OQR Notice of Participation Overview

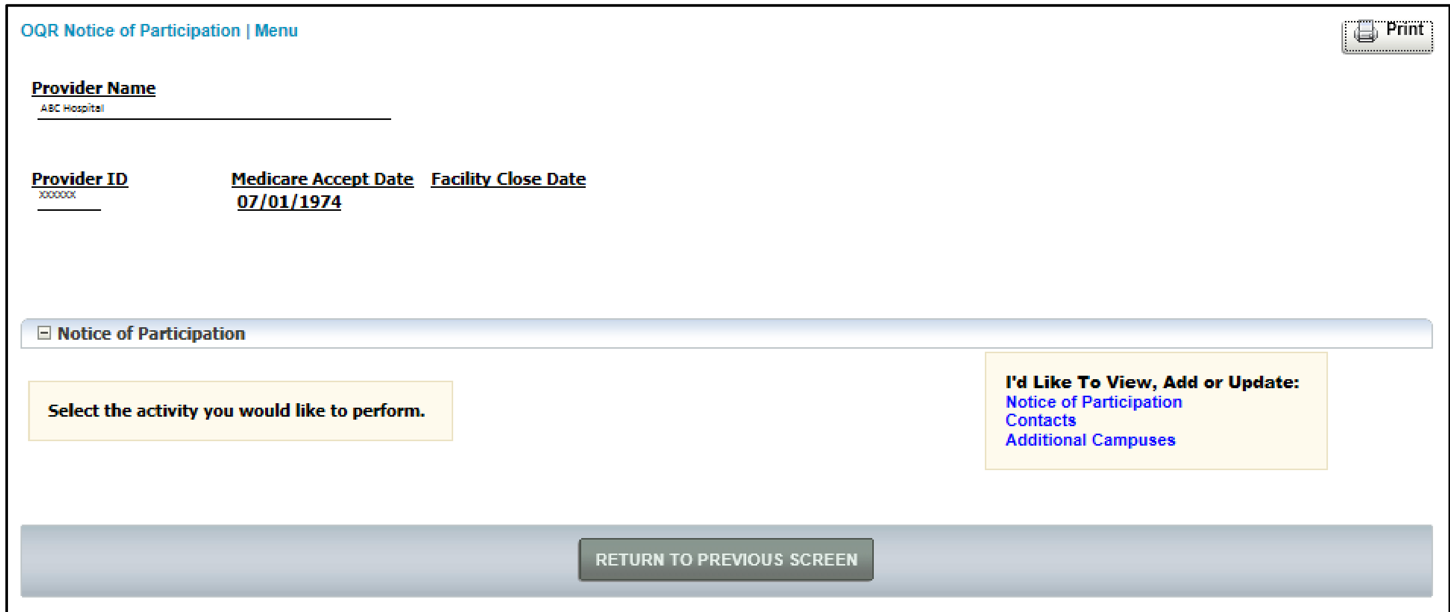
OQR Notice of Participation | Menu

Provider Name
ABC HOSPITAL

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

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

Provider ID	**Medicare Accept Date**	**Facility Close Date**
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Notice of Participation Summary Table

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

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PREVIOUS | CHANGE NOTICE OF PARTICIPATION

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.**

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

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

OQR Notice of Participation Text

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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 **0938-1109** (Expiration date: 10/31/2020). 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. *****CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Outpatient Quality Reporting Program Support at 866.800.8756.