824 Attestation Statement for Exclusion from PPS for Psychiatric Unit*

*\*CMS-437 Rehabilitation Unit Criteria Worksheet*

*BHCS-HFD-825 Attestation Statement for Exclusion from PPS for Rehabilitation Unit*