

# Hospital Contact Change Form

Only provide information for the contact types that need to be updated or corrected.

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

Date: \_\_\_\_\_ Provider Name: \_\_\_\_\_ Provider ID/CCN: \_\_\_\_\_

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

Contact Type	Contact Name	Contact Title	Telephone Number	Fax Number	Email Address
CEO/Administrator					
Inpatient Quality Reporting (IQR) Contact					
Outpatient Quality Reporting (OQR) Contact					
Inpatient Psych Facility (IPF) Contact					
PPS-Exempt Cancer Hospital Contact					
Medical Record Contact					
National Healthcare Safety Network (NHSN) Contact (Infection Prevention)					
Quality Management/Improvement Contact					
*QualityNet Security Administrator (SA)					

\*Important Note about QualityNet SAs: Every facility participating in the IQR 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 one, it may be at risk of having one-fourth of its Inpatient Prospective Payment System (IPPS) annual payment update (APU) withheld. **For more information about how to designate an SA, please refer to the SA Registration page on the QualityNet website: [www.QualityNet.org](http://www.QualityNet.org) under Inpatient Hospitals > Hospital Inpatient Quality Reporting Program > How to Participate > QualityNet Registration > Security Administrator.**

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