

IQR Notice of Participation Text

Last Updated 03072012

Review the Notice of Participation below, choose an option and enter your Password to confirm.

Hospital Inpatient Quality Reporting Program Notice of Participation (Pledge Form) - Agreement

The hospital agrees to follow procedures for participating in the Hospital Inpatient Quality Reporting (IQR) Program as outlined in the [federal regulations](#) found in the Federal Register, or is indicating its decision to decline participation.

Each hospital must complete this "Hospital IQR Notice of Participation" as outlined in the [Hospital IQR Reference Checklist](#) on [QualityNet](#) and in the [federal regulations](#) found in the Federal Register. In an effort to alleviate the burden associated with submitting this form annually, effective with the Hospital IQR Notice submitted for participation in FY 2008 or later, a hospital that indicated its intent to participate will be considered an active Hospital IQR participant until CMS determines a need to pledge again, or the hospital submits a withdrawal to CMS.

This information is in compliance with the CMS guidelines for hospitals submitting their quality performance data in accordance with [Section 5001\(b\) of the Deficit Reduction Act of 2005](#). Hospitals that do not follow the guidelines as outlined in the [federal regulations](#) may receive a reduction of 2.0 percent in their Medicare Annual Payment Update (APU) for the applicable fiscal year. In order to avoid the reduction in their Annual Payment Update, hospitals must also continue to display quality information for public viewing as required by section [1886\(b\)\(3\)\(B\)\(viii\)\(VII\) of the Social Security Act](#). Before this information is displayed, hospitals will be permitted to review their information as it is recorded. Based on section [1886\(b\)\(3\)\(B\)\(viii\)\(V\) of the Social Security Act](#), for payments beginning with FY 2008, CMS is required to add other measures that reflect consensus among affected parties. Eligible hospitals must follow the regulations as outlined in the [federal regulations](#) and as summarized in the [Hospital IQR Reference Checklist](#) on [QualityNet](#).

In order to receive the full market basket update, CMS must publish on [Hospital Compare](#) the hospital's submitted data for the required measures. Data aggregated at the hospital level will be provided to the Secretary.

A hospital's choice of participating in the Hospital IQR Program for APU may affect eligibility for the Hospital Inpatient Value Based Purchasing program. Agreeing to participate in the Hospital IQR Program is one of the requirements to be eligible for the Hospital Inpatient Value Based Purchasing program. It is important to note that non-participation in or withdrawal from the Hospital IQR Program, **may exclude** a hospital from eligibility for the Hospital Inpatient Value Based Purchasing program. This is pursuant to Section 1886(o)(1)(C)(ii)(I) of the Social Security Act, a hospital "that is subject to the payment reduction under subsection (b)(3)(B)(viii)(I) for such fiscal year" is excluded from the Hospital VBP Program.

We entities operating under the submitted Provider ID...

Agree to participate.

Do not agree to participate.

Request to be withdrawn from participation.

This acknowledgement (to participate or not to participate or to withdraw) remains in effect until an electronically signed acknowledgement applying changes has been entered.

By entering my password, I hereby issue this Hospital IQR Notice of Participation with the specified direction contained within:

NOTE: CMS allows hospitals to submit optional quality measures that can be publicly reported and are not required for the Hospital IQR Payment Program. In order to have the opportunity to submit, preview and publish the optional measures, the following Inpatient Public Reporting Notice of Participation is necessary in addition to Hospital Inpatient Quality Reporting Program Notice of Participation Agreement shown above.

By entering this pledge, I agree to:

- (1) Transmit or have data transmitted to CMS and/or the QIO Clinical Warehouse; and
- (2) Permit my hospital's performance information to be publicly reported beginning with discharges for the quarter indicated below:

QUARTER: First Second Third Fourth **YEAR:** 20_____

I understand that:

- The hospital will have at least 30 days to preview performance information before the data are made public.
- The hospital may be able to suppress a measure or measures prior to their posting.
- The hospital may withdraw from this effort at any time.
- This pledge will remain in force and cover current and future measures or measurement sets.

We entities operating under the submitted Provider ID...

Agree to participate.

Request to be withdrawn from participation.

This acknowledgement (to participate or to withdraw) remains in effect until an electronically signed acknowledgement applying changes has been entered.

By entering my password, I hereby issue this Inpatient Public Reporting Notice of Participation with the specified direction contained within: