Hospital Outpatient Quality Reporting Program
Calendar Year 2013 Reconsideration Request Form (Part 1)

All Sections Are Required to Be Completed

Hospital ID: _____

Hospital Name: _____

Reason Hospital Failed to Meet the Calendar Year (CY) 2013 Requirements: (These details were provided in the formal CMS notification letter that was sent to your CEO or designated hospital personnel by the Centers for Medicare & Medicaid Services (CMS); see sample letter of notification on QualityNet.org.)

Reason for Reconsideration Request: Please state your reason for requesting reconsideration. You must identify the specific reason(s) for believing your hospital did meet the Hospital OQR Program requirements and should receive the full CY 2013 OPPS annual payment update.

(Limited to 4,950 characters)

CEO or Designated Hospital Personnel Contact Information (Required): *This information will be used for official correspondence. Please ensure within your organization that mail directed to this address will reach the necessary party or parties.*

CEO or Designee Name:

_____

CEO or Designee E-Mail Address:

_____

CEO or Designee Telephone Number:

_____

CEO or Designee Mailing Address (include physical address as well as PO Box):

_____

_____

City _____ State _____ ZIP Code _____

Additional Contact Information

Name: _____

E-Mail Address: _____

Telephone Number: _____

Mailing Address (include physical address as well as PO Box):

_____

_____

City _____ State _____ ZIP Code _____

*Signature of CEO or Designee _____

Date _____

*Not required for submission

Complete this form electronically and upload it via the QualityNet File Upload wizard to "Hospital OQR Support Contractor"; save the CEO- or Designee-signed copy for your records. Faxes are not accepted.

For reconsiderations related to validation scores less than 75 percent, please submit healthcare documentation following the process stated on http://www.QualityNet.org.

Hospital Outpatient Quality Reporting Program
Support Contractor

FMQAI

This material was prepared by FMQAI, the Support Center for the Hospital Outpatient Quality Reporting program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. FL-10SOW-2013FS4T11-1-529