

Hospital Compare

Request for Withholding Data from Public Reporting Form 2017

Overview

Hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program agree to have data publicly reported on [Hospital Compare](#). Hospitals not participating in the Hospital IQR Program with an Optional Public Reporting Notice of Participation (NOP) have the option to withhold data from public reporting on [Hospital Compare](#), for those measures listed in Table 1.

Hospitals participating in the Hospital IQR Program, Hospital Value-Based Purchasing (VBP) Program, Hospital Readmissions Reduction Program, and/or Hospital-Acquired Condition (HAC) Reduction Program can submit a request for CMS review to withhold data from public reporting on [Hospital Compare](#), 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 Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

Secure fax:
1-877-789-4443

Email:
QRSupport@HCOIS.org

Contact Information

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

Hospital/Health System Specifics

*Hospital Name:	
*CMS Certification Number (CCN):	
*Street Address:	
*City, State, ZIP Code:	
*Hospital Contact Name:	
*Hospital Contact Phone Number:	

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Hospital/Health System Chief Executive Officer (or designee)

*Name:	
*Title:	
*Date:	
*Signature:	

Instructions for Completing the Withholding Form

This section of the form provides the instructions for completing the withholding form and is divided into subsections for those hospitals not participating in the Hospital IQR Program and those hospitals included in the Hospital VBP, Hospital Readmissions Reduction, and/or HAC Reduction Programs.

Hospitals Not Participating in Hospital IQR Program

The following information is applicable only to those hospitals not participating in the Hospital IQR Program with an Optional Public Reporting NOP.

This form must be received no later than **August 10, 2017**, for hospitals not participating in the Hospital IQR Program with an Optional Public Reporting NOP.

***NOTE:** Forms received after the end of the preview period will not be considered for the October 2017 Hospital Compare 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 not participating in the Hospital IQR Program with an Optional Public Reporting NOP may suppress any or all of the measures listed in the following table, by marking the Suppress column.

Table 1: Measures for Suppression for Hospitals Not Participating in Hospital IQR Program

Measure ID	Measure Name	Suppress
STK-4	Thrombolytic Therapy	
VTE-5	Venous Thromboembolism Warfarin Therapy Discharge Instructions	
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	
ED-1b	Median Time from Emergency Department (ED) Arrival to ED Departure for Admitted ED Patients	
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	
IMM-2	Influenza Immunization	

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Measure ID	Measure Name	Suppress
PC-01	Elective Delivery	
STRUCTURAL_SAFE_SURG	Safe Surgery Checklist Use	
STRUCTURAL_NURSING	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	
STRUCTURAL_GEN_SURG	Participation in a Systematic Clinical Database Registry for General Surgery	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	
MORT-30-CABG	30-Day Mortality Following Coronary Artery Bypass Graft (CABG) Surgery	
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	
MORT-30-PN	Pneumonia 30-Day Mortality Rate	
MORT-30-STK	Acute Ischemic Stroke 30-Day Mortality Rate	
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	
READM-30-CABG	30-Day Readmission Following Coronary Artery Bypass Graft (CABG) Surgery	
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	
READM-30-PN	Pneumonia 30-Day Readmission Rate	
READM-30-STK	Acute Ischemic Stroke 30-Day Readmission Rate	
READM-30-HOSPWIDE	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	
READM-30-HIP-KNEE	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
COMP-HIP-KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
EDAC-30-AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	

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Measure ID	Measure Name	Suppress
EDAC-30-HF	Excess Days in Acute Care after Hospitalization for Heart Failure	
PAYM-30-AMI	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	
PAYM-30-HF	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	
PAYM-30-PN	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	
PAYM-90-HIP-KNEE	Risk-Standardized Payment Associated with a 90-Day Episode of Care for THA/TKA	
PSI-3	Pressure Ulcer Rate	
PSI-4	Death rate among surgical inpatients with serious treatable complications	
PSI-6	Iatrogenic pneumothorax, adult	
PSI-8	In-Hospital Fall With Hip Fracture Rate	
PSI-9	Postoperative Hemorrhage or Hematoma Rate	
PSI-10	Postoperative Acute Kidney Injury Requiring Dialysis Rate	
PSI-11	Postoperative Respiratory Failure Rate	
PSI-12	Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)	
PSI-13	Postoperative Sepsis Rate	
PSI-14	Postoperative wound dehiscence	
PSI-15	Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	
PSI-90	Patient Safety and Adverse Events (modified composite)	
IMM-3	Healthcare Personnel Influenza (HCP) Vaccination	
EDV-1	Emergency Department Volume	

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Hospitals Participating in Hospital IQR, Hospital VBP, Hospital Readmissions Reduction, and/or HAC Reduction Programs

The following information is applicable only to those hospitals participating in the Hospital IQR, Hospital VBP, Hospital Readmissions Reduction, and/or HAC Reduction Programs.

NOTE: Forms received after the end of the program-specific Preview Period or Review and Corrections period will not be considered.

My hospital has reviewed its Preview Report and/or Review and Corrections Report. We wish to request a review to withhold from public reporting data submitted for the program(s) and measure(s) as indicated below.

Hospitals participating in the Hospital IQR Program, Hospital VBP Program, Hospital Readmissions Reduction Program, and/or HAC Reduction Program may request CMS review to suppress any or all of the measures listed in the following table, by marking the Suppress column and indicating the Reporting Program(s).

Table 2: Measures for Suppression for Hospitals Participating in Hospital IQR, Hospital VBP, Hospital Readmissions Reduction, and/or HAC Reduction Programs¹

Measure ID	Measure Name	Suppress	Program(s)
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate		
MORT-30-CABG	30-Day Mortality Following Coronary Artery Bypass Graft (CABG) Surgery		
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate		
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate		
MORT-30-PN	Pneumonia 30-Day Mortality Rate		
MORT-30-STK	Acute Ischemic Stroke 30-Day Mortality Rate		
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate		
READM-30-CABG	30-Day Readmission Following Coronary Artery Bypass Graft (CABG) Surgery		
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate		

¹ Suppression does not exempt a hospital from receiving a payment adjustment.

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Measure ID	Measure Name	Suppress	Program(s)
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate		
READM-30-PN	Pneumonia 30-Day Readmission Rate		
READM-30-STK	Acute Ischemic Stroke 30-Day Readmission Rate		
READM-30-HOSPWIDE	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate		
READM-30-HIP-KNEE	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)		
COMP-HIP-KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)		
EDAC-30-AMI	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction		
EDAC-30-HF	Excess Days in Acute Care after Hospitalization for Heart Failure		
PAYM-30-AMI	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction		
PAYM-30-HF	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure		
PAYM-30-PN	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia		
PAYM-90-HIP-KNEE	Risk-Standardized Payment Associated with a 90-Day Episode of Care for THA/TKA		
PSI-3	Pressure Ulcer Rate		
PSI-4	Death rate among surgical inpatients with serious treatable complications		
PSI-6	Iatrogenic pneumothorax, adult		
PSI-7	Central Venous Catheter-Related Bloodstream Infection Rate (Hospital VBP only)		

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Measure ID	Measure Name	Suppress	Program(s)
PSI-8	In-Hospital Fall With Hip Fracture Rate (in the modified composite); Postoperative Hip Fracture Rate (Hospital VBP only)		
PSI-9	Postoperative Hemorrhage or Hematoma Rate		
PSI-10	Postoperative Acute Kidney Injury Requiring Dialysis Rate		
PSI-11	Postoperative Respiratory Failure Rate		
PSI-12	Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)		
PSI-13	Postoperative Sepsis Rate		
PSI-14	Postoperative wound dehiscence		
PSI-15	Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate (in the modified composite); Accidental Puncture or Laceration Rate (Hospital VBP only)		
PSI-90	Patient Safety and Adverse Events (modified composite); Patient Safety for Selected Indicators (Hospital VBP only)		

Justification

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**. 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 estimates(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 21244-1650. **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 Hospital IQR Support Contractor at (844) 472-4477. Expiration Date: xx/xx/xxxx**