Texas Health and Human Services Commission

Independent Informal Dispute Resolution (IIDR)

IIDR Request Form

This form and the procedures for an IIDR are available online at http://www.hhsc.state.tx.us/idr/

Submission of the IIDR Request Form

- The offer for the IIDR process is provided within 30 calendar days of the Centers for Medicare & Medicaid Services notice imposing a Civil Money Penalty that is subject to being collected and placed in escrow.
- The IIDR Request Form must be received within 10 calendar days* of receiving the offer.

Submission of Supporting Documentation

- Submit two identical copies of the rebuttal letter and supporting documentation or information by regular mail, hand delivery, or overnight delivery only. All documentation MUST be received by IDR no later than close of business on the 10th calendar day* after submitting this request form.
- Supporting documentation should be: organized by deficiency/violation; referenced in the rebuttal letter; tabbed and labeled; and contain highlights of specific information. Supporting documentation submitted for tags not requested on this form will not be reviewed.

IIDR Type (Check One): Desk Review ☐ Telephone Conference ☐
1 hour meeting limit

Facility Name: _____ Facility ID: _____ Region: _____

Facility Contact Name/Title: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code:_____

Telephone Number: ( ) _____ Fax: ( ) _____

Survey Exit Date: ____/____/____ Date Civil Money Penalty notice was Received: ____/____/____

Fill in the attorney section ONLY if the facility will be represented by an attorney.

Note: If an attorney is listed below, all correspondence will be directed to this person; not the facility.

Attorney/Representative: _____ Firm Name: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Telephone Number: ( ) _____ Fax: ( ) _____
Email: _____

List all Deficiencies (Tags) disputed (i.e., F-Tags, K-Tags, etc.)
Only those deficiencies listed below will be reviewed

1.	5.	9.	13.	17.
2.	6.	10.	14.	18.
3.	7.	11.	15.	19.
4.	8.	12.	16.	20.

Add additional sheets if necessary

Submitted by: _____ Date _____

* If the designated due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.

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