Centers for Medicare & Medicaid Services (CMS)
Inpatient Prospective Payment System (IPPS) Quality Reporting Programs

Measure Exception Form for PC, ED, and HAI Data Submission

This Measure Exception Form must be renewed at least annually.

Please Note: Per National Healthcare Safety Network (NHSN) guidelines for 2015 discharges, facilities are now required to report facility-wide Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Bloodstream Infection (CLABSI) for the Hospital Inpatient Quality Reporting (IQR) Program. However, measure exceptions for CAUTI and CLABSI may still be filed for the Hospital Value-Based Purchasing (VBP) and Hospital-Acquired Condition (HAC) Reduction Programs only, as these programs may still use only the specified Intensive Care Unit (ICU) locations. A measure exception for Surgical Site Infection (SSI) may be filed for all three programs (IQR, VBP, and HAC Reduction).

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)

Please Note: ED applies to Hospital IQR Program only.

☐ **Emergency Department (ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients and ED-2: Admit Decision Time to ED Departure Time for Admitted Patients)**

Hospital has no Emergency Department and does not provide emergency care.

Calendar Year (YYYY) _____

☐ January 1 through March 31 ☐ April 1 through June 30

☐ July 1 through September 30 ☐ October 1 through December 31

Please Note: PC-01 applies to Hospital IQR and VBP Programs only.

☐ **Perinatal Care (PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation)**

Hospital has no Obstetrics Department and does not deliver babies.

Calendar Year (YYYY) _____

☐ January 1 through March 31 ☐ April 1 through June 30

☐ July 1 through September 30 ☐ October 1 through December 31

Please Note: SSI applies to Hospital IQR, VBP, and HAC Reduction Programs.

☐ **SSI – Colon Surgery (SSI-Colon and SSI-Abdominal Hysterectomy) ****

Hospital performed **a combined total of 9 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) _____

Centers for Medicare & Medicaid Services (CMS)
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Please Note: CAUTI and CLABSI apply to Hospital VBP and HAC Reduction Programs only.

☐ **Catheter-Associated Urinary Tract Infection (CAUTI)**
Hospital has no Adult or Pediatric ICU locations.

Calendar Year (YYYY) _____

☐ January 1 through March 31
☐ April 1 through June 30
☐ July 1 through September 30
☐ October 1 through December 31

Please Note: CAUTI and CLABSI apply to Hospital VBP and HAC Reduction Programs only

☐ **Central Line-Associated Bloodstream Infection (CLABSI)**
Hospital has no Adult, Pediatric, or Neonatal ICU locations.

Calendar Year (YYYY) _____

☐ January 1 through March 31
☐ April 1 through June 30
☐ July 1 through September 30
☐ October 1 through December 31

**Specified Colon and Abdominal Hysterectomy Surgical Procedures

Only hospitals that performed 9 or fewer of any of the specified colon and abdominal hysterectomy combined in the calendar year prior to the reporting year are eligible for the SSI Measure Exception. The **NHSN Operative Procedure Category Mappings to International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes** (Table 1 extract) is located on NHSN at http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf.

*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 PC, ED, SSI, CLABSI, or CAUTI measures, as indicated on this form.

*Name: _____

*Position: _____

Submission Instructions

Complete and submit this form via the *QualityNet Secure Portal*, Secure File Transfer "WAIVER EXCEPTION WITHHOLDING" group. If unable to submit via Secure File Transfer, please submit via email to QRSupport@hcqis.org or secure fax to 877-789-4443.

Following receipt of this request form, CMS will provide an email acknowledgement that the request has been received. Once a determination has been made, CMS will provide the formal decision regarding the request.