Inpatient Psychiatric Facility Quality Reporting Program

Vendor Authorization Form

Required fields are marked with an asterisk (*).

*Provider Name _____ *CCN _____

*Address _____ *Telephone _____

[ ] *Add New Vendor Authorization [ ] *Edit Vendor Authorization

*Vendor Name _____ *Vendor ID_____

*Address _____ *Telephone _____

*Contact Name _____ *FAX _____

Enter dates for which this vendor is authorized to submit data on your behalf. Enter "End" dates only if you intend to discontinue authorization for this vendor for those dates. Otherwise, leave "End" dates blank. Carefully review the information you have entered to verify the new vendor data.

***This Vendor is authorized for the following Measures set(s):**

Measure Set	*Discharge Start Date	*Discharge End Date	*Data Transmission Start Date	*Data Transmission End Date
IPF				

*(Hospital Name) _____ authorizes *(Vendor) _____ to enter/transmit data for the specified dates. The vendor agrees to enter/transmit data for all payers via *QualityNet*. The data collected has also met the CMS standard protocols and transmission requirements. The vendor ensures that all of its data collection and transmission activities are in accordance with HIPAA regulatory requirements regarding security and privacy. The authorization remains in effect for the specified vendor until dates are entered to end the authorization.

Please confirm your changes to this vendor's authorization. CMS requires that you confirm the changes you have made to the vendor authorization to submit data on your facility's behalf. Please indicate your confirmation by signing below.

On behalf of my facility, I approve this vendor to transmit our facility quality of care data.

_____ _____ _____

*Hospital Representative Name *Hospital Representative Signature *Date

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Please send completed forms to the Inpatient Psychiatric Support Contractor:

- via ***My QualityNet*** to the Global Exchange Group "Inpatient Psych QR Support Contractor";
- via secure FAX to Program Manager Telligen IPFQR Support (515)-558-5073, or
- via mail to:

  Telligen IPFQR Support
  1776 West Lakes Parkway
  West Des Moines, IA 50266
  Attn. Program Manager

DO NOT SEND the completed form via e-mail.

Following receipt of the request form, an e-mail acknowledgement will be sent confirming the form has been received.

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