

**Centers for Medicare & Medicaid Services (CMS)  
Inpatient Prospective Payment System (IPPS) Quality Programs  
Measure Exception Form for Healthcare-Associated Infection (HAI) Data  
Submission**

**NOTE: This Measure Exception Form must be renewed at least annually.**

This Measure Exception Form may be used for the following Healthcare-Associated Infection (HAI) measures: Surgical Site Infection (SSI), Catheter-Associated Urinary Tract Infection (CAUTI), and Central Line-Associated Bloodstream Infection (CLABSI). This form is used by the Hospital Value-Based Purchasing (VBP) Program and the Hospital-Acquired Condition (HAC) Reduction Program.

**Fields marked with an asterisk (\*) are required.**

Specify the applicable quarter(s) for the Measure Exception request(s).

**\*IPPS Measure Exception Information (select all that apply)**

**Specified Colon and Abdominal Hysterectomy Surgical Procedures**

Only hospitals that performed nine or fewer of any of the specified colon and abdominal hysterectomy surgical procedures combined in the calendar year prior to the reporting year are eligible for the SSI Measure Exception.

**Colon and Abdominal Hysterectomy Surgical Site Infection (SSI)**

Hospital performed a **combined total of nine or fewer colon surgeries and abdominal hysterectomies** in the calendar year prior to the reporting year.

Calendar Year prior to reporting year (YYYY) \_\_\_\_\_ Number of procedures performed \_\_\_\_\_

Exclusion requested for Calendar Year (YYYY) \_\_\_\_\_

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**Specified CAUTI and CLABSI Requirements**

As of January 1, 2015, acute care hospitals **are required** to report CLABSI and CAUTI data from all patient care locations that are mapped as National Healthcare Safety Network (NHSN) adult and pediatric medical, surgical, and medical/surgical wards – as provided in the table below – in addition to the ongoing reporting from intensive care units (ICU).

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

Hospitals that do not have the applicable locations for the CLABSI and CAUTI measures must submit an IPPS Measure Exception Form each year to be excepted from CLABSI and CAUTI reporting for CMS programs. Any unit that does not meet the definition of an ICU, Neonatal ICU, or one of the six wards listed above (e.g., unit mapped as orthopedic ward, telemetry ward, step-down unit) **will not be required** for CMS IPPS reporting; any data reported from non-required units in NHSN **will not be submitted** to CMS.

<b>Catheter-Associated Urinary Tract Infection (CAUTI)</b>	
Hospital has no ICU locations and no adult or pediatric medical, surgical, or medical/surgical wards.	
Calendar Year (YYYY) _____	
January 1 through March 31	April 1 through June 30
July 1 through September 30	October 1 through December 31
<b>Central Line-Associated Bloodstream Infection (CLABSI)</b>	
Hospital has no ICU locations and no adult or pediatric medical, surgical, or medical/surgical wards.	
Calendar Year (YYYY) _____	
January 1 through March 31	April 1 through June 30
July 1 through September 30	October 1 through December 31

**Centers for Medicare & Medicaid Services (CMS)  
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**\*Facility Contact Information**

\*CMS Certification Number (CCN): \_\_\_\_\_

\*Facility Name: \_\_\_\_\_

\*CEO/Designee Last Name: \_\_\_\_\_

\*CEO/Designee First Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*CEO/Designee Email Address: \_\_\_\_\_

\*CEO/Designee Telephone Number \_\_\_\_\_ ext. \_\_\_\_\_

I hereby certify that the facility meets the exception criteria and therefore has no data to submit related to the SSI, CLABSI, and/or CAUTI measures, as indicated on this form.

\*Name: \_\_\_\_\_

\*Position: \_\_\_\_\_

\*Signature: \_\_\_\_\_

**Submission Instructions**

**Complete and submit this form via email to [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com), secure fax to 877-789-4443, or *Hospital Quality Reporting Secure Portal*, Managed File Transfer to [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com).**

Following receipt of this request form, CMS will provide an email acknowledgement that the request has been received.

**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 **0938-1352 (Expires 11-30-2025)**. 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.**