Hospital Inpatient Quality Reporting Notice of Participation

Please Note: *A data collection tool available within the Hospital Quality Reporting (HQR) system via the HQR Secure Portal allows hospitals to enter their Notice of Participation (NOP) and Contacts. You can check the status of your organization's NOP from the left-hand navigation pane. For example, to see your NOP contact information, go to* ***Administration > Notice of Participation****. From here, you can view the NOP status for your programs, choose to participate, not participate, or request withdrawal. You can also change the contact information for your facility NOP.* ***This document is a representation of the text contained in the Hospital Inpatient Quality Reporting Notice of Participation, as well as the Optional Public Reporting Notice of Participation, and is for reference purposes only.***

Hospital Inpatient Quality Reporting Notice of Participation Text

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 Code of Federal Regulations at 42 CFR 412.140, or is indicating its decision to decline participation. Each hospital must complete this "Hospital Inpatient Quality Reporting Notice of Participation" as outlined in 42 CFR 412.140(a)(3). 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 the Centers for Medicare & Medicaid Services (CMS) determines a need to pledge again, or the hospital submits a withdrawal notice to CMS.

Hospitals paid under the Inpatient Prospective Payment System (IPPS) that do not follow the Hospital IQR Program procedures and do not meet all program requirements may receive a reduction in their Medicare Annual Payment Update (APU) for the applicable fiscal year (also known as the Market Basket Update). Section 1886(b)(3)(B)(viii)(VII) of the Social Security Act requires the Secretary to report quality measures of process, structure, outcome, patients' perspectives on care, efficiency, and costs of care that relate to services furnished in inpatient settings in hospitals on the internet website of CMS. Section 1886(b)(3)(B)(viii)(VII) of the Act also requires that the Secretary establish procedures for making information regarding measures available to the public after ensuring that a hospital has the opportunity to review its data before they are made public. Our current policy is to report data from the Hospital IQR Program as soon as it is feasible on the Compare tool hosted by Health and Human Services and/or its successor website, after a 30-day preview period (78 FR 50776 through 50778). Eligible hospitals must follow the regulations as outlined in the Federal Register and Code of Federal Regulations.

A hospital's choice of participating in the Hospital IQR Program for APU may affect eligibility for the Hospital Value-Based Purchasing (VBP) Program. Agreeing to participate in the Hospital IQR Program and meeting all of the applicable program requirements are two of the requirements to be eligible to participate in the Hospital VBP Program. It is important to note that non-participation in or withdrawal from the Hospital IQR Program will exclude a hospital from eligibility for the Hospital VBP Program pursuant to section 1886(o)(1)(C)(ii)(I) of the Social Security Act.

*** We entities operating under the submitted CMS Certification Number (CCN) (Drop Down):**

- 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 acknowledgement, I hereby issue this Hospital IQR Notice of Participation with the specified direction contained within.

Optional Public Reporting Notice of Participation Text

NOTE: CMS allows hospitals to submit optional quality measures that can be publicly reported on a CMS-designated website and are not required for payment determinations under the Hospital Inpatient Quality Reporting Program or other CMS hospital quality programs. In order to have the opportunity to submit, preview, and publish the optional measures, the following Optional Public Reporting Notice of Participation is necessary.

By entering this pledge, I agree to:

- Transmit or have data transmitted to CMS and/or the HQR System; and
- Permit my hospital's performance information, including summary information such as star ratings, to be publicly reported beginning with discharges for the calendar year quarter indicated below:

QUARTER (Drop Down):

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

I understand that:

- The hospital will have at least 30 days to preview measure performance information before the data are made public.
- The hospital may be able to withhold 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 CMS Certification Number (CCN) (Drop Down):**

- 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 acknowledgment, I hereby issue this Optional Public Reporting Notice of Participation with the specified direction contained within.