

## How should I complete the MiHIN CQMR Terms of Service (ToS)?

To be accepted, the completed ToS must include:

- Name of Participating Entity (should be only one organization per agreement)
  - o *Organizations wishing to include their 100% owned subsidiaries may do so by simply listing the parent organization for those subsidiaries.*
- Name (printed, of signatory)
- Title (of signatory)
- Date
- Signature (not printed, of signatory)

<p><b>AGREED AND ACCEPTED</b> </p> <p>Participating Entity: <u>ABC Clinic of Oregon</u></p> <p><u>Jane Doe</u></p> <p>Name: <u>Jane Doe</u></p> <p>Title: <u>CAO</u>      Date: <u>3/25/17</u></p>	<p><b>AGREED AND ACCEPTED</b> </p> <p>Participating Entity: <u>ABC Clinic of Oregon</u></p> <p><u>Jane Doe</u></p> <p>Name: <u>Jane Doe</u></p> <p>Title: <u>CAO</u>      Date: <u>3/25/17</u></p>
--	--

1. Signature line (below Participating Entity) on ToS must include signature (in addition to printed name). ToS cannot have two signatures, two printed names, or be missing one or the other. Printed and signed name must match.

## How should I complete the OHA Organizational Participation Agreement?

To be accepted, the completed Organizational Participation Agreement must include:

- Organization name (should only be one organization per agreement)
  - o *Organizations wishing to include their 100% owned subsidiaries may do so by simply listing the TINs for those subsidiaries (but excluding the names).*
- Tax ID number (TIN)
- Name (printed, of signatory)
- Title (of signatory)
- Date
- Signature (not printed, of signatory)

<p><u>ABC Clinic of Oregon</u></p> <p>Organization Name</p> <p><u>12-3456789</u></p> <p>Tax Identification Number(s) (TIN(s)) for Organization, as registered in OneHealthPort</p> <p><u>Jane D.</u>      <u>CAO</u></p> <p>Printed Name of Authorized Representative      Title</p> <p><u>Jane Doe</u>      <u>3/25/17</u></p> <p>Signature of Authorized Representative      Date</p>	<p><u>ABC Clinic of Oregon</u></p> <p>Organization Name</p> <p><u>12-3456789</u></p> <p>Tax Identification Number(s) (TIN(s)) for Organization, as registered in OneHealthPort</p> <p><u>Jane Doe</u>      <u>CAO</u></p> <p>Printed Name of Authorized Representative      Title</p> <p><u>Jane Doe</u>      <u>3/25/17</u></p> <p>Signature of Authorized Representative      Date</p>
---	--

2. Signature line must include signature (in addition to printed name). Organizational Participation Agreement cannot have two signatures, two printed names, or be missing one or the other. Printed and signed name must match.





## What else does MiHIN require before accepting the ToS and Organizational Participation Agreement?

Titles, signatories, and participating entities must match between the OHA Organizational Participation Agreement and the MiHIN ToS.

## My organization has multiple subsidiaries with different TINs. How should I complete the Organizational Participation Agreement?

1. Include only the name of the parent organization on the “Organization Name” line
2. Include the TIN for the parent organization and each associated subsidiary of the parent organization on the TIN line

<b>Organization ABC</b>	
Organization Name	
<b>12-3456789; 98-7654321; 36-9826384; 63-8501829</b>	
Tax Identification Number(s) (TIN(s)) for Organization, as registered in OneHealthPort	
<b>Jane Doe</b>	<b>Executive VP and Chief Financial Officer</b>
Printed Name of Authorized Representative	Title
 	<b>03/26/2019 11:11 AM EDT</b>
Signature of Authorized Representative	Date

- ❖ If all subsidiaries are included on the “Organization Name” line, MiHIN will require an Organizational Participation Agreement be filled out for each individual organization.
- ❖ If the Organizational Participation Agreement is submitted with just the parent organization name and TIN (without the TINs of each associated subsidiary), only the parent organization will be approved and granted access to the CQMR.