

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
WITHDRAWAL OF PARTICIPATION

This form must be completed and mailed or faxed to your Inpatient Psychiatric Facility Quality Reporting Support Contractor contact if your facility wants to withdraw from participation.

Our facility is withdrawing from participation in Inpatient Psychiatric Facility Quality Reporting (IPFQR) at this time. Based on this withdrawal, it is our understanding that our facility will not be listed as a participant on the CMS.gov website.

Required fields marked with an asterisk (*).

*Facility Name _____

*CMS Certification Number (CCN) _____

*City, State, ZIP Code: _____

Facility/Health System CEO (or designee):

*Name (please print): _____

*Title: _____

*Date: _____ *Signature: _____

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

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If withdrawing from the IPFQR program, submit this completed and signed “Withdrawal of Participation” form using one of the following options:

- 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.

PRA DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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