

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 PCH Quality Reporting Notice of Participation and is for reference purposes only.**

PPS-exempt Cancer Hospital (PCH) Quality Reporting Program Notice of Participation

The hospital agrees to follow procedures for participating in the PCH Quality Reporting Program as outlined in the regulations found in the Federal Register, or is indicating its decision to decline participation.

As noted in the Federal Register, each hospital must complete this "PCH Quality Reporting Program Notice of Participation." In an effort to alleviate the burden associated with submitting this form annually, effective with a Notice submitted for participation in FY 2014 or later, a hospital that previously indicated its intent to participate will be considered an active PCH Quality Reporting Program 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 must also continue to display quality information for public viewing as required by section 1866(k)(4) of the Social Security Act. Before this information is displayed, hospitals will be permitted to review their information as it is recorded. Eligible hospitals must follow the regulations as outlined in the federal regulations.

We entities operating under the submitted Provider ID: CCN-XXXXXX

This acknowledgement (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 PCH Quality Reporting Notice of Participation with the specified direction contained within:

By entering this pledge, I agree to:

- Transmit or have data transmitted to CMS; and
- Permit my hospital's performance information to be publicly reported.

Paperwork Reduction Act (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 0938-1175. The expiration date is 01/31/2029. 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 21244-1650.