

Summary of Hospital Inpatient Quality Reporting (IQR) Program Information Collection
Forms: Updates for the FY 2017 IPPS Final Rule

Form	Notes on Updates
Hospital Inpatient Quality Reporting Notice of Participation	No updates/changes to previously submitted form. Form still in use.
Hospital Inpatient Quality Reporting (IQR) Program Data Accuracy and Completeness Acknowledgement (DACA)	Form resubmitted to update applicable program year; remove "if submitted" from electronic clinical quality measures (eCQMs), since submission for the Hospital Inpatient Quality Reporting (IQR) Program is mandatory per the FY 2016 IPPS/LTCH PPS Final Rule (80 FR 49693 through 49698); and add the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure per the FY 2012 IPPS/LTCH PPS Final Rule (76 FR 51636 through 51637).
Inpatient Hospital Compare Request for Withholding Data from Public Reporting Form	Form resubmitted to remove statement regarding notification authority and to add new measures for the upcoming preview period and <i>Hospital Compare</i> release.
Centers for Medicare & Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) Quality Reporting Programs Measure Exception Form	No updates/changes to previously submitted form. Form still in use.
CMS Quality Reporting Program APU Reconsideration Request Form	No updates/changes to previously submitted form. Form still in use.
Hospital Value-Based Purchasing (VBP) Program Review and Corrections Request Form	Form resubmitted with updates to include submission information.
Hospital Value-Based Purchasing (VBP) Program Appeal Request Form	Form resubmitted with updates to include submission information.
Hospital Value-Based Purchasing (VBP) Program Independent CMS Review Request Form	Form being instituted as part of the independent CMS review process for the Hospital Value-Based Purchasing (HVBP) Program, as finalized in the CY 2014 OPSS Final Rule (78 FR 75120). The independent CMS review process was implemented as an additional appeal process available to hospitals, beyond the existing review and corrections process (77 FR 53578 through 53581 and 76 FR 74544 through 74547) and appeal process codified at 42 CFR § 412.167.
Centers for Medicare & Medicaid Services (CMS) Quality Reporting Program Extraordinary Circumstances Extension/Exemption (ECE) Request Form	Form resubmitted with updates to: (1) add Hospital Inpatient – eCQM; (2) include the End Stage Renal Disease Quality Incentive Program (ESRD QIP); (3) align the request deadline for all programs as to non-eCQM circumstances to within 90 calendar days of the occurrence of an extraordinary circumstance event; and (4) set a request deadline of April 1 st following the end of a reporting period calendar year for eCQM reporting circumstances.
CMS Hospital IQR Program Validation Review for Reconsideration Request	Form resubmitted with updates to add the submission deadline, which is no later than 30 days from the date identified on the Hospital IQR Program Annual Payment Update Notification Letter provided to the hospital, as codified at 42 CFR § 412.140(e).
Validation Templates for each of the following measures: <ul style="list-style-type: none"> • Central line-associated bloodstream infection (CLABSI); • Catheter-associated urinary tract infection (CAUTI); • Methicillin-resistant Staphylococcus Aureus (MRSA); and • Clostridium Difficile Infection (CDI) 	Templates resubmitted with updated dates; updated annually with each new selection of hospitals for validation.