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Home My QualityNet Help

<< Back to My Tasks

Outpatient Notice of Participation | Add/Change Pledge

Name	Medicare Accept Date	Provider ID
PERRY MEMORIAL HOSPITAL	07/01/1974	370139

< Exit to My Tasks | Return to Select Program | Return to Menu | Return to Participation Status | **Print**

Add/Change Pledge
For Calendar Year 2014
 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)" 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) **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.**

Rationale for Withdrawal:

Trusted sites | Protected Mode: Off 100%

2:04 PM
8/8/2013

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We (entities operating under the submitted Provider ID) **request to be withdrawn from the previous Pledge.**

Rationale for Withdrawal:

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

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

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