



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] |