

## Hospital Outpatient Quality Reporting Program Calendar Year 2013 Reconsideration Request Form (Part 2)

If the Centers for Medicare & Medicaid Services (CMS) determines that a hospital did not meet the Hospital OQR Program requirements for calendar year (CY) 2013 due to a validation score less than 75%, cumulative of all cases across all 4 quarters, hospitals must:

1. Submit this completed form by fax to the Hospital OQR SC at **877-789-4443**. **Please Note: This form is only for Q2, Q3, Q4 2011 & Q1 2012 abstracted cases affecting the CY 2013 payment determination.** The hospital must submit completed forms to the Hospital OQR SC no later than **February 3, 2013**.
2. Submit the completed Reconsideration Request Form electronically via My QualityNet, using the file upload wizard and uploading to "Hospital OQR Support Contractor."

Hospital Provider CCN: \_\_\_\_\_ Hospital Name: \_\_\_\_\_ State: \_\_\_\_\_

Hospital Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

<u>Patient ID</u> (Displayed on Case Detail report)	<u>Abstraction Control #</u> (Displayed on Case Detail report)	<u>Encounter Date</u> (Displayed on Case Detail report)	<u>Measure Set</u> (Displayed on Case Detail report)	<u>Element Name</u> (Displayed on Case Detail report)	<u>Rationale</u> Please provide written justification in the space below for each appealed data element classified as a mismatch. Only data elements that affect a hospital's validation score would be subject to reconsiderations.

Date Received by Hospital OQR SC: \_\_\_\_\_

