

Request Form for Withholding/Footnoting Data for Public Reporting

Overview

Hospitals and other facilities participating in the Hospital Inpatient Quality Reporting (IQR) Program, Hospital Outpatient Quality Reporting (OQR) Program, PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, Ambulatory Surgical Center Quality Reporting (ASCQR) Program, Hospital Value-Based Purchasing (VBP) Program, Hospital Readmissions Reduction Program (HRRP), and/or Hospital-Acquired Condition (HAC) Reduction Program, respectively, agree to have data publicly reported on a designated CMS website. Hospitals voluntarily reporting inpatient data with an Optional Public Reporting Notice of Participation have the option to withhold data from public reporting for those measures listed in **Table 1**.

Hospitals and other facilities participating in the Hospital IQR Program, Hospital OQR Program, PCHQR Program, IPFQR Program, ASCQR Program, Hospital VBP Program, HRRP, and/or HAC Reduction Program can submit a request for CMS review to add a footnote to claims-based measure data included in public reporting on [Care Compare](#) or its successor website, for those measures listed in **Table 2**.

Request Form Submission Information

Please complete the applicable sections of this form and **fax or email the completed form** to the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support via:

Secure fax:
1-877-789-4443

Email:
QRFormsSubmission@hsag.com

Contact Information

All hospitals and facilities must provide the required contact information; required fields are marked with an asterisk (*).

Facility/Hospital Specifics

| | |
|---|--|
| *Facility Name: | |
| *CMS Certification Number (CCN)/National Provider Identifier (NPI): | |
| *Street Address: | |
| *City, State, ZIP Code: | |
| *Facility Contact Name: | |
| *Facility Contact Phone Number: | |

Request Form for Withholding/Footnoting Data for Public Reporting

Facility/Hospital Chief Executive Officer (or designee)

| | |
|--------------------|--|
| *Name: | |
| *Title: | |
| *Date: | |
| *Signature: | |

Withholding/Footnoting Form

This section of the form provides the instructions for completing the withholding/footnoting form and is divided into subsections for those hospitals voluntarily participating in inpatient public reporting on *Care Compare* and those hospitals and facilities that are statutorily included in the Hospital IQR, Hospital OQR, PCHQR, IPFQR, ASCQR, Hospital VBP, HRRP, and/or HAC Reduction Programs.

Hospitals Voluntarily Participating in Inpatient Public Reporting

The following information is applicable only to those hospitals *voluntarily participating* in inpatient public reporting on *Care Compare* or its successor website, with an Optional Public Reporting Notice of Participation.

This form must be received no later than **the last day of the applicable preview period**, for hospitals not participating in public reporting with an Optional Public Reporting Notice of Participation.

NOTE: Forms received after the end of the preview period will not be considered for that Public Reporting release.

My hospital has reviewed its Preview Report. For this preview period, we wish to withhold from public reporting data submitted for the measure(s) as indicated below.

Hospitals voluntarily participating in inpatient public reporting with an Optional Public Reporting Notice of Participation may withhold any or all of the measures listed in the following table, by marking the Withhold column. If a measure that is included in the calculation of the Overall Star Rating is withheld from public reporting, then the Overall Star Rating will be withheld as well.

Table 1: Measures for Withholding for Hospitals Voluntarily Participating in Public Reporting

| Measure ID | Withhold | Measure ID | Withhold |
|--------------------------|----------|---------------------------|----------|
| IMM-3 (HCP Flu Vac) | | PSI-10 | |
| IMM-4 (HCP COVID-19 Vac) | | PSI-11 | |
| MORT-30-AMI | | PSI-12 | |
| MORT-30-CABG | | PSI-13 | |
| MORT-30-COPD | | PSI-14 | |
| MORT-30-HF | | PSI-15 | |
| MORT-30-PN | | CMS PSI-90 | |
| MORT-30-STK | | SEP-1 | |
| READM-30-AMI | | HCAHPS | |
| READM-30-CABG | | Overall Star Ratings | |
| READM-30-COPD | | HAI-1 (CLABSI) | |
| READM-30-HF | | HAI-2 (CAUTI) | |
| READM-30-PN | | HAI-3 (SSI: Colon) | |
| READM-30-HIP-KNEE | | HAI-4 (SSI: Hysterectomy) | |
| COMP-HIP-KNEE | | HAI-5 (MRSA) | |

Request Form for Withholding/Footnoting Data for Public Reporting

| Measure ID | Withhold | Measure ID | Withhold |
|------------------|----------|--------------------|----------|
| EDAC-30-AMI | | HAI-6 (C. diff.) | |
| EDAC-30-HF | | MSPB-1 | |
| EDAC-30-PN | | Maternal Morbidity | |
| PAYM-30-AMI | | HCHE/FCHE | |
| PAYM-30-HF | | SDOH-1 | |
| PAYM-30-PN | | SDOH-2 | |
| PAYM-90-HIP-KNEE | | HYBRID HWM | |
| PSI-03 | | HYBRID HWR | |
| PSI-04 | | | |
| PSI-06 | | | |
| PSI-08 | | | |
| PSI-09 | | | |

Facilities Participating in Hospital IQR, OQR, PCHQR, IPFQR, ASCQR, HVBP, HRRP, DRA HAC and/or HAC Reduction Programs

The following form is intended to allow facilities that are statutorily required to participate in programs to request a footnote be added to their data on the *Care Compare* or its successor website in the event that the facility identifies errors in their claims-based measure data during the preview or review and correction period. The footnote would be added to the data and would indicate that the facility has identified errors in their data. **NOTE:** Forms received after the end of the applicable program-specific Preview Period or Review and Corrections Period will not be considered.

My facility has reviewed its Preview Report and/or Review and Corrections Report. We wish to request CMS review to add a footnote to public reporting data calculated for the program(s) and measure(s) as indicated below.

Facilities may request CMS review to footnote any or all of the claims-based measures listed in the following table, by marking the Footnote column for the requested measure(s). When a measure is included in the calculation of the Overall Star Rating is footnoted, then the Overall Star Rating will be footnoted as well.

Table 2: Measures for Footnoting¹

| Measure ID | Footnote | Measure ID | Footnote |
|-------------------|----------|--------------|----------|
| MORT-30-AMI | | PSI-15 | |
| MORT-30-CABG | | CMS PSI-90 | |
| MORT-30-COPD | | MSPB-1 | |
| MORT-30-HF | | OP-8 | |
| MORT-30-PN | | OP-10 | |
| MORT-30-STK | | OP-13 | |
| READM-30-AMI | | OP-32 | |
| READM-30-CABG | | OP-35 ADM | |
| READM-30-COPD | | OP-35 ED | |
| READM-30-HF | | OP-36 | |
| HYBRID HWR | | OP-39 | |
| READM-30-PN | | FAPH-7 | |
| READM-30-HIP-KNEE | | FAPH-30 | |
| COMP-HIP-KNEE | | READM-30-IPF | |
| EDAC-30-AMI | | MEDCONT | |
| EDAC-30-HF | | PCH-30 | |

¹ Footnoting does not affect a facility's payment adjustment.

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| Measure ID | Footnote | Measure ID | Footnote |
|------------------|----------|---------------------------------------|----------|
| EDAC-30-PN | | PCH-31 | |
| PAYM-30-AMI | | PCH-32 | |
| PAYM-30-HF | | PCH-33 | |
| PAYM-30-PN | | PCH-34 | |
| PAYM-90-HIP-KNEE | | PCH-35 | |
| PSI-03 | | PCH-36 | |
| PSI-04 | | PCH-37 | |
| PSI-06 | | ASC-12 | |
| PSI-08 | | ASC-17 | |
| PSI-09 | | ASC-19 | |
| PSI-10 | | ASC-18 | |
| PSI-11 | | Foreign Object Retained After Surgery | |
| PSI-12 | | Blood Incompatibility | |
| PSI-13 | | Air Embolism | |
| PSI-14 | | Falls and Trauma | |
| HYBRID HWM | | | |

Justification

In order to review your request for footnoting of claims-based measures, you will need to submit the following information in box below:

- Provide the number of claims that are impacted, including the encounter dates.
- Provide a description of the problem.
- Provide the plan to fix the claims in error.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1022 (Expires 01-31-2026)**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

CMS Disclosure

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support at (844) 472-4477.