

Medicare Ninth Statement of Work Memorandum of Agreement  
Provider Contact List

**Provider:** \_\_\_\_\_

**\*Hospital ID/CMS Certification Number (CCN):** \_\_\_\_\_

Please provide the names and contact information for individuals at your facility who occupy the positions listed below:

**1. Administrator/Chief Executive Officer:**

Print Name	E-mail	Phone	Facsimile
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Hospital Name	Hospital ID/CMS Certification Number (CCN)
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Current Address	City	State	Zip
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The Hospital Administrator/Chief Executive Officer will receive:

- Signed MOA
- Release of information requests not related to specific medical services
- GMCF publications
- Information about conferences, seminars, and other selected announcements

**2. Quality Improvement Contact:**

Print Name	E-mail	Phone	Facsimile
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Hospital Name	Hospital ID/CMS Certification Number (CCN)
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Current Address	City	State	Zip
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The "Quality Improvement Contact" will receive:

- GMCF publications
- Information about conferences, seminars, and other selected announcements
- Ad Hoc program updates
- QI data reports
- Clinical project support materials

**3. Quality Net Exchange Administrator:**

Print Name	E-mail	Phone	Facsimile
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Hospital Name	Hospital ID/CMS Certification Number (CCN)
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Current Address	City	State	Zip
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The "Quality Net Exchange Administrator" will receive:

- Validation Reports
- QI data reports
- Information about conferences, seminars, and other selected announcements
- Request from CDAC

**4. Compliance Officer:**

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<b>Print Name</b>	<b>E-mail</b>	<b>Phone</b>	<b>Facsimile</b>
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<b>Hospital Name</b>	<b>Hospital ID/CMS Certification Number (CCN)</b>
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<b>Current Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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- The “Compliance Officer” will receive:
- HPMP updates, including PEPPER Reports

**5. Case Manager/Utilization Review Contact:**

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<b>Print Name</b>	<b>E-mail</b>	<b>Phone</b>	<b>Facsimile</b>
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<b>Hospital Name</b>	<b>Hospital ID/CMS Certification Number (CCN)</b>
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<b>Current Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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- The Case Manager/Utilization Review Contact will receive:
- Correspondence related to/quality issues/appeals
  - Information about conferences, seminars, and other selected announcements

**6. Medical Records Contact:**

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<b>Print Name</b>	<b>E-mail</b>	<b>Phone</b>	<b>Facsimile</b>
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<b>Hospital Name</b>	<b>Hospital ID/CMS Certification Number (CCN)</b>
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<b>Current Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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- The “Medical Records Contact” will receive:
- Initial and final GMCF requests for medical record(s)
  - Notice of technical denials
  - Correspondence relating to billing (DRG/Coding) issues
  - Medical records request from CDAC

\* To accommodate the transition to the name CMS Certification Number (CCN), references to HSP ID were changed to HSP ID/CCN. In the future, all references will be changed to CCN only.

**Fax back to (678) 527-3025**

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