

Hospital Outpatient Quality Reporting Program

Support Contractor



Hospital OQR Extraordinary Circumstances Extension or Waiver for Reporting Quality Data*

Date of Request	
Date of Extraordinary Circumstance	
Hospital ID/CCN	
Hospital Name	
Name of Hospital CEO	
CEO E-Mail Address	
CEO Telephone Number	
CEO Address (no post office boxes, please)	
City	
State and ZIP Code	
Name of Additional Designated Personnel	
Designated Personnel E-Mail Address	
Designated Personnel Address (no post office boxes, please)	
City	
State and ZIP Code	
Type of Extraordinary Circumstance	
Hospital's Reason for Requesting an Extension or Waiver	

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Damage to Hospital	
EHR vs. Paper Record	
Evidence of the Impact of the Extraordinary Circumstance, e.g., Photographs, Newspaper and Other Media Articles, etc.	
Submission Quarters Affected	
Validation Quarters Affected	
Date When Hospital Would Again Be Able to Submit Hospital OQR Data	
Justification for Proposed Date	
Additional Comments	

***Please attach additional pages or documents as necessary.**

Signature, Chief Executive Officer

This material was prepared by FMQAI, the Support Center for the Hospital Outpatient Quality Reporting OQR Program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. **FL-10SOW-2012FS211-1-12633**