



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program APU Reconsideration Process Reconsideration Requests - Phase 1 FY 2020 Payment Determination

Presentation Transcript

Speaker

Grace Snyder, JD, MPH

Program Lead

Hospital Inpatient Quality Reporting Program and Hospital Value-Based Purchasing Program

Division of Value, Incentives, and Quality Reporting

Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services

Moderator/Speaker

Candace Jackson, ADN

Project Lead

Hospital Inpatient Quality Reporting Program

Hospital Inpatient Value, Incentives, and Quality Reporting

Outreach and Education Support Contractor

March 15, 2019

1:30 p.m. ET

DISCLAIMER: This transcript was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this transcript change following the date of posting, this transcript will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the transcript and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Candace Jackson: Good afternoon, or morning if you're on the west coast, and thank you for joining today's presentation titled "Hospital Inpatient Quality Reporting Program Annual Payment Update Reconsideration Process Reconsideration Requests Phase 1 Fiscal Year 2020 Payment Determination." I am Candace Jackson, the Project Lead for the Hospital Inpatient Quality Reporting Program with the Hospital Inpatient Values, Incentives and Quality Reporting Outreach and Education Support Contractor. I will be your moderator and speaker for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation will be posted to the inpatient website, www.QualityReportingCenter.com, during the reconsideration period, which is approximately through April 8, 2019. As time allows, we will have a question and answer session at the conclusion of the webinar. And at the conclusion, our operator Jenny, will give you instructions on how to submit your questions or ask your questions. Next slide please.

We also have with us today, Grace Snyder, who is the Program Lead for the Hospital Inpatient Quality Reporting Program and Hospital Value-Based Purchasing Program at CMS, and she is here to assist in answering your questions today. Next slide please.

The purpose of today's presentation is to provide information regarding the annual payment update reconsideration process for fiscal year 2020. These APU decisions will affect the hospital's Medicare reimbursement between October 1, 2019 and September 30, 2020. Next slide please.

By the end of today's presentation, you will be able to understand the requirements for the Hospital IQR Program and the APU reconsideration process, including how to file a Reconsideration Request Form with CMS. And at this time, I would now like to turn the presentation over to Grace for a few opening remarks before we proceed. So, Grace, the floor is yours.

Grace Snyder: Thank you Candace. I just want to take a quick moment to welcome everyone and thank you for joining us today, and for your interest in the Hospital IQR Program as part of your broader quality improvement

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

efforts. After today's presentation, please don't hesitate to let us know how we can continue to improve the information and resources that we provide about the Hospital IQR Program throughout the year. Now, I'll turn it back over to you, Candace. Thank you.

Candace Jackson: Okay, great. Thank you, Grace. Next slide, please. For fiscal year 2020, CMS is notifying hospitals that are subject to the Hospital Inpatient Quality Reporting Program payment reduction in two phases. A hospital that fails to meet one or more of the Hospital IQR Program requirements, as specified in the applicable CMS inpatient prospective payment system final rule, are subject to a reduction of one fourth of this market basket update. Phase 1 occurs in March and includes Population and Sampling and the Clinical Process of Care measures, including the Perinatal Care measure, PC-01, for quarters one through three of calendar year 2018. In addition, Phase 1 includes the Healthcare-Associated Infection measures for quarters one through three of calendar year 2018 and the Influenza Vaccination Coverage Among Healthcare Personnel measure for quarter four of calendar year 2017 and quarter one of calendar year 2018. Phase 2 will occur in May, and this will include Population and Sampling and the Clinical Process of Care measures, again including PC-01, for quarter four of calendar year 2018, and also the Healthcare-Associated Infection measures for quarter four of calendar year 2018, and also the eCQM data submission requirements. Additionally, Phase 2 includes all of the other requirements for fiscal year 2020 and these are the submissions of the Hospital Consumer Assessment of Healthcare Providers and Systems survey data, also known as HCAHPS, the Data Accuracy and Completeness Acknowledgement, also known as the DACA, and the Notice of Participation, the *QualityNet* registration and an active security administrator, and additionally it also includes Validation if that is applicable for your hospital. Next slide please.

Phase 1 of the annual payment update determinations is currently in progress, and just to reiterate, the program requirements for Phase 1 of the APU reconsideration process include the submission of the following by the posted submission deadlines, and that is the initial patient population

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

and sample size counts for each of the measure sets which would be the Global, Venous Thromboembolism and Sepsis for quarters one through three of calendar year 2018. It would be the complete data for each of the Clinical Process of Care measures, which would be ED-1, ED-2, IMM-2, VTE-6 and SEP-1, it also includes the web-based PC-01 measure for quarters one through three of calendar year 2018. Additionally, Phase 1 includes a Healthcare-Associated Infection measures that are submitted to NHSN for quarters one through three of calendar year 2018. And those measures include the CAUTI, CLABSI, CDI, Colon and Abdominal Hysterectomy SSI and the MRSA Bacteremia measures. In addition, Phase 1 includes the submission of the Influenza Vaccination Coverage Among Healthcare Personnel measure data to NHSN for quarter four of calendar year 2017 and quarter one of calendar year 2018. Next slide please.

Phase 1 APU determination notification letters were mailed on March 7, 2019 via Fed-Ex priority overnight delivery to those hospitals that did not meet one or more of the Phase 1 requirements. As such, hospitals should have received their letters on March 8, 2019. Requests for reconsideration for Phase 1 decisions are due to CMS 30 days from the date of receipt of the APU determination notification letter. So therefore, if a hospital received its annual payment update determination notification letter on March 8, 2019, it has until April 8 of 2019 at 11:59 PM Pacific Time to file an APU reconsideration request. Next slide please.

An overview of the APU reconsideration process and the APU Reconsideration Request Form can be found on the CMS *QualityNet* website at www.QualityNet.org, or by the direct link that is provided in the slide. Next slide.

To access resources related to the APU reconsideration process from the home page of *QualityNet*, select Hospital Inpatient drop-down and there from the drop-down menu, you will select the Hospital Inpatient Quality Reporting Program link. Next slide.

To be directed the Reconsideration Overview page, select the APU Reconsideration link. To access reconsideration form and for assistance in

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

completing and/or submitting the APU Reconsideration Request Form, scroll down to the bottom of the page and refer to the following resources. And those resources are the Reconsideration and Validation Reconsideration Request Form and the Reconsideration Quick Reference Guide. Next slide please.

When completing the Reconsideration Request Form, a hospital must include the reason it failed, as provided in the APU determination notification letter, and identify the specific reason, or reasons, for believing it did not meet – that it did meet – excuse me, that it did meet this Hospital IQR Program requirement, or requirements, and why they should receive the full APU. Requests should be specific, complete and include details. You will want to make sure that you complete all required fields on the form and these are designated with an asterisk. The completed APU Reconsideration Request Form is then submitted via the *QualityNet Secure Portal* to the Secure File Transfer “APU” group. The form may also be submitted via secure fax to (877) 789-4443 or by email to QRSupport@hcqis.org, all of those are listed here on the slide. Next slide please.

I forgot to say that upon receipt of the reconsideration request, CMS will provide an email acknowledgment to the facility’s CEO and the *QualityNet* Security Administrator, that the form has been received and CMS expects the process to take no longer than approximately 90 days from receipt of the APU Reconsideration Request Form. When a hospital is dissatisfied with the results of CMS' reconsideration, the hospital may file an appeal with the Provider Reimbursement Review Board. An appeal can be filed with the PRRB only after the hospital has submitted a request for reconsideration and received an adverse decision on the request. Hospitals can submit PRRB appeals up to 180 days following the IQR reconsideration determination notification date. Next slide please.

If you have questions related to the APU reconsideration process, they can be submitted to the Hospital IQR Program at the email listed on the slide. Now, at this time, we do have time that we will be able to address your

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

questions. So Jenny, can you please go over the process for them to submit their questions.

Operator: Thank you. If you have any question, please press star then one on your touchtone phone. If you wish to be removed from the queue, please press the pound sign or the hash key. There will be a delay before the first question is announced. If you're using a speaker phone, you may need to pick up the handset first before pressing the numbers. Once again, if you have a question, please press star then one on your touchstone phone. And we have a question from Patricia.

Patricia: Yes. Hello.

Operator: Go ahead Patricia.

Patricia: Okay. For our facility, we did not submit the immunization chart abstractions via the CART tool for two reasons. One, we had a weather disaster that affected our power and internet, which was out during the week prior to the submission deadline, as well as having an open help desk ticket with *QualityNet* for the CART tool not working properly in the days leading up to the weather disaster. So, I've been told by HSAG to fill out an Extraordinary Circumstances Exception form. Would I do that also with the APU? It's the first time we've ever missed submitting anything, so not quite sure. I don't see the connection between the two referenced anywhere.

Grace Snyder: Well, this is a Grace. So, I would suggest going ahead and submitting the ECE or Extraordinary Circumstances Exception request form. The reconsideration request process, it is a separate process and doesn't substitute for an ECE request. But you know, you could also, you know, certainly go ahead and request a reconsideration and complete that process as well just to cover your bases. And you know, that's probably the safest way to make sure all your bases are covered. Yes. But they are two separate processes.

Patricia: And I did understand that that they were two separate, but I didn't know if one needed to come first and then be answered, but then the deadlines don't match up and the response timelines don't match up, so would I

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

reference – I mean I'm already looking at the list, it says, the specific verbiage talks about select one of the CMS determined reasons. Well, I'm not sure that I'm going to see, because it's an ECE reason, such as that listed. So, I just wanted to make sure that I was to do both.

Candace Jackson: This is Candace. Can you tell me which quarter that you did not submit the immunization data?

Patricia: Yes. Third quarter. The one that was due February 15h just for immunization. We have everything else in, or you know accounted for. Like, we don't have an ED department, so we filed the form on that. So, it's just the immunizations that didn't get abstracted. And I still, to this day, don't have my CART tool working completely. I still have an open help desk ticket on it. So –

Candace: Next question. Operator, Jenny?

Operator: If you have a question, please press star then one on your touchtone phone. No further questions at this time.

Candace Jackson: Well, if there are no further questions, we'll give it one last chance here. Anybody else with a question?

Operator: As a reminder, please press star then one on your touchtone phone for questions.

Candace Jackson: No other questions in the queue, Jenny?

Operator: No.

Candace Jackson: Okay. Well, then we again, thank you for joining us today and we hope that you enjoy the rest of your day. Thank you.

Operator: Thank you. Ladies and gentlemen, this concludes today's conference. Thank you for participating. You may now disconnect.