Quality Reporting Program

Extraordinary Circumstances/Disaster Extension or Exemption Request Form

A facility can request an extension or exemption of various Quality Reporting Program requirements due to extraordinary circumstances beyond the control of the facility. To request an extension or exemption, complete and submit this form **within 30 days of the disaster or extraordinary circumstance.**

ALL sections must be complete and specific in order for the Centers for Medicare and Medicaid Services to consider the request.

*Indicates required fields

Facility Contact Information

*Program Requesting Extension or Exemption:

☐ Inpatient ☐ Outpatient ☐ Inpatient Psych ☐ PPS-Exempt Cancer ☐ ASC

*Date of Request _____ *Date of Extraordinary Circumstance/Disaster _____

*Facility Name _____

*CMS Certification Number (CCN) or NPI (10 digits) _____ * Place additional NPIs in Additional Comments section.

CEO Contact Information

*Last Name _____ *First Name _____

*Address (must include physical street address) _____

*City _____ *State _____ *ZIP Code _____

*Telephone Number _____ Ext. _____ *E-Mail Address _____

Additional Contact Information

Last Name _____ First Name _____

Address (must include physical street address) _____

City _____ State _____ ZIP Code _____

Telephone Number _____ Ext. _____ E-Mail Address _____

Disaster Extension or Exemption Request Information

*Submission quarter(s) affected (Please state "None" if not applicable.) _____

*Validation quarter(s) affected (Please state "None" if not applicable.) _____

*Date facility will re-start data submission _____

*Justification for the submission re-start date:

*** Reason(s) for requesting an extension or exemption - Please include the specific requirement or data that should be extended or exempted. (Attach additional documentation when necessary to include details.)**

*** Please provide evidence of the impact of the disaster or extraordinary event including (but not limited to) photographs, Web links, newspaper and other media articles. Attach supporting documentation when necessary.**

*** Additional comments:**

Disaster Extension or Exemption Request Form Submission

In the event the facility is unable to submit the form electronically, it can be submitted by fax or mailed to their QIO or CMS designee.