

Reporting Hospital Quality Data for Annual Payment Update Notice of Participation

- We agree to participate at this time (complete entire form including initials)
- We do not agree to participate at this time.

We agree to register for QualityNet Exchange and to collect the appropriate data for all payers, and will begin submitting data directly, or through a third party vendor, on the measures identified for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU). We will have data transmitted to the QIO Clinical warehouse beginning with discharges for the quarter(s) indicated below:

- We will submit data for FY 2005 payment update and beyond.

The 4th Quarter 2003 discharges will be submitted by May 15, 2004 and 1st quarter 2004 discharges will be successfully accepted by August 15, 2004; OR submission of 1st Quarter 2004 discharges will be started by July 1 and completed by August 1, 2004.

Note: if your hospital is eligible to participate in the Annual Payment Update as outlined in Section 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, and does not participate; your Annual Payment Update will be reduced by 0.4 percent.

This information is in compliance with the CMS guidelines for hospitals submitting their quality performance data in accordance with Section 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Hospitals that do not submit data for **all** 10 required quality measures to the QIO Clinical Warehouse will receive a reduction of 0.4 percent in their Medicare Annual Payment Update in fiscal year 2005. In order to avoid the reduction in their Annual Payment Update, certain requirements must be met. CMS will determine Annual Payment Updates based on whether: 1) PPS hospitals are registered for QualityNet Exchange by the established deadline, and 2) data are successfully submitted to CMS via the QIO Clinical Warehouse by the established deadlines. Note: Refer to the RHQDAPU Reference Checklist for the deadlines for submission for the 2005 Payment Update. The timeline for subsequent fiscal years will be established and published in the future.

It is CMS's intent to publish data from the 1st quarter 2004 discharges used for the Annual Payment Update. For subsequent fiscal year payment updates, CMS will look at data in the QIO Clinical Warehouse for four consecutive quarters. Details for subsequent fiscal year submissions will be established and provided in the future. The Secretary of the Department of Health and Human Services will request the data required to meet the conditions for the full Annual Payment Update from the QIOs. Data aggregated at the hospital level will be provided to the Secretary from the QIO Clinical Warehouse. The Secretary intends to publish this data. For the fiscal year 2005 Annual Payment Update, validation of the submitted data will not be part of the submission requirements. For subsequent submissions, fiscal years 2006 and 2007, CMS will establish validation requirements for all submitted data.

Quality Improvement Organization: _____

Hospital Name: _____ Medicare Provider Number: _____

Street Address: _____

City, State, Zip Code: _____

Hospital CEO (or designee) Name (please print): _____

Title: _____ Signature Date: _____

Signature: _____ CEO/Designee Initials: _____

Please identify your hospital's point of contact for hospital reporting activities:

Name (please print): _____

Title: _____ E-mail: _____

Telephone: _____ Fax: _____