

## FACILITY CHANGE OF CONTACT FORM

**FACILITY NAME:** \_\_\_\_\_ **MEDICARE PROVIDER #:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_  
**PERSON COMPLETING FORM:** \_\_\_\_\_ *Fax to: 610.688.5276, Attn: Frani Maxwell*

**Please indicate type of provider:**

- Acute Care (PPS) Hospital    Critical Access Hospital    Home Health Agency    Long Term Acute Care Hospital    Managed Care Organization  
 Comprehensive Outpatient Rehabilitation Facility (CORF)    Rehabilitation Facility    Skilled Nursing Facility    Hospice Facility

**Administrator/CEO:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Quality Improvement Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Director of Nursing:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\*\* For nursing home use only

**Data Abstraction Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**FACILITY CHANGE OF CONTACT FORM (PAGE 2)**

<b>Medical Records:</b> _____
<b>Phone:</b> _____ <b>Ext.:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____
<b>Mailing Address:</b> _____

<b>QIO Liaison:</b> _____
<b>Phone:</b> _____ <b>Ext.:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____
<b>Mailing Address:</b> _____

\*\* The QIO Liaison receives a variety of important case review information, including letters and PEPPER Reports, which may need to be disseminated to appropriate staff.

<b>Compliance Officer:</b> _____
<b>Phone:</b> _____ <b>Ext.:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____
<b>Mailing Address:</b> _____

\*\* Hospitals – The Compliance Officer receives PEPPER Reports and other regulatory information.

<b>BIPA Contact:</b> _____
<b>Phone:</b> _____ <b>Ext.:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____
<b>Mailing Address:</b> _____

\*\* Benefits Improvement and Protection Act (BIPA) Contact – This person will be contacted when Quality Insights has a request for an appeal involving the discontinuation of services for a home health agency, skilled nursing facility, comprehensive outpatient rehabilitation facility or hospice. Please note, these appeals are conducted seven days a week, including weekends, during the hours of 8:30 a.m. and 5:00 p.m.

**FACILITY CHANGE OF CONTACT FORM (PAGE 3)**

<b>Hospital Discharge Appeals Contact:</b> _____
<b>Phone:</b> _____ <b>Ext.:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____
<b>Mailing Address:</b> _____

\*\* Please note, these appeals are conducted seven days a week, including weekends, during the hours of 8:30 a.m. and 5:00 p.m.

<b>RHQDAPU Contact:</b> _____
<b>Phone:</b> _____ <b>Ext.:</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____
<b>Mailing Address:</b> _____