

# 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 (PCH) Quality Reporting Program, Inpatient Psychiatric Facility (IPF) Quality Reporting Program, Ambulatory Surgical Center (ASC) Quality Reporting Program, Rural Emergency Hospital (REH) Quality Reporting Program, Hospital Value-Based Purchasing (VBP) Program, Hospital Readmissions Reduction Program, Hospital-Acquired Condition (HAC) Reduction Program, and/or Deficit Reduction Act Hospital-Acquired Condition (DRA HAC) Program, respectively, agree to have data publicly reported on a designated CMS website. Hospitals voluntarily reporting outpatient data or 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 quality programs listed above can submit a request for CMS review to add a footnote to claims-based measure data included in public reporting on [the Compare tool on Medicare.gov](#) 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 and Outpatient Healthcare Quality Systems and Development Program Support contractor via:

Secure fax: 1-877-789-4443

Email: [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@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:	

## Facility/Hospital Chief Executive Officer (or designee)

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

# Request Form for Withholding/Footnoting Data for Public Reporting

## 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 outpatient or inpatient public reporting on *the Compare tool* and those hospitals and facilities that are statutorily included in the quality programs listed above.

### Hospitals Voluntarily Participating in Outpatient or Inpatient Public Reporting

The following information is applicable only to those hospitals *voluntarily participating* in outpatient or inpatient public reporting on *the Compare tool* or its successor website.

This form must be received no later than **the last day of the applicable preview period**, for hospitals voluntarily participating in public reporting.

**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 outpatient or inpatient public reporting 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

Refer to the [Measures and Update Frequency](#) page on Data.CMS.Gov for information related to the publicly reported measure names and update frequency.

Measure ID	Withhold	Measure ID	Withhold
AGE FRIENDLY		OP-29	
CAUTI-ONC		OP-31	
CLABSI-ONC		OP-32	
CMS PSI-90		OP-35 ADM	
COMP-HIP-KNEE		OP-35 ED	
EDAC-30-AMI		OP-36	
EDAC-30-DM		OP-37 (OAS CAHPS)	
EDAC-30-HF		OP-39	
EDAC-30-PN		OP-40 (STEMI)	
HAI-1 (CLABSI)		OP-46 (INFO TRANSFER PRO-PM)	
HAI-2 (CAUTI)		OVERALL STAR RATINGS	
HAI-3 (SSI: COLON)		PSI-03	
HAI-4 (SSI: HYSTERECTOMY)		PSI-06	
HAI-5 (MRSA)		PSI-08	
HAI-6 (C. diff)		PSI-09	
HCAHPS		PSI-10	
HYBRID HWM		PSI-11	
HYBRID HWR		PSI-12	
IMM-3 (HCP FLU VAC)		PSI-13	
ISCMR		PSI-14	
MATERNAL MORBIDITY		PSI-15	
MORT-30-AMI		PSSM	
MORT-30-CABG		READM-30-AMI	

## Request Form for Withholding/Footnoting Data for Public Reporting

Measure ID	Withhold	Measure ID	Withhold
MORT-30-COPD		READM-30-CABG	
MORT-30-HF		READM-30-COPD	
MORT-30-PN		READM-30-HF	
MORT-30-STK		READM-30-HIP-KNEE	
MSBP-1		READM-30-PN	
OP- ExRad (Excessive Radiation)		READM-30-SEP	
OP-10		SEP-1	
OP-18		THA-TKA-PRO-PM (IP)	
OP-22		THA-TKA-PRO-PM (OP-42)	
OP-23			

### Claims-Based Measure Data

The following form is intended to allow facilities that are statutorily required to participate in the quality programs listed above to request a footnote be added to their data on the *Compare tool* 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 Footnoting<sup>1</sup>**

Measure ID	Footnote	Measure ID	Footnote
Air Embolism		OP-36	
ASC-12		OP-39	
ASC-17		OP-46 (INFO TRANSFER PRO-PM)	
ASC-18		PCH-30	
ASC-19		PCH-31	
Blood Incompatibility		PCH-32	
CMS PSI-90		PCH-33	
COMP-HIP-KNEE		PCH-34	
EDAC-30-AMI		PCH-35	
EDAC-30-DM		PCH-36	
EDAC-30-HF		PCH-37	
EDAC-30-PN		PSI-03	
Falls and Trauma		PSI-06	
FAPH-7		PSI-08	
FAPH-30		PSI-09	
Foreign Object Retained After Surgery		PSI-10	
HYBRID HWM		PSI-11	
HYBRID HWR		PSI-12	

---

<sup>1</sup> Footnoting does not affect a facility's payment adjustment.

## Request Form for Withholding/Footnoting Data for Public Reporting

Measure ID	Footnote	Measure ID	Footnote
ISCMR		PSI-13	
MEDCONT		PSI-14	
MORT-30-AMI		PSI-15	
MORT-30-CABG		READM-30-AMI	
MORT-30-COPD		READM-30-CABG	
MORT-30-HF		READM-30-COPD	
MORT-30-PN		READM-30-HF	
MORT-30-STK		READM-30-HIP-KNEE	
MSPB-1		READM-30-IPF	
OP-10		READM-30-PN	
OP-32		READM-30-SEP	
OP-35 (ADM)		THA/TKA PRO-PM (IP)	
OP-35 (ED)		THA/TKA PRO-PM (OP-42)	

### 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.

## Request Form for Withholding/Footnoting Data for Public Reporting

### 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 and Outpatient Systems and Development Program Support at (844) 472-4477.