

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Decline to Participate

Agreement

The facility named below agrees to follow procedures for participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program as outlined in the **federal regulations** found in the Federal Register and is **indicating its decision to decline participation**.

Each facility must complete the online electronic “Notice of Participation” or the “Decline to Participate” paper form as outlined in the federal regulations found in the Federal Register. In an effort to alleviate the burden associated with completing this annually, effective with the Notice of Participation submitted for participation in the FY 2014 or later Inpatient Psychiatric Facility Quality Reporting Program, a facility that has previously indicated its intent to participate will be considered an active Patient Psychiatric Facility Quality Reporting Program participant until such time as the facility submits a withdrawal to CMS.

This information is in compliance with the CMS guidelines for facilities submitting their quality performance data, facilities must also continue to display quality information for public viewing as required by section 1886(d)(1)(B)(v) in accordance with paragraph (4) of the Social Security Act. Before this information is displayed, facilities will be permitted to review their information as it is recorded. Based on section 1886(d)(1)(B)(v) in accordance with paragraph (4) of the Social Security Act, for program year beginning with FY 2014, CMS is required to add other measures that reflect consensus among affected parties. Eligible facilities must follow the regulations as outlined in the federal regulations and as summarized on the *QualityNet* Web site.

CMS must publish on CMS.gov the facility’s submitted data for the required measures. Data at the hospital level will be provided to the Secretary.

To participate, a hospital must access the online QualityNet Notice of Participation tool.

To *DECLINE* to participate, the below signature states the signer has read and agrees to the foregoing provisions and the participation decision, and acknowledges same by signing here.

Facility’s Name _____

CMS Certification Number (CCN) _____

Signature of CEO (or Designee) _____

Signer’s Name, Printed or Typed _____

Signer’s Title _____

Date Signed _____

If declining to participate, submit this completed and signed “Decline to Participate” form directly to your IPF/PCH Support Contractor.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.