Participation Agreement

HSAG Hospital Quality Improvement Contract (HQIC) Partnership

Please complete and return this Participation Agreement

Your hospital was selected by The Centers for Medicare & Medicaid Services (CMS) based on specific criteria in order to qualify for the HQIC Partnership. HSAG requests your hospital leadership's commitment to engage and participate in the HQIC Partnership through 2024.

CMS awarded Health Services Advisory Group (HSAG) the HQIC to support specific hospitals in meeting the following goals:

- *Decrease opioid related adverse events, including deaths, by 7 percent with a focus on Medicare beneficiaries using opioids.*
- *Reduce all-cause harm in hospitals by 9 percent or more, including adverse drug events.*
- *Reduce hospital readmissions by 5 percent.*

My organization commits to participate as a partner with HSAG and SCHA. (September 2020–September 2024)

Executive Name: _____ Title: _____

Signature: _____ Date: _____

Organization Name: _____ CMS Certification # (CCN): _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Please provide the following information for your organization's point of contact:

Name: _____ Title: _____

Signature: _____ Direct Telephone: _____

Email: _____

Return via email to BMorgan@scha.org or, if needed, fax to 803.796.2938.
For more information, please visit www.hsag.com/hqic.

Use Attachment A to enroll multiple sites (page 2 of this document).

Attachment A: Facility List for Multiple Sites

You may email or fax a company facility list in lieu of Attachment A if that is more convenient.

Corporation: _____

Facility Name: _____ CCN: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Email: _____ Phone Number: _____

Facility Name: _____ CCN: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Email: _____ Phone Number: _____

Facility Name: _____ CCN: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Email: _____ Phone Number: _____