

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 (HVBP) 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 publicly 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, HVBP 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 Value, Incentives, and Quality Reporting Outreach and Education Support Contractor via:

Secure fax:
1-877-789-4443

Email:
ORFormsSubmission@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:	

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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 included in the Hospital IQR, Hospital OQR, PCHQR, IPFQR, ASCQR, HVBP, 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		PSI 4	
MORT-30-AMI		PSI 6	
MORT-30-CABG		PSI 8	
MORT-30-COPD		PSI 9	
MORT-30-HF		PSI 10	
MORT-30-PN		PSI 11	
MORT-30-STK		PSI 12	
READM-30-AMI		PSI 13	
READM-30-CABG		PSI 14	
READM-30-COPD		PSI 15	

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Measure ID	Withhold	Measure ID	Withhold
READM-30-HF		PSI 90	
READM-30-PN		PC-01	
READM-30-HOSPWIDE		SEP-1	
READM-30-HIP-KNEE		HCAHPS	
COMP-HIP-KNEE		HAI-1 (CLABSI)	
EDAC-30-AMI		HAI-2 (CAUTI)	
EDAC-30-HF		HAI-3 (SSI: Colon)	
EDAC-30-PN		HAI-4 (SSI: Hysterectomy)	
PAYM-30-AMI		HAI-5 (MRSA)	
PAYM-30-HF		HAI-6 (C. diff.)	
PAYM-30-PN		MSPB	
PAYM-90-HIP-KNEE		Overall Star Ratings	
PSI 3			

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

The following form is intended to allow facilities 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 8	
MORT-30-CABG		PSI 9	
MORT-30-COPD		PSI 10	
MORT-30-HF		PSI 11	
MORT-30-PN		PSI 12	
MORT-30-STK		PSI 13	
READM-30-AMI		PSI 14	
READM-30-CABG		PSI 15	
READM-30-COPD		PSI 90	
READM-30-HF		MSPB	
READM-30-HOSPWIDE		OP-8	

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

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Measure ID	Footnote	Measure ID	Footnote
READM-30-PN		OP-10	
READM-30-HIP-KNEE		OP-13	
COMP-HIP-KNEE		OP-32	
EDAC-30-AMI		FUH-7	
EDAC-30-HF		FUH-30	
EDAC-30-PN		READM-30-IPF	
PAYM-30-AMI		PCH-30	
PAYM-30-HF		PCH-31	
PAYM-30-PN		ASC-12	
PAYM-90-HIP-KNEE		OP-35 ADM	
PSI 3		OP-35 ED	
PSI 4		OP-36	
PSI 6		MEDCOPSY	

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 XX-XX-XXXX)**. 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 Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at (844) 472-4477.**