

Quality Reporting Program Reconsideration Request Form

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

*Indicates required field

*Facility Information:

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

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

*CMS Certification Number (CCN) **(Not required for ASC)**: _____

*National Provider Identification (NPI) **(Required for ASC only)**: _____

*Facility Name: _____

*CEO Contact Information (Designated Contact Information for Outpatient and ASC only):

Please ensure within your organization that U.S. Mail and deliveries from overnight services directed to this address will reach the necessary party.

*Name: _____

*Email Address: _____

*Telephone Number: _____ - _____ - _____ Ext. _____

*Mailing Address (must include physical address; P.O. Box addresses are not valid):

*City: _____

*State: ____ *ZIP Code: _____ - _____

*QualityNet System Administrator Contact Information (Not required for ASC):

*Name: _____

*Email Address: _____

*Telephone Number: _____ - _____ - _____ Ext. _____

*Mailing Address (must include physical street address; P.O. Box addresses are not valid):

*City: _____

*State: ____ *ZIP Code: _____ - _____

**Quality Reporting Program
Reconsideration Request Form**

***Reconsideration Request Information:**

***CMS-Identified Reason Facility Did Not Meet the APU Requirements:** These details were provided in the formal CMS notification letter that was sent to the facility.

***Reason for Reconsideration Request:** Please state your facility's reason for requesting reconsideration. This must identify the specific reason(s) for believing your facility did meet the Quality Reporting Program requirements and should receive the full APU.

Paper Medical Record Requirement for Reconsideration Requests Involving Validation: If a facility requests CMS to reconsider an adverse Quality Reporting Program payment decision made because the facility did not meet the validation requirement, the facility must submit paper copies of all the medical records that it submitted to the Clinical Data Abstraction Center (CDAC) contractor for purposes of the validation. Facilities submitting a Quality Reporting Program validation reconsideration request will have all data elements to be reconsidered reviewed by CMS. Facilities must provide a written justification for each appealed data element classified during the validation process as a mismatch. CMS will review the data elements that were labeled as mismatched, as well as the written justifications provided by the facilities, and make a decision on the reconsideration request.

Complete and submit this form via the *QualityNet Secure Portal*, *Secure File Transfer* "APU" group, via secure fax to 877-789-4443, or email to QRSupport@hcqis.org.

Following receipt of the request form, an email acknowledgement will be sent confirming the form has been received. Once a determination has been made, CMS will provide the formal decision regarding the request.

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 **0938-1022**. 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 estimates(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, MD 21244-1650.