**Crosswalk Summary of IPFQR Collection Forms**

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| **Form** | **Notes** |
| HBIPS measure data collection form | Form reflects minor changes to contact information |
| EHR & Patient Experience data collection form | Newly proposed measures |
| TOB & IMM data collection form | Newly proposed measures |
| SUB-1 data collection form | Form reflects minor changes to contact information |
| Vendor authorization form | Form reflects minor changes to contact information |
| Notice of Participation Agreement | Form reflects minor changes to contact information, as well as the addition of an option for IPFs to indicate their intent not to participate or withdraw from the Program |
| Data Accuracy Acknowledgement | Form reflects minor changes to contact information |
| Extraordinary circumstances exception form | This form has been revised from last year and will be submitted with IQR PRA package.  |
| Reconsideration request form | This form has been revised from last year and will be submitted with IQR PRA package. |