

# Hospital Contact Change Form

Complete and submit this form only if any of the contact types indicated below have changed in your facility. **If there are no updates to be made, please do not submit this form.** Provide information only for the contact type(s) that need to be replaced, added, updated, or removed. If a contact type does not apply, please leave the section blank or indicate not applicable (N/A). When requesting a change to a contact type, if the Type of Contact Change (i.e., Add New to Replace Existing, Add Additional, Update Existing, or Remove Existing) is not selected, the current contact information in the system for the specified contact type will be removed and replaced with the new information listed on this form.

**Form may be sent by email to [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org) or secure fax at (877) 789-4443.**

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider ID/CMS Certification Number (CCN): \_\_\_\_\_

Name/Title of Person Completing the Form: \_\_\_\_\_ / \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Contact Change		Contact Type	Contact Name/Title	Telephone Number	Fax Number	Email Address	Mailing Address
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Chief Executive Officer (CEO)/ Hospital Administrator					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Hospital Inpatient Quality Reporting (IQR)					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Hospital Outpatient Quality Reporting (OQR)					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Inpatient Psychiatric Facility Quality Reporting (IPFQR)					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Medical Records					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Medical Records – Clinical Data Abstraction Center (CDAC)					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	National Healthcare Safety Network (NHSN) (Infection Control)					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	Quality Management/ Improvement					
<input type="checkbox"/> Add New to Replace Existing <input type="checkbox"/> Add Additional	<input type="checkbox"/> Update Existing <input type="checkbox"/> Remove Existing	<i>QualityNet</i> Security Administrator (SA)*					

\*Important note about *QualityNet* SAs: Every facility participating in the Hospital IQR Program and/or IPFQR Program must designate a minimum of one SA. To prevent possible interruption of *QualityNet* access, facilities are highly encouraged to appoint at least two SAs.

If your facility does not have an SA, it may be at risk of incurring a reduction to its annual payment update (APU). **For more information about how to designate an SA, please refer to the [QualityNet Security Administrator Registration](#) page.**

**Please Note: Submitting SA contact information on this form WILL NOT update or change your SA information in *QualityNet*.**