



## Public Report Submission Form

Complete the applicable fields in *Table 1* referencing your most recent public report. If you have any questions or concerns while completing this form, contact [QCEP Support](#).

**Table 1: Public Report Submission Form**

Category	Item
Public Report Name	[Enter item]
Date Released	[Enter item]
Geographic Region of Public Report	[Enter item]
Regional vs. Provider Identified	[Enter item]
Corrections and Appeals Start Date	[Enter item]
Corrections and Appeals End Date	[Enter item]
Years of QE Medicare Data Included in Public Report	[Enter item]
Measures in Public Report Including Medicare Data	[Enter item]
URL for Website Link to Report	[Enter item]
Status	[Enter item]
Public Report Organization	[Enter item]
Notes	[Enter item]