Appendix E

Notification of Zero Cases
Reporting Hospital Quality Data for Annual Payment Update
(RHQDAPU)

In all topic areas, our hospital has zero cases to submit for the "Reporting Hospital Quality Data for Annual Payment Update".

This applies to discharges for the indicated year and quarter:
(Please complete the year and check only one quarter.)

Year _____

- ☐ January 1 through March 31
- ☐ April 1 through June 30
- ☐ July 1 through September 30
- ☐ October 1 through December 31

Hospital Name: _____

Medicare Provider Number: _____

Street Address: _____

City, State, Zip Code: _____

Hospital CEO (or designee):

Name (please print): _____

Title: _____

Signature: _____

Date Signed: _____