## 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: \_\_\_\_\_

Telephone:

State:

Hospital Contact Name:

Patient ID (Displayed on Case Detail report)	Abstraction Control # (Displayed on Case Detail report)	Encounter Date (Displayed on Case Detail report)	Measure Set (Displayed on Case Detail report)	Element <u>Name</u> (Displayed on Case Detail report)	Rationale 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: \_\_\_\_\_

**Hospital Outpatient Quality Reporting Program** Support Contractor



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