Click or tap to enter a date.

Enter Hospital Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), or Chief Quality Officer (CQO) Name

Enter Hospital CEO, CFO, CMO, or CQO Title

Enter Hospital Name

Enter Hospital Street Address

Enter Hospital City, NJ Enter Hospital Zip Code

Dear New Jersey Department of Health (DOH),

Enter Hospital Name does **not** intend to participate in either the behavioral or maternal health components of the Quality Improvement Program – New Jersey (QIP-NJ), starting on July 1, 2021. By declining to participate, Enter Hospital Name acknowledges and agrees to the following:

1. The hospital acknowledges QIP-NJ has been approved by the Centers for Medicare and Medicaid Services (CMS) for one-year, starting July 1, 2021, and DOH is actively working with CMS to renew the program for future years.
2. Hospital participation in QIP-NJ is voluntary. By not participating in Measurement Year 1 (MY1) of QIP-NJ, the hospital will not receive payment in MY1.
3. If the hospital elects to participate in QIP-NJ in a subsequent MY, the hospital must provide: (1) the necessary baseline data to determine performance targets and payment calculations and (2) a completed Letter of Intent confirming participation and agreeing to program conditions. The hospital also agrees that if it elects to participate in subsequent MYs, it will be required to close 50% of the performance gap from the prior MY in addition to the full gap of the MY in which the hospital joins as a participant.
4. Continued funding of QIP-NJ is subject to receipt of any additional approvals from CMS as well as annual budget appropriations by the State of New Jersey.
5. The hospital will update DOH on any changes to hospital leadership and National Provider Identifiers (NPIs) within one week of the change.

In signing this letter, Enter Hospital Name does **not** intend to participate in QIP-NJ, starting on July 1, 2021, and attests this letter has been completed fully and accurately by an authorized hospital representative.

Enter Name of Hospital Click or tap to enter a date.

Name of Hospital Date

Enter Name of Signatory Enter Title of Signatory

Printed Name of Signatory Title of Signatory

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Signature