

# 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, Rural Emergency Hospital Quality Reporting (REHQR) Program, Hospital Value-Based Purchasing (VBP) 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 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, REHQR Program, Hospital VBP 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 [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 Value, Incentives, and Quality Reporting Outreach and Education 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:	

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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 *the Compare tool* and those hospitals and facilities that are statutorily included in the Hospital IQR, Hospital OQR, PCHQR, IPFQR, ASCQR, Hospital VBP, 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 *the Compare tool* 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.

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**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.**

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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 Flu Vac)		PSI-10	
IMM-4 (HCP COVID-19 Vac)		PSI-11	
MORT-30-AMI		PSI-12	
MORT-30-CABG		PSI-13	
MORT-30-COPD		PSI-14	
MORT-30-HF		PSI-15	
MORT-30-PN		CMS PSI-90	
MORT-30-STK		SEP-1	
READM-30-AMI		HCAHPS	
READM-30-CABG		Overall Star Ratings	
READM-30-COPD		HAI-1 (CLABSI)	
READM-30-HF		HAI-2 (CAUTI)	
READM-30-PN		HAI-3 (SSI: Colon)	
READM-30-HIP-KNEE		HAI-4 (SSI: Hysterectomy)	
COMP-HIP-KNEE		HAI-5 (MRSA)	

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Measure ID	Withhold	Measure ID	Withhold
EDAC-30-AMI		HAI-6 (C. diff.)	
EDAC-30-HF		MSPB-1	
EDAC-30-PN		Maternal Morbidity	
PAYM-30-AMI		HCHE/FCHE	
PAYM-30-HF		HYBRID HWM	
PAYM-30-PN		HYBRID HWR	
PAYM-90-HIP-KNEE			
PSI-03			
PSI-04			
PSI-06			
PSI-08			
PSI-09			

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

The following form is intended to allow facilities that are statutorily required to participate in programs 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.

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**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.**

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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
MORT-30-AMI		PSI-15	
MORT-30-CABG		CMS PSI-90	
MORT-30-COPD		MSPB-1	
MORT-30-HF		OP-8	
MORT-30-PN		OP-10	
MORT-30-STK		OP-13	
READM-30-AMI		OP-32	
READM-30-CABG		OP-35 ADM	
READM-30-COPD		OP-35 ED	
READM-30-HF		OP-36	
HYBRID HWR		OP-39	
READM-30-PN		FAPH-7	
READM-30-HIP-KNEE		FAPH-30	
COMP-HIP-KNEE		READM-30-IPF	
EDAC-30-AMI		MEDCONT	
EDAC-30-HF		PCH-30	

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

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Measure ID	Footnote	Measure ID	Footnote
EDAC-30-PN		PCH-31	
PAYM-30-AMI		PCH-32	
PAYM-30-HF		PCH-33	
PAYM-30-PN		PCH-34	
PAYM-90-HIP-KNEE		PCH-35	
PSI-03		PCH-36	
PSI-04		PCH-37	
PSI-06		ASC-12	
PSI-08		ASC-17	
PSI-09		ASC-19	
PSI-10		ASC-18	
PSI-11		Foreign Object Retained After Surgery	
PSI-12		Blood Incompatibility	
PSI-13		Air Embolism	
PSI-14		Falls and Trauma	
HYBRID HWM			

### 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 12-31-2028)**. 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.