Quality Reporting Program
Reconsideration Request Form

When CMS determines that a facility did not meet the Quality Reporting Program requirement(s),the facility may submit a request for reconsideration to CMS, by the deadline identified on the Annual Payment Update Notification letter.

*** Indicates required fields**

Facility Contact Information

*Program Requesting Reconsideration: Inpatient __ Outpatient __ Psych __ Cancer __ ASC __

*Date of Request (MM/DD/YYY): ____/____/____

*CMS Certification Number (CCN): _____

*Facility Name: _____

Provide the facility's CEO contact information. This will be used for official correspondence. Please ensure within your organization that U.S. Mail and deliveries from overnight services that are directed to this address will reach the necessary party(ies).

*CEO Last Name: _____

*CEO First Name: _____

*CEO E-Mail Address: _____

*CEO Address Line 1: (must include physical street address): _____

_____

CEO Address Line 2: _____

_____

*CEO City: _____

*CEO State: __ *CEO Zip Code: _____-_____

*CEO Telephone Number: ___-___-____ ext. _____

Additional Contact Last Name: _____

Additional Contact First Name: _____

Additional Contact E-Mail Address: _____

Additional Contact Address Line 1: (must include physical street address): _____

_____

Additional Contact Address Line 2: _____

_____

Additional Contact City: _____

Additional Contact State: __ Additional Contact Zip Code: _____-_____

Additional Contact Telephone Number: ___-___-____ ext. _____

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Reconsideration Request Information

***Reason Facility Failed to Meet the Annual Payment Update Requirements**: These details were provided in the formal CMS notification letter that was sent to your CEO by the Centers for Medicare & Medicaid Services (CMS).

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***Reason for Reconsideration Request:** Please state your reason for requesting reconsideration. You must identify the specific reason(s) for believing your facility did meet the Quality Reporting Program requirement(s) and should receive the full annual payment update.

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*Was your reason for not meeting the annual requirement(s) related to Validation? Yes __ No __

PLEASE NOTE: Requests related to validation element mismatches for the clinical process measures require additional facility **actions as follows:**

- Complete the Validation Review for Reconsideration Request.
    - Provide written justification for each data element you wish to appeal and mail a copy of the entire medical record (as previously sent to the Clinical Data Abstraction Center (CDAC) contractor) for the appealed element(s).
    - Medical records must be received by the deadline identified on the Annual Payment Update Notification letter.

Additional information can be found at QualityNet.org

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Additional Comments:

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