



# Inpatient Notice of Participation (IPledge) User Guide

This publication is a training manual reviewing how to use the IPledge tool for the Hospital Inpatient Quality Reporting Program, formerly known as Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU), and hereafter referred to as the Reporting Program, in this document.

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# IPledge User Guide

**Note:** Screen images and reference links in this document may **not** reflect the name change of the Hospital Inpatient Quality Reporting Program, formerly known as Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) and hereafter referred to as the Reporting Program, in this document. These changes will be made as systems are updated.

## Section 1 Notice of Participation

To participate in the Hospital Inpatient Quality Reporting Program, each hospital must complete a Notice of Participation through the IPledge tool on the *My QualityNet* web site. A hospital that has previously indicated their intent to participate is considered an active participant until CMS determines a need for re-pledging, or the hospital submits a Withdrawal to CMS through IPledge.

New “subsection (d) hospitals” and existing hospitals that wish to participate in the Reporting Program for the first time, must complete a Notice of Participation that includes the name and address of each hospital campus that shares the same CCN.

Hospitals with a Notice of Participation on record do not need to sign a new notice of participation unless CMS determines a need for repledging.

New hospitals without a Notice of Participation on file, with a Medicare Accept Date of 10/15/2009 or after, need to complete a Notice of Participation through the IPledge tool on *My QualityNet*, no later than 180 days from the hospital’s Medicare Accept Date. These hospitals need to begin submitting Reporting Program data starting with the first day of the quarter following the date when the hospital signed their Notice of Participation.

Example: After the new hospital rules have been followed and the Notice of Participation has been submitted, the hospital needs to begin submitting data. If the notice of participation was signed 4/9/2010 the hospital would need to begin submitting data for 3Q10 discharges.

The Role to access the IPledge tool is the IPledge Update Role or IPledge Read Role. The IPledge Update Role allows the User to view, print, or edit pledges, contacts, and/or additional campus(es). The IPledge Read Role allows the User to view or print pledge, contacts, and additional campus information.

## Notice of Participation Process

1. Access the public web site for *QualityNet* at, <http://www.QualityNet.org/>.
2. Select the **[Sign In]** button (located at top of screen).



3. Enter your My QualityNet User ID and Password and select **[Sign In]**. If you have forgotten your password, select “Forgot your password?” and follow the directions.

**Sign In to My QualityNet**

User ID

Password [Forgot your password?](#)

By signing in you agree to our [Terms of Use](#).

4. Read the Terms and Conditions and select **[Accept]** to display the “My Task” screen where all QualityNet Tools are available.

Note: If **[Decline]** is selected, the program does not allow access.

\*\*\*\*\*WARNING\* \*WARNING\* \*WARNING\*\*\*\*\*

You have accessed a U.S. Government information system. There is no right of privacy on this system.

All data contained within this system is owned by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services. For the purpose of protecting the rights and property of the Department, and to monitor compliance with all applicable statutes, regulations, agreements and policies; data access, entry and utilization may be monitored, intercepted, recorded, copied, audited, inspected or otherwise captured and/or analyzed in any manner.

Use of this system by any user, authorized or unauthorized, constitutes consent to this monitoring, interception, recording, copying, auditing, inspecting or otherwise capturing and/or analyzing of data access, entry and/or utilization through this system.

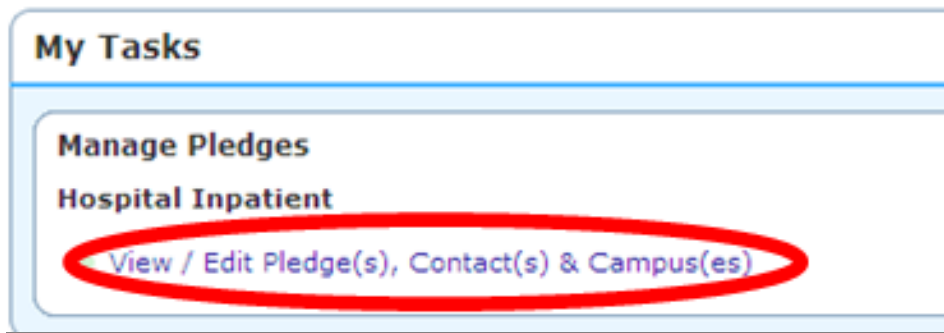
Unauthorized access is prohibited by Title 18 of the United States Code, Section 1030. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action. System personnel may give any potential evidence of crime found on Department computer systems to law enforcement officials.

System users are required to adhere to all applicable statutes, regulations, agreements and policies governing their access to and use of the data contained within this system including, but not limited to, "CMS Information Security Policies, Standards and Procedures."

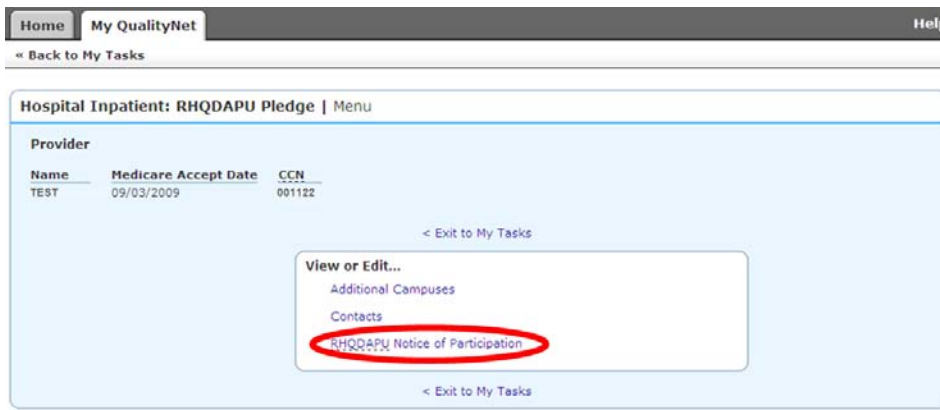
\*\*\*\*\*WARNING\* \*WARNING\* \*WARNING\*\*\*\*\*

I accept the above Terms and Conditions.

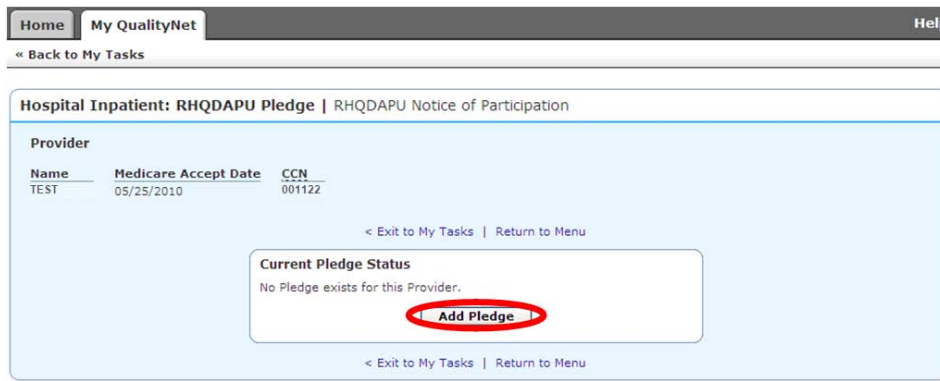
5. Select the “View/Edit Pledge(s), Contact(s) & Campus(es)” link in the Manage Pledges - Hospital Inpatient section on the My Tasks screen.



6. Select the “RHQDAPU Notice of Participation” link from the Hospital Inpatient: RHQDAPU Pledge - Menu.



7. Select the [Add Pledge] button.



8. Read the RHQDAPU Notice of Participation.

Note: Review the additional campus(es) section of this User Guide before completing pledge.

**Hospital Inpatient: RHQDAPU Pledge** | Add/Change Pledge

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**Provider**

Name	Medicare Accept Date	CCN
TEST	05/25/2010	001122

[< Exit to My Tasks](#) | [Return to Menu](#) | [Print](#)

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**Add/Change Pledge**

Review the Pledge below, choose an option and enter your Password to confirm.

**Reporting Hospital Quality Data for Annual Payment Update Notice of Participation (Pledge Form) - Agreement**

The hospital agrees to follow procedures for participating in the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program as outlined in the [federal regulations](#) found in the Federal Register, or is indicating its decision to decline participation.

Each hospital must complete this "RHQDAPU Notice of Participation" as outlined in the [RHQDAPU Reference Checklist on QualityNet](#) and in the [federal regulations](#) found in the Federal Register. In an effort to alleviate the burden associated with submitting this form annually, effective with the RHQDAPU Notice submitted for participation in FY 2008 or later, a hospital that indicated its intent to participate will be considered an active RHQDAPU participant until CMS determines a need for repledging, or the hospital submits a withdrawal to CMS. (see below)

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 that do not follow the guidelines as outlined in the [federal regulations](#) may receive a reduction of 2.0 percent in their Medicare Annual Payment Update (APU) for the applicable fiscal year. In order to avoid the reduction in their Annual Payment Update, hospitals must also continue to display quality information for public viewing as required by section [1886\(b\)\(3\)\(B\)\(viii\)\(V1\) of the Social Security Act](#). Before this information is displayed, hospitals will be permitted to review their information as it is recorded. Based on section [1886\(b\)\(3\)\(B\)\(viii\)\(V\) of the Social Security Act](#), for payments beginning with FY 2008, CMS is required to add other measures that reflect consensus among affected parties. Eligible hospitals must follow the regulations as outlined in the [federal regulations](#) and as summarized in the [RHQDAPU Reference Checklist on QualityNet](#).

In order to receive the full market basket update, CMS must publish on [Hospital Compare](#) the hospital's submitted data for the required measures. Data aggregated at the hospital level will be provided to the Secretary.

We entities operating under the submitted CCN...

**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 a signed acknowledgement applying changes has been entered.

By entering my password, I hereby issue this RHQDAPU Pledge with the specified direction contained within

9. Select either **[Agree to participate]** or **[Do not agree to participate]**.

10. Enter your QualityNet password.

11. Select **[Save]** to submit the pledge.

## Section 2 Changing Pledge Status

If you have previously indicated that you do not wish to participate and now wish to participate the pledge status must be updated.

If you have previously indicated that you do wish to participate and now wish to withdraw, the pledge status must be updated.

If you are not already signed in to *My QualityNet*, follow Steps 1 - 6 provided in Section 1 “Notice of Participation Process” in this document, and continue with the steps below.

1. Select **[Change Pledge]** in the Current Pledge Status section.

Hospital Inpatient: RHQDAPU Pledge | RHQDAPU Notice of Participation

Provider

Name	Medicare Accept Date	CCN
TEST	05/25/2010	001122

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**Current Pledge Status**

Click the Fiscal Year for which you wish to view History.

[Change Pledge](#)

Fiscal Year	Pledge Status	Pledge Date	Added By
2012	Participating	07/22/2010 05:35:11 ET	TEST_USER

[Change Pledge](#)

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2. Select either **[Agree to participate]** or **[Request to be withdrawn from participation]**.

Hospital Inpatient: RHQDAPU Pledge | Add/Change Pledge

**Provider**

Name	Medicare Accept Date	TEST	CCN	
ACUTEH12	05/25/2010	TEST	961	001122

< Exit to My Tasks | Return to Menu | **Print**

**Add/Change Pledge**

Review the Pledge below, choose an option and enter your Password to confirm.

**Reporting Hospital Quality Data for Annual Payment Update Notice of Participation (Pledge Form) - Agreement**

The hospital agrees to follow procedures for participating in the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program as outlined in the [federal regulations](#) found in the Federal Register, or is indicating its decision to decline participation.

Each hospital must complete this "RHQDAPU Notice of Participation" as outlined in the [RHQDAPU Reference Checklist on QualityNet](#) and in the [federal regulations](#) found in the Federal Register. In an effort to alleviate the burden associated with submitting this form annually, effective with the RHQDAPU Notice submitted for participation in FY 2008 or later, a hospital that indicated its intent to participate will be considered an active RHQDAPU participant until CMS determines a need for replugging, or the hospital submits a withdrawal to CMS. (see below)

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 that do not follow the guidelines as outlined in the [federal regulations](#) may receive a reduction of 2.0 percent in their Medicare Annual Payment Update (APU) for the applicable fiscal year. In order to avoid the reduction in their Annual Payment Update, hospitals must also continue to display quality information for public viewing as required by section [1886\(b\)\(3\)\(B\)\(viii\)\(VII\) of the Social Security Act](#). Before this information is displayed, hospitals will be permitted to review their information as it is recorded. Based on section [1886\(b\)\(3\)\(B\)\(viii\)\(V\) of the Social Security Act](#), for payments beginning with FY 2008, CMS is required to add other measures that reflect consensus among affected parties. Eligible hospitals must follow the regulations as outlined in the [federal regulations](#) and as summarized in the [RHQDAPU Reference Checklist on QualityNet](#).

In order to receive the full market basket update, CMS must publish on [Hospital Compare](#) the hospital's submitted data for the required measures. Data aggregated at the hospital level will be provided to the Secretary.

We entities operating under the submitted CCN...

**Agree to participate.**  
 **Do not agree to participate.**  
 **Request to be withdrawn from participation.**

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

By entering my password, I hereby issue this RHQDAPU Pledge with the specified direction contained within

**Cancel** **Save**

3. Enter your *QualityNet* password.
4. Select **[Save]** to submit the pledge.

## Section 3 Additional Campus Information

To improve the transparency and usefulness of the *Hospital Compare* website, hospitals are encouraged to report the name and address of each hospital that shares the same CMS Certification Number (CCN). When a hospital has additional campuses that share the same CCN, the additional campus information must be entered.

### Definition of Campus

The definition of “campus” is:

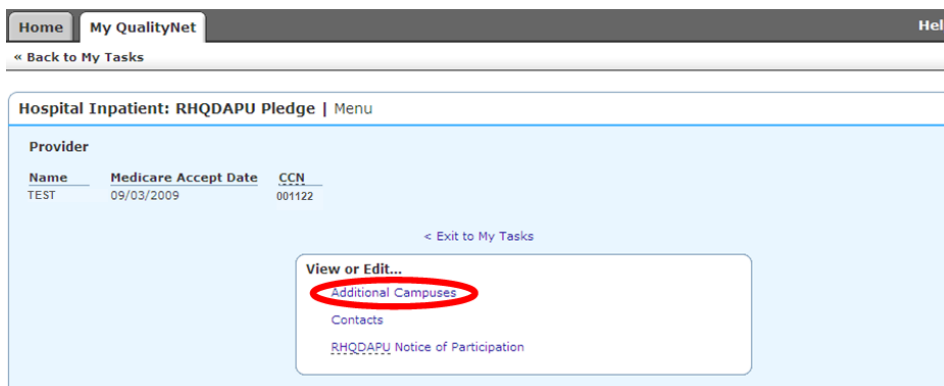
- The physical area immediately adjacent to the hospital's main buildings.
- Other areas and structures not strictly contiguous to the main buildings, but located within 250 yards of the main buildings.
- Any other areas determined on an individual case basis by the CMS Regional Office to be part of the provider's campus (from [42CFR413.65](#)).

Based on this CMS definition of a campus, additional campus providers are acute care inpatient hospitals who bill services with the same CCN and whose buildings, other areas, or structures are more than 250 yards from the main building or campus.

### Add Campus Information

If you are not already signed in to *My QualityNet*, follow Steps 1 - 5 provided in Section 1 “Notice of Participation Process” in this document, and continue with the steps below.

1. Select the “Additional Campuses” link from the Hospital Inpatient: RHQDAPU Pledge menu.



2. Select **[Add New]**.

Hospital Inpatient: RHQDAPU Pledge | Additional Campuses

**Provider**

Name	Medicare Accept Date	CCN
TEST	05/25/2010	001122

- A campus means the physical areas immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS Regional Office, to be part of the provider's campus. (42CFR413.65).
- To improve the transparency and usefulness of Hospital Compare, hospitals are required to report the name and address of each hospital that shares the same CMS Certification Number (CCN). Enter all additional campuses that share the same CCN.
- Based on this CMS definition of a campus, additional-campus providers are acute care inpatient hospitals who bill services with the same CCN and whose buildings, other areas, or structures are more than 250 yards from the main building or campus.

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**Additional Campuses**

No Campuses added for this Provider.

**Add New**

3. Complete the fields in the Add New Campus section.

4. Select **[Save]**.

Hospital Inpatient: RHQDAPU Pledge | Add New Campus

**Provider**

Name	Medicare Accept Date	CCN
TEST	05/25/2010	001122

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**Add New Campus**

\* Indicates required fields.

**Campus Name**      Campus Name\*

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**Address**

Address #1\*

Address #2

Address #3

City\*      State\*      ZIP\*      +4

            -

**Save**      **Cancel**

## Update Campus Information

The Additional Campuses screen displays the new additional campus information along with any other additional campuses entered previously. Select the Campus Name link to update.

**Hospital Inpatient: RHQDAPU Pledge | Additional Campuses**

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**Provider**

Name	Medicare Accept Date	CCN
TEST	05/25/2010	001122

- A campus means the physical areas immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS Regional Office, to be part of the provider's campus. (42CFR413.65).
- To improve the transparency and usefulness of Hospital Compare, hospitals are required to report the name and address of each hospital that shares the same CMS Certification Number (CCN). Enter all additional campuses that share the same CCN.
- Based on this CMS definition of a campus, additional-campus providers are acute care inpatient hospitals who bill services with the same CCN and whose buildings, other areas, or structures are more than 250 yards from the main building or campus.

[< Exit to My Tasks](#) | 
 [Return to Menu](#) | 
 [Print](#)

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**Additional Campuses**  
Select a Campus Name to view or edit.

Campus Name	Address	City	State	ZIP
<a href="#">Test Campus</a>	Test Avenue	Test	AL	01012

[Add New](#)

[< Exit to My Tasks](#) | 
 [Return to Menu](#) | 
 [Print](#)

## Remove Campus Information

Contact the QualityNet Helpdesk at, [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org), for assistance to remove an additional campus.

## Section 4 Contacts

Hospitals must have at least one contact designated to receive updates from IPledge when changes are made to pledge status and/or additional campus information.

If you are not already signed in to *My QualityNet*, follow Steps 1 - 5 provided in Section 1 “Notice of Participation Process” in this document, and continue with the steps below.

1. Select the “Contacts” link from the Hospital Inpatient: RHQDAPU Pledge menu.

Hospital Inpatient: RHQDAPU Pledge | Menu

Provider

Name	Medicare Accept Date	CCN
TEST	09/03/2009	001122

< Exit to My Tasks

**View or Edit...**

Additional Campuses

**Contacts**

RHQDAPU Notice of Participation

< Exit to My Tasks

2. Select **[Add New]**.

Hospital Inpatient: RHQDAPU Pledge | Contacts

Provider

Name	Medicare Accept Date	CCN
TEST	09/03/2009	001122

< Exit to My Tasks | Return to Menu | **Print**

**Contacts**

Select a Contact Name to view or edit.

Contact Type	Contact Name	Telephone	Extension	Address	E-Mail	E-Mail if Pledge, Contacts or Campus Status Changes
ADMINISTRATOR	John Doe			111 Test Ave Test City, IA 55222	JDoe@test.org	
CEO	Jane Doe	(555)555-1323		111 Test Drive Test, IA 11555	JDoe@Test.org	Yes

**Add New**

< Exit to My Tasks | Return to Menu | **Print**

3. Complete the fields.
4. Select **[Save]**.

Note: Available Contact Types are Administrator, CEO, CEO Authorized Designee and CFO.

**Add New Contact**  
\* Indicates required fields.

**Contact Type**      Contact Type\*

Select ▼

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**Contact Name**      Contact Name\*

---

**Position**      Job Title

---

**E-Mail**      E-mail Address\*

Re-enter E-mail Address\*   E-Mail if Pledge, Contact or Campus data change.

At least one contact for e-mail notification is required

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**Address**      Address #1\*

Address #2

Address #3

City\*       State\*       ZIP\* +4  -

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**Phone**      Phone (Area Code) Number      Extension

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**Fax**      Fax (Area Code) Number

**Save**    Cancel

The Hospital Inpatient: RHQDAPU Pledge – Contacts screen displays. Changes to existing contacts can be made by selecting the Contact Name.

**Hospital Inpatient: RHQDAPU Pledge | Contacts**

**Provider**

<b>Name</b> TEST	<b>Medicare Accept Date</b> 09/03/2009	<b>CCN</b> 001122
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< Exit to My Tasks | Return to Menu | **Print**

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**Contacts**

Select a Contact Name to view or edit.

Contact Type	Contact Name	Telephone	Extension	Address	E-Mail	E-Mail if Pledge, Contacts or Campus Status Changes
ADMINISTRATOR	John Doe			111 Test Ave Test City, IA 55222	JDoe@test.org	
CEO	Jane Doe	(555)555-1323		111 Test Drive Test, IA 11555	JDoe@Test.org	Yes

**Add New**

< Exit to My Tasks | Return to Menu | **Print**

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This material was prepared by IFMC, the Hospital Inpatient Reporting Program Support Center for the Hospital Reporting Program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

9SoW-IA-RHQDAPU-08/10-091a