OQR Notice of Participation Overview

OQR Notice of Participation | Menu

Provider Name ABC HOSPITAL

Medicare Accept Date 07/01/1974 **Facility Close Date Provider ID**

XXXXXX

Notice of Participation

Select the activity you would like to perform.

I'd Like to View, Add, or Edit
Notice of Participation
Contacts
Additional Campuses



OQR Notice of Participation | Summary

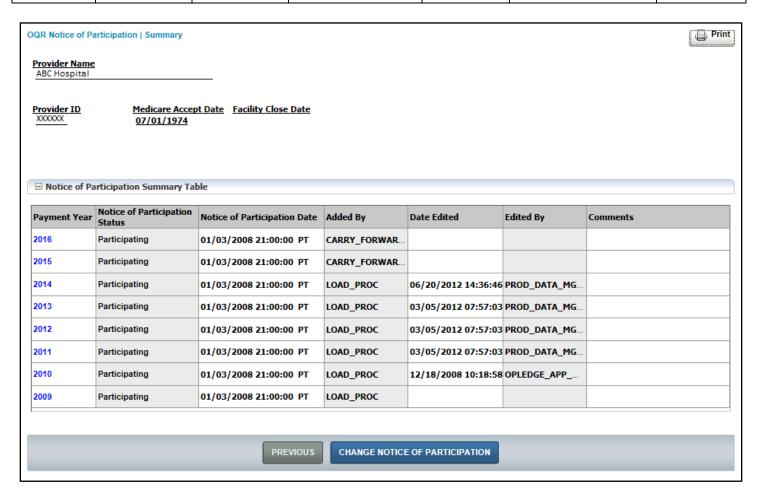
Provider Name ABC HOSPITAL

<u>Provider ID</u> <u>Medicare Accept Date</u> <u>Facility Close Date</u>

XXXXXX 07/01/1974

Notice of Participation Summary Table

Payment	Notice of	Notice of	Added By	Date Edited	Edited By	Comments
Year	Participation	Participation	·		_	
	Status	Date				
2016	Participating	01/03/2008	CARRY_FORWARD			
		21:00:00 PT				
2015	Participating	01/03/2008	CARRY_FORWARD			
		21:00:00 PT				
2014	Participating	01/03/2008	LOAD_PROC	06/20/2012	PROD_DATA_MGT	
		21:00:00 PT		14:36:46		
2013	Participating	01/03/2008	LOAD_PROC	03/05/2012	PROD_DATA_MGT	
		21:00:00 PT		07:57:03		
2012	Participating	01/03/2008	LOAD_PROC	03/05/2012	PROD_DATA_MGT	
		21:00:00 PT		07:57:03		
2011	Participating	01/03/2008	LOAD_PROC	03/05/2012	PROD_DATA_MGT	
		21:00:00 PT		07:57:03		
2010	Participating	01/03/2008	LOAD_PROC	12/18/2008	OPLEDGE_APP_USER	
		21:00:00 PT		10:15:58		



OQR Notice of Participation | Text

Provider Name ABC HOSPITAL

Provider ID Medicare Accept Date Facility Close Date

XXXXXX 07/01/1974

OQR Notice of Participation Text

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

Hospital Outpatient Quality Reporting Program Notice of Participation

Hospitals defined under section 1886(d)(1)(B) of the Social Security Act, known as sub-section(s) hospitals that are paid under the Hospital Outpatient Quality Reporting Program (OQR) requirements. Those hospitals that do not follow the guidelines as outlined in the Federal Register may receive a reduction in the Medicare Annual Payment Update (APU) for the applicable Calendar Year based on the Final Rule. To avoid the reduction in the APU, sub-section(d)k hospitals reimbursed under the OQR must acknowledge a Pledge of Participation including acknowledgement that their reported quality information may be accessible for public viewing as required by Section 1833(t)(17)(E) of the Social Security Act. All OQR requirements are also summarized in the OQR References Checklist available on QualityNet.org.

Hospitals that are not classified as sub-section(d) hospitals (e.g. Critical Access and other non-PPS hospitals) or are subsection (d) hospitals not paid under the OQR (e.g. Indian Health Services hospitals) may also participate in OQR. For these hospitals, outpatient services reimbursement is not at risk, but to submit data under the program, submission of a complete Pledge of Participation is necessary. If a hospital is participating and wants to withdraw, an acknowledgement of a request to withdraw is required.

In the event that the Center for Medicare & Medicaid Services (CMS) makes such information available to the public for viewing, hospitals will be provided the opportunity to preview their information as it is recorded. All such data will be aggregated as determined by CMS.

Under the HQA initiative, data is submitted and catalogued by the CMS Certification Number (Provider ID). Any pledge to participate, not participate, withhold data or withdraw from participation applies to all entities reimbursed under the specified Provider ID.

We entities operating under the submitted Provider ID: XXXXXX

- We (entities operating under the submitted Provider ID) agree to participate. (We agree to follow the procedures for participating in the Hospital Outpatient Quality Reporting Program (OQR) as outlined in the Federal Register.)
- **We** (entities operating under the submitted Provider ID) do not agree to participate from the previous Pledge.
- We (entities operating under the submitted Provider ID) request to be withdrawn from the previous Pledge.

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	acknowledgement (to participate or not to participate/withdraw) remains in effect until an electronically ed acknowledgement applying changes has been entered.
	By entering my acknowledgement, I hereby issue this OQR Notice of Participation with the specified ction contained within:
OQR	Notice of Participation Text
Revie	w the Notice of Participation below, choose an option and enter your acknolwedgement to confirm.
_	ital Outpatient Quality Reporting Program Notice of Participation
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