

Hospital Inpatient Quality Reporting (IQR) Program Quick Reference Guide Fiscal Year 2025 Annual Payment Update (APU) Reconsideration

Reconsideration Request	Submit the Form
<p data-bbox="196 284 639 349">Download the Reconsideration Request Form</p> <ol data-bbox="196 365 1204 641" style="list-style-type: none">1. Visit https://qualitynet.cms.gov/.2. Select the “Hospitals - Inpatient” link.3. Select “Learn more” below the “Hospital Inpatient Quality Reporting (IQR) Program” link.4. Select the “APU” link.5. Select the “APU Reconsideration” link.6. Select “Download” next to Reconsideration Request Form. <p data-bbox="196 657 1069 722">Complete the Reconsideration Request Form and Provide the Reconsideration Reasons</p> <ul data-bbox="196 738 1244 1112" style="list-style-type: none">• An asterisk (*) indicates a required field. The Centers for Medicare & Medicaid Services (CMS) will not accept the form if any required fields are blank.• Physical addresses are required (i.e., no PO boxes are accepted).• If there is not enough room on the form to completely provide all information about your request, you may continue on a separate document (e.g., a Word document).• Supporting documentation (e.g., emails, reports, screenshots) is not required but may be submitted.• The form should be signed.	<p data-bbox="1271 284 2265 381">Deadline: CMS must receive the form no later than 30 days from the date the hospital received the Hospital IQR Program Annual Payment Update (APU) Notification Letter.</p> <p data-bbox="1271 397 2002 430">The form may be submitted in any of these three ways:</p> <ul data-bbox="1271 446 2265 803" style="list-style-type: none">• Use the <i>Hospital Quality Reporting Secure Portal</i> Managed File Transfer<ul data-bbox="1330 479 2265 722" style="list-style-type: none">○ Go to https://harp.cms.gov/login/login?ADO=MFT and sign in using your HARP User ID and Password○ Open “Mail” then click “Compose”○ Enter QRFormsSubmission@hsag.com in the “To” field○ <i>Uncheck</i> the “Require Registered Users” option○ Attach your document(s) and click “Send”• Fax to (877) 789-4443.• Email to QRFormsSubmission@hsag.com. <p data-bbox="1271 820 2265 917">Note: Follow all Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules. Do not submit any Personal Health Information or other sensitive patient information.</p> <hr/> <p data-bbox="1666 1006 1908 1039">CMS Response</p> <p data-bbox="1271 1071 1989 1104">Upon receipt of the reconsideration request, CMS will:</p> <ul data-bbox="1271 1128 2265 1274" style="list-style-type: none">• Email an acknowledgement to the hospital’s chief executive officer (CEO)/Designee and Security Official (as indicated on the form) that the request has been received.• Notify the CEO/Designee by letter of the reconsideration decision. <p data-bbox="1271 1291 2190 1356">CMS expects the process to take approximately 90 days from receipt of the reconsideration request.</p>