

**Centers for Medicare & Medicaid Services (CMS)
 Inpatient Prospective Payment System (IPPS) Quality Reporting Programs
 Measure Exception Form for PC, ED, and HAI Data Submission**

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, in addition to the ongoing reporting from Intensive Care Units (ICU). The requirement to report from ward locations will be limited to those locations that are mapped as/defined as Centers for Disease Control and Prevention (CDC) adult and pediatric medical, surgical, and medical/surgical wards, as provided below:

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

Any unit that meets the definition of – and is mapped as – a specific type that is not an ICU, Neonatal ICU, or one of the six wards listed above (e.g., mapped as orthopedic ward, telemetry ward, step-down unit) will not be required for CMS IPPS reporting in 2016 and forward; any data reported from non-required units in NHSN will not be submitted to CMS.

Catheter-Associated Urinary Tract Infection (CAUTI)	
Hospital has no ICU locations or 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
Central Line-Associated Bloodstream Infection (CLABSI)	
Hospital has no ICU locations or 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

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

*Name: _____

*Position: _____

Submission Instructions

Complete and submit this form via email to QRSupport@hcqis.org, secure fax to 877-789-4443, or QualityNet Secure Portal, Secure File Transfer “WAIVER EXCEPTION WITHHOLDING” group.

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 **0938-1022**. 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 estimates(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 21244-1650.

Expiration Date: 01-31-2020