Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program
APU Reconsideration Process
Reconsideration Requests - Phase 2
FY 2018

Presentation Transcript

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Welcome to the Hospital IQR Program APU Reconsideration Process Reconsideration conference call. My name is Jenny and I will be your operator for today's call. At this time, all participants are in a listen-only mode. Later we will conduct a question and answer session. During the question and answer session, if you have a question please press star then 1 on your touchtone phone. Please note that this conference is being recorded. I will now turn the call over to Candace Jackson. Miss Candace Jackson, you may begin.

Thank you, Jenny. Hello, and welcome to the Inpatient Quality Reporting Program webinar entitled Hospital IQR Program APU Reconsideration Process - Reconsideration Requests - Phase 2 FY 2018. My name is Candace Jackson and I am the Hospital Inpatient Quality Reporting Program Support Contract Lead from the Hospital Inpatient Value, Incentives and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements.

This program is being recorded. A transcript of the presentation and the questions and answers will be posted to the inpatient website, www.qualityreportingcenter.com, in the future. Slides were already posted before the event to the Quality Reporting Center website which again is www.qualityreportingcenter.com. At the end of today's presentation, there will be a question and answer session. Please note that we will not being doing the chat feature, so if you have questions, we will be entertaining those live through the operator.

And now I would like to introduce our guest speakers for today, James Poyer and Nekeshia McInnis. James Poyer has supervised a dedicated staff of CMS experts since 2008. Mr. Poyer's division of CMS, administers 5 Value-Based Purchasing Programs and 5 CMS Quality Reporting Programs. These programs incentivize providers for improving quality and transparency through a linked payment to quality and reporting of quality data. Jim has worked at CMS since 2002 and worked at several federal agencies since 1987. He earned his Master's Degree in Surveying Methodology and Business Administration from the University of Maryland, College Park.

Nekeshia McInnis is the Subject Matter Expert for the Inpatient Quality Reporting and Hospital Value-Based Purchasing Programs. Prior to this position, she was a Subject Matter Expert and Task Lead for the Quality Innovation Network-Quality Improvement Organization Program for the Reducing Healthcare-Acquired Conditions in nursing homes and the
Jim Poyer: Thanks, Candace. I’d like to welcome everyone to this call and understand in terms of the importance of, in terms of us getting you the information you need, as potentially, your payments impacted with respect to Medicare inpatient fee for service payment. And would ask you to closely, if you have any, pay attention, in terms of the speakers, in terms of what we’re looking for in terms of the various requirements, and refer to your letter as to the reason, or reasons, that CMS had found that you had not met the reporting requirements that are linked to Medicare payments.

Just also, please refer to the slides and the recordings in terms of how to be able to present. This is your opportunity to be able to, you have to submit the formal inquiry via the QualityNet process that will be outlined later in the deck, to be able to be considered for a reconsideration of the potential payment reduction. We take your input very seriously with respect to, not only impacting your payment, as you need in terms of these payments to be able to impact, in terms of quality of care, for Medicare beneficiaries. Also in terms of, we take this seriously, in terms of how to be able to further improve our program. So with that, we thank you for your attention and please let us know if you have any questions about the process. Also, one more hint, specific information as to how you attempted to comply with the requirement or whether CMS systems or communications had adversely impacted your ability to be able to meet the requirement. And with that, I’m going to turn it over to Nekeshia McInnis. Nekeshia, thanks.

Nekeshia McInnis: Thank you, Jim. Good afternoon, everyone. The purpose of today’s presentation is to provide information regarding the reconsideration process for Fiscal Year 2018.
At the end of today's presentation, you will be able to understand the requirements of the Hospital IQR program and the APU Reconsideration Process, including how to file an APU Reconsideration Request Form with CMS.

For Fiscal Year 2018, CMS is notifying hospitals that are subject to the Hospital Inpatient Quality Reporting payment reduction in two phases. A hospital that's able to meet one or more of IQR program requirements, as specified in the applicable CMS IPPS Final Rule, is subject to a reduction of one-fourth of its market basket updates. Phase 1 occurred in March and included Population and Sampling, Healthcare-associated Infection measures for quarters 1 and 2, Influenza Vaccination Coverage among Healthcare Personnel reported via the NHSN, National Health Safety Network, and the Clinical Process of Care Measures, including the Perinatal Care measure for quarter 1 through 3 of calendar year 2016.

Phase 2 will include Population and Sampling for quarter 4, Healthcare-associated Infection measures for quarters 3 and 4, and the Clinical Process of Care measures, including the Perinatal Care measure, for quarter 4 of calendar year 2016. In addition, Phase 2 also include the Electronic Clinical Quality Measure, or eCQM, additional requirements, as well as the other annual requirements for 2017, which include submission of HCAHPS survey data for calendar year 2016, completion of the Structural Measures, DACA and the Notice of Participation, QualityNet registration, and assignment of an active Security Administrator, Validation, and that's it.

Deb Price: Excuse me, one minute. Nekeshia, you're very, could you check your sound please? Your connection is a little garbled.

Nekeshia McInnis: Should I dial back in?

Deb Price: You sound better now, than you did. This whole slide was very hard to hear.

Nekeshia McInnis: I'll go ahead and repeat the last slide, slide 5. Okay, so for FY 2018, CMS is notifying hospitals that are subject to the Hospital Inpatient Quality Reporting payment reduction in 2 phases. A hospital that fails to meet one or more of IQR requirements, as specified in the applicable CMS IPPS Final Rule, is subject to a reduction of one-fourth of its market basket updates. Phase 1 occurred in March and included Population and Sampling, Healthcare-associated Infection measures for quarters 1 and 2, Influenza Vaccination Coverage among Healthcare Personnel, reported via the National Health Safety Network (NHSN), and the Clinical Process of Care Measures, including the Perinatal Care measure for quarter 1 through 3 of calendar year 2016.
Care measures, including the Perinatal Care measure for quarter 13 of calendar year 2016.

Phase 2 will include Population and Sampling for quarter 4, Healthcare-associated Infection measures for quarters 3 and 4, and the Clinical Process of Care measures, including the Perinatal Care measure for quarter 4 of calendar year 2016. In addition, Phase 2 also includes Electronic Clinical Quality Measure, or eCQM, submission requirements as well as the other annual requirements for 2017, which include submission of the HCAHPS survey data for calendar year 2016, completion of the Structural measures, DACA and the Notice of Participation, QualityNet registration, assignment of an active Security Administrator, and Validation.

Currently there are 3,253 acute care hospitals that are eligible to participate in the Hospital Inpatient Quality Reporting Program.

Phase 2 of the Annual Payment Update determination is currently occurring. The program requirements for Phase 2 of the reconsideration process includes the submission of the following, as per submission deadlines. The initial patient population and sample size counts for each of the measure sets for 4th quarter of calendar year 2016. Complete data for each of the Clinical Process of Care measures including the web-based PC-01 measure for 4th quarter of calendar year 2016, Healthcare-associated Infection measures to NHSN for the 3rd and 4th quarter of calendar year 2016, data for 4 of the 28 available eCQMs for either quarter 3 or quarter 4 of calendar year 2016, HCAHPS survey data for calendar year 2016, the Structural Measures, as well as DACA, and pass Validation requirements if selected.

In addition, Phase 2 includes the completion of a Notice of Participation for new hospitals and being registered with QualityNet along with having an active security administrator.

**Deb Price:** Nekeshia, I'm sorry to interrupt again. Operator, could you please check her phone line?

**Operator:** Yes, I can dial her out if necessary. If you want, you can hang up, Miss Nekeshia and I will dial you out.

**Nekeshia McInnis:** Okay, thank you. Sorry about that.

**Deb Price:** I apologize, attendees, for this delay. It will be taken care of momentarily.

**Operator:** Miss Nekeshia, you're back in conference.
Nekeshia McInnis: Thank you so much. I hope that this won't continue. I apologize about these technical difficulties. I see that we're on slide 7. Would you like for me to back up to that slide or continue on from slide 9?

Deb Price: What slide do you want me on, Nekeshia? Do you want on slide 7 or 8?

Nekeshia McInnis: I'll go ahead and start from slide 7 since that's where the screen is currently, and seeing how folks had difficulties hearing me. But thank you. Okay, so to jump right in again, Phase 2 of the annual payment update determination is currently occurring. The program requirements for Phase 2 of the Reconsideration Process include the submission of the following by the posted submission deadline.

The initial patient population and sample size counts for each of the measure sets for fourth quarter of calendar year 2016. Complete data for each of the Clinical Process of Care measures including the web-based PC-01 measure for 4th of calendar year 2016. Healthcare-associated Infection measures to NHSN for the 3rd and 4th quarter of calendar 2016, data for 4 of the 28 available eCQMs for either quarter 3 or quarter 4 of calendar year 2016.

HCAHPS survey data for calendar year 2016. The Structural measures as well as the DACA, and pass validation requirements if selected.

In addition, Phase 2 includes the completion of the Notice of Participation for new hospitals and being registered with QualityNet, along with having an active Security Administrator. Can everyone hear me?

Deb Price: It's a lot better.

Nekeshia McInnis: Thank you. On to slide 9. Phase 2 APU determination notification letters were mailed on May 25, 2017 via FedEx priority overnight delivery to the hospitals that did not meet one or more of the Phase 2 requirements. As such, hospitals should have received their letters on May 26, 2017. Requests for reconsideration for Phase 2 decisions are due to CMS, 30 days from the date of receipt of the payment notification. Therefore, if the hospital received the APU determination notification letter on May 26, 2017, it has until June 25, 2017 at 11:59 P.M. Pacific, to file an APU Reconsideration Request.

An overview of the reconsideration process including 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.
To access resources related to the APU Reconsideration process from the home page of QualityNet, select the Hospitals tab, Inpatient dropdown. From the dropdown menu, select the Hospital Inpatient Quality Reporting Program link.

To be directed to the Reconsideration Overview page, select the APU Reconsideration link. To access the Reconsideration Forms, and for assistance in completing and/or submitting the Reconsideration Request, scroll to the bottom of the page and refer to the following resources: The Reconsideration and Validation Reconsideration Request Forms and the Reconsideration Quick Reference Guide.

A hospital must include the reason it failed as provided in the CMS APU Determination Notification Letter and identify the specific reason or reasons for believing it did meet the Hospital IQR Program requirements and should receive the full APU. Requests should be specific, complete and include details. The completed APU Reconsideration Request form is 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. Upon receipt of the Reconsideration Request, CMS will provide an email acknowledgment to the facility’s CEO and Quality Administrator, that the form has been received. CMS expects the process to take no longer than approximately 90 days from receipt of the Reconsideration Request form.

A hospital that fails to meet the validation requirements may submit the Validation Review for Reconsideration Request form. This form is in addition to filing an APU Request for Reconsideration form, as explained in the previous slide. This Validation Review for Reconsideration Request form is found on QualityNet and should be filled out completely and accurately. Requests should be specific, complete and include details. A copy of the complete medical record as previously sent to the CDAC for each appealed abstraction control number should be submitted with this form. The completed Validation Review for Reconsideration Request form and medical records can be submitted either through the QualityNet Secure Portal to the secure file transfer “Validation Contract” group, or submitted by mail to the address listed on the form. Upon receipt of this Validation Review for Reconsideration Request, CMS will provide an email acknowledgment to the hospital contact name listed on the form to confirm receipt. CMS expects the process to take no longer than approximately 90 days from receipt of this Validation Review for Reconsideration Request.
When a hospital is dissatisfied with the result of CMS' reconsideration, the hospital may file a Provider Reimbursement Review Board, PRRB, appeal. An appeal can be filed with the PRRB only after the hospital has submitted an APU Request for Reconsideration and receives an adverse decision on that request. Hospitals can submit PRRB appeals up to 180 days following the hospital IQR program reconsideration notification date.

Please submit all questions regarding the APU reconsideration process to the hospital IQR program at the address listed on the slide. Thank you for joining us, and I will now turn the presentation back over to Candace for questions.

Candace Jackson: Thank you, Nekeshia. And again, we apologize for the audio difficulties and hopefully everyone can hear us now. Jenny, we are now ready to go into the question-and-answer session. Can you again direct people as to how they can submit their questions?

Operator: Thank you. We will now begin the question-and-answer session. If you have a 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. If you are using a speakerphone, 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 touchtone phone. We have a question from Maria Zukaski from Kensington Hospital.

Maria Zukaski: Good afternoon. I have a question. I'm calling from Kensington Hospital here in Philadelphia and we're a small community hospital. When I looked at eCQM measures, none of these measures are populations that the hospital treats. So I believe the hospital has to submit a zero denominator declaration and I was just wondering, what form or what do I need to submit in order to have a successful submission?

MaryAnn Jones: Artrina, would you like to take that question?

Artrina Sturges: Yes, thank you. I just wanted to clarify for you. So yes, there is a combination for how that data should be reported. As you indicated, it could be a QRDA Category 1 file, zero denominator declaration, which is what you were thinking would be applicable in your situation, and then also a case threshold exemption, which can be available for reporting when you have 5 or fewer instances within that quarter. So, I believe in your situation, you may be able to utilize the zero denominator declaration. So one thing to keep in mind is the fact that whatever measures you choose to report, your system has to be certified to report those measures. And I don't know if that's something that you've spoken directly with your vendor about or with your IT team internally, but you
may want to take a look at that really quickly to find out what you are able to report. And then if that zero denominator is applicable, we absolutely encourage you to report that, in that way.

**Maria Zukaski:** Okay, so it's coming through the Electronic Health Record itself?

**Artrina Sturges:** Yes. Well, actually, what it would do is it comes in through the *QualityNet Secure Portal*. So what happens is, if you have a zero denominator or a case threshold, if you expect to use that, there would be no expectation of a QRDA file being submitted. So what it has is it has a denominator declaration screen where you would enter those fields for those specific measures that have counts of zero. Any other questions? You okay?

**Maria Zukaski:** No. Thank you. Yes.

**Jim Poyer:** This is Jim Poyer. And your reconsideration request, the deadline for submitting that information was sometime in the middle of March of 2017. You would have to explain in terms of if CMS communications, or if you attempted to submit the information, what had adversely impacted your ability to submit the information by the deadline, or the communications, but that deadline has already taken place.

**Maria Zukaski:** Right. And what I did, I actually submitted a reconsideration request stating that Kensington Hospital does not serve that type of population but, of course, it was denied and I just they told me that I would have to submit the zero denominator declaration. So it was denied.

**Jim Poyer:** I'm sorry. Yeah, if you have additional questions, I would refer you to the email address, the inpatient supported, VIQR.hqis.org, in terms of if you have additional questions about the process and the criteria that would be used to assess your reconsideration request. Thanks.

**Operator:** Our next question comes from Linda Harvey from UPNC.

**Linda Harvey:** Hello. I have a question regarding our audit that we just had. The one, one of our campuses is a very small campus and they only had two SSI charts and one of the charts failed the audit. They were pulled for CAUTI and CLABSI, but none of the CAUTI and CLABSI came across on the validation to be reviewed. So the only thing they had for their yearly audit for HAI were these two records for four quarters. And with the weight of 66.6% lying on two charts, compared to the clinical charts that we use for the clinical process, does that sound valid that that would be something that we should expect to see every year for us to, maybe, fail an audit because of one or two charts?
Mihir Patel: Hi, this is Mihir. I would say that HAI validation is as of now 66.6%. That's how we have it finalized in the final rule. So we have to abide by that and that means whatever cases are qualified for HAI validation will be rated at 66.6% and the clinical part of the scale measure will be rated at 33.3%.

Linda Harvey: I know that part, but I was wondering about the amount of the charts that are laid on for the audit for HAI. With the CAUTI and CLABSI, does the SIR documentation, pull them in or pull them out of the audit?

Mihir Patel: I didn't understand your last point of the question.

Linda Harvey: With the I'm having a hard time hearing you, too, it's very low. With the charts that fall into the CLABSI and CAUTI templates, when they go to pull those to see if they can audit those for part of the validation, when I don't see any of the CAUTI and CLABSI come across for four quarters, can I assume that they did not meet certain criteria that CMS is looking for, as like a SIR criteria or something on that order? In other words, in our audit, why didn't I see a CAUTI and a CLABSI within quarter 1, quarter 2, quarter 3, quarter 4 that would go along with this? At these two SSI charts that would pull our numbers up much better, than to just hold two charts as the entire year of HAI?

Mihir Patel: If you can send us the information, we can take look at it and give you a more detailed response. I don't have the full scope right now, such that I don't feel entirely able to answer your question at this time. But if you can, I would be happy to look into your case.

Linda Harvey: May I ask who am I speaking to?

Mihir Patel: This is Mihir from CMS.

Linda Harvey: Pardon me?

Mihir Patel: My name is Mihir from CMS, Mihir Patel.

Linda Harvey: Patel is your last name? I'm having a very hard time hearing anything.

Mary Ann Jones: This is Mary Ann Jones. If you send your question to me, I can make sure it gets forwarded to Mihir and the validation team. You can send that question to mjones@hsag.com. And then I can forward that on and we can get you a response back.

Linda Harvey: Thank you so much.
And our next question comes from Debbie Craven from Grace Medical Center.

Hi, this is Dorothy Shaw, I'm here with Debbie at Grace Medical Center. And the only thing I can find that we did not do was on our inpatient view measure designation summary for the 4th quarter, I did not meet the deadline on that. Is there anything we can do about that? Hello?

Hello, this is Jim Poyer. Go ahead, Candace.

Can you - there's a lot of noise in the background. Could you please repeat your question as to what you did not see?

Yes. On the view measure designation summary, for we could either send the 3rd quarter or the 4th quarter, I missed the deadline on the 4th quarter mainly because I did not know that it was supposed to be done. Is there anything we can do about that? Can it be resubmitted? Can we do anything?

At this time, 4th quarter data is past the deadline and there is nothing you can do to try to enter or resubmit your data. We would recommend that you file a reconsideration and put in detail as to why you missed that deadline and any circumstances that prevented you from getting that deadline met.

Okay, we will get that done. Thank you so much.

And Jenny, I would just like to remind everyone that we are not utilizing the chat feature today for questions. Questions are being entertained through the operator, so you need to submit your questions, as Jenny directed, through the operator. Thank you. Is there any other questions in the queue, Jenny?

Yes. Our next question is from Janet Rys from Straith Hospital.

Hello, this is Jan. We submitted our population sampling in error. Our global measures denominator, we accidentally typed into a different, one of the other eCQMs which should have been zero. So on our appeal, our reconsideration, how would we address that?

I need some - this is Candace again. I'd like some clarification. Do you know which criteria that you failed? In your letter that you failed APU? Did - which criteria did you not meet? Was it the submission of eCQMs or the submission of population and sampling?
Janet Rys: It was the eCQM. It was the eCQM that we failed because the population sampling we accidentally put that we had some stroke.

Candace Jackson: Okay, so I will direct this to Artrina, but I believe even if you did not have any cases, even though you submitted population and sampling numbers, that does not go across and we do not look at that for eCQM. You should have done, if you had no cases, you should have submitted a zero denominator declaration.

Janet Rys: That's correct. So we're - in our reconsideration, I'm just looking for some guidance on how to respond. Or how do we, - certainly can't send any validation charts if there are none. We're just trying to explain how the population sampling got entered incorrectly.

Candace Jackson: Right. And then you would also need to explain why you did not submit either your QRDA files or the case threshold or zero denominators for the eCQMs.

Janet Rys: Okay. Then if I have any further questions, I can just contact the question center that's on the -

Candace Jackson: That is correct.

Operator: Our next question comes from Brian Lilly from Thomas Health System.

Brian Lilly: Yes, hello. We had, our HCAHPS vendor had an error with our data for 2nd quarter. They submitted a discrepancy report and it was my understanding that that was all that was all required once it was accepted. However, we received a notification that we failed our for 2nd quarter data. Is there anything else other than the reconciliation that needs to be done or does the discrepancy report take care of the omission of the 2nd quarter data?

Bill Lehrman: Hi, this is Bill Lehrman at CMS. The discrepancy report, I think it's just for the one quarter, the missing quarter, I think you said it was?

Brian Lilly: Yes, sir.

Bill Lehrman: So you should file, or your vendor should file, a discrepancy report for the missing quarter.

Brian Lilly: That was the only one that we had was just the one 2nd quarter and they did file a discrepancy report for that and it was accepted by CMS.

Bill Lehrman: Okay, but just so you're aware, us accepting a discrepancy report does not mean that there are no other consequences.
Brian Lilly: Okay. I found that out after I received the notification. When I spoke with our vendor, they said that that was all that was required and I should have followed up more on that now. So I guess we just need to go through the reconciliation process then to have what happened evaluated?

Bill Lehrman: That would be my suggestion, yes.

Brian Lilly: Okay, thank you.

Operator: And our next question comes from Judy Wrecker from Eanwert County Hospital.

Judy Wrecker: Yes. We inadvertently submitted three emergency department patients on our Validation Templates. And we were notified of this, so we corrected the templates within NHSN. However, did not do so to QualityNet. Is there anything we can do at this point to appeal that? Because now we have three cases where we were scored a zero. We were scored the placeholder case, zero out of one for three of our four cases, which put us at a 44% reliability for that quarter.

Mihir Patel: Hi, this is Mihir. I hope this is better voice now. So when you said you were notified about the templates, you were notified by CMS about the templates? Hello?

Judy Wrecker: Yes. I'm sorry. I'm not sure who notified us. I'm thinking it was probably QualityNet.

Mihir Patel: Okay. So when we notify to make corrections on the templates, we would do it within the deadline to make the corrections. And if it's outside of the deadline, unfortunately, we will not be able to do anything at this time. If you file a reconsideration, we can take look at it.

Judy Wrecker: We did make the corrections within the deadline, within NHSN, but did not upload them to QualityNet.

Mihir Patel: Right. And the templates are not part of NHSN. Templates are something that we, at CMS, manage. And our intent when we notify providers about the errors on validation templates is just to update the validation template and submit it back to us at CMS.

Judy Wrecker: Okay, should we still file a reconsideration form and explain that?

Mihir Patel: Yes, you can.

Judy Wrecker: Okay, thank you.
Operator: And our next question comes from Sandra Swanson from Kalispell Regional.

Sandra Swanson: Hi, this is Sandy. I just wanted some clarification. When we had sent in for our HAI, the CDI and the MRSA, the person that copied the records inadvertently had, where a physician had pulled the lab results into the physician record, sent the physician record rather than the actual lab report. So this obviously caused problems for us which by the time we got the report back on the first quarter and saw what had been done there, three other, three quarters had been turned in. So the clarification I need is, if we want to have those cases re-reviewed, do we send them to upload them to the validation site and the reconsideration report goes to the others, the APU site? Or do they go together? I didn't quite understand that from the slide.

Mihir Patel: So your question is where to send the actual cases and the reconsideration form?

Sandra Swanson: Yes.

Mary Ann Jones: Hi, this is Mary Ann Jones. There's two steps that you need to do. You need to complete the reconsideration form and send that to the address that's on the regular form. And then there is the request for validation reconsideration. So if you're requesting a validation reconsideration, there is two processes you need to follow which are on the slide.

Sandra Swanson: Okay, that's what I'm trying to get clarified. I didn't understand the slide, I guess.

Mary Ann Jones: If you want to send me an email, I can contact you after this and we can make sure that we have everything you need to file your cases. Again, I'm at mjoness@hsag.com.

Operator: Our next question comes from Miranda Moses from Doctor's Hospital PI.

Miranda Moses: Hello. We failed to do the eCQM. So as a result, we sent in a waiver asking for an extended deadline and we never heard back from anyone. So are we to fill out the APU consideration letter and explain that information? Or what should we do?

Artrina Sturges: This is Artrina. I'd like to do two things. One, I'd like to investigate your situation. I'm also going to ask you, this may be easier, Mary Ann, if you don't mind, I can use your email, if you could send your information to mjoness, so that we can take a closer look at this.
Operator: Our next question comes from Debbie Craven from Grace Medical Center.

Dorothy Shaw: This is Dorothy again. I have another question for you. When we visited with QualityNet and HSAG about all these problems going on, they told us that they would have contacted our facility before deadlines. And the two people they said they would contact would be our CNO, Marla Daniels, and our CEO, Vanessa Reisner. Neither one of those people got any kind of an update beforehand or anything on this. When we found out was when the letter was delivered.

Mary Ann Jones: Hi, this is Mary Ann. Can you clarify what notification you're talking about?

Dorothy Shaw: Yes. We had been notified before when we were getting close to a deadline on putting some information in. And we did not get anything on this summary, the View Measure Designation Summary for the fourth quarter. We did not get any kind of a heads-up on it. Which my understanding is that they say they always call several times, send emails, but no one received any of that.

Mary Ann Jones: Again, if you can send me your information with that question, I can look back to see if we did contact you, because our process is that anybody that has been listed as submitting data, we do send targeted emails as well as do targeted phone calls prior to the deadline. So we'll have to check for that information from the facility in our CMS database, then we would have contacted them directly.

Dorothy Shaw: Okay, and your email?

Mary Ann Jones: Mjones@hsag.com.

Candace Jackson: And this is Candace. You question seems to be around measure designation and measure designation is not one of the required elements. It's an automatically derived measure. If a measure is required, then it's automatically checked as being a required measure and there's nothing that you need to do in measure designation. So I would check your failure letter again to see exactly what the reason was why you failed. Is it because you failed to submit clinical data?

Dorothy Shaw: It just says failure to meet the requirements of the hospital IQR program. And we have tried. I mean we have, I'm sorry, we have called QualityNet. We have called our vendor, Press Ganey. We have called HSAG. No one can tell us why we failed. When we try to pull a report up it says no data available.
Mary Ann Jones: And what was your facility again?

Dorothy Shaw: Grace Medical Center.

Mary Ann Jones: Okay. Again, if you send me that email I can validate what your reason for failure was.

Dorothy Shaw: That would be great because I was afraid it was me. But if this is not -- if you're saying a view measure designation summary is not in there, is that correct, is that what you're telling me?

Candace Jackson: That is correct.

Dorothy Shaw: Okay, so I can breathe a sigh of relief until I hear from you guys. All right, I will send this to MJones@hsag.com.

Operator: Our next question comes from Michelle Arnold from Kentucky One.

Michelle Arnold: Our question is more related to the reduction in the APU. And knowing that we'll submit this request for reconciliation or reconsideration, but with the time period that is allowed to elapse before we get a response, will we be penalized during that time? And will it be retroactive or what can you tell us about the payment process?

Jim Poyer: Hi, this is Jim Poyer from CMS. What I can -- this decision would be applicable for FY 2018 payments beginning with October 1, 2017 discharges through the next 12 months of that applicable fiscal year. It's reporting on data that has occurred in the past, but it's applied to the decision that we're talking about, in terms of if you want to request reconsideration, would be applicable to future payments. And so we would make -- and for the Hospital Inpatient Quality Reporting Programs. That is one quarter of the applicable market basket update for the fiscal year. And, generally, that market basket update is proposed in the IPPS Rule. We can get you that information, but it generally varies between 2% and 3% a year. I don't know the exact number. So one quarter of that is about between 0.5% to 0.75% of IPPS payments. So what that would mean on each inpatient hospital claim, that if we upheld the decision, if you submitted a reconsideration request or decided not to, we, CMS, through the Medicare administrative contractors, would apply a factor to reduce payments by about a half of a percentage point in each of your Medicare claims. So it's a small amount but it adds up over the year.

Michelle Arnold: So another question. We've been hearing a lot of people say that their issues are related around data and validating data. Ours actually was that we missed answering structural measures questions and submitting the
DACA. We have all that information ready to go at this point and just are wondering how to word that in our reconsideration appeal.

Jim Poyer: And the deadline has passed for submitting that information. And that's based on a web-based measures tool. And what we would ask in terms of if you attempted to submit the data and any systems issues might have precluded your ability to be able to submit the data, or if there was a lapse in your, let's say, any user that your security administrator for QualityNet, you had a password that they could not get into that system and there was a delay or something that may, outside of your control, that may have adversely impacted your ability to be able to submit the data by the original deadline.

Michelle Arnold: This is Marsha. It was actually the structural measures in which there was just four questions. Whether we did like a safety survey, whether we used the surgery checklist, and then just validating the DACA. So those were what we missed. So it wasn't actually any of the data. We had everything else sent.

Jim Poyer: Right, and in part, for the hospital inpatient program, similar to several other programs, the hospital must meet all of the applicable requirements. And we have, per the guidance that Congress provided us, it's an all or nothing in terms of if you met -- we have no -- Congress gave us no authority to provide partial payment. So within that, in terms of even if it's four questions, on a web-based form or something like that, just trying to find out in terms of if there was something outside of your control that adversely impacted your ability to be able to complete those questions by the original deadline. So that is in terms of what we're looking for in the reconsideration request.

Michelle Arnold: Understood, thank you.

Operator: And our next question comes from Janet Rys with Straith Hospital.

Javar Jackson: Hi, this is Javar Jackson from Straith Hospital. I actually have a follow-up question to what Janet Rys asked about the resubmission. So with our inpatient population sampling, we had a data error as far as input under our VTE stroke. When we submit the resubmission for redetermination, does a sample size have to be included with that given that our denominator and numerator would be zero?

Candace Jackson: This is Candace. Again, it was eCQMs that you missed?

Jivar Jackson: Yes, the actual strokes measure.
Candace Jackson: Okay, but was it the chart abstracted stroke VTE measure?

Jivar Jackson: In short, yes. And it was a data entry error. When we were looking at the report, our global numbers mirror exactly the stroke numbers.

Candace Jackson: What I would do -- you do not actually need to submit the sample size. What we base the sample size off of is the population size. So if you inadvertently put in a wrong population size, I would enter that into your reconsideration and explain.

Jivar Jackson: That it was a data entry input error?

Candace Jackson: Right.

Jivar Jackson: Okay, so no samples are needed for this?

Candace Jackson: No.


Operator: Our next question comes from Denise McCloy from Highlands Hospital.

Denise McCloy: Yes, we had failed to meet the validation requirements and four of the cases involved HAIs, where the mismatch said that they needed the microbiology report. And our medical records folks say they did provide it. But yet in the printout it says they did not. Now do I need to supply the entire medical record or just the microbiology report that they say is missing?

Mihir Patel: This is Mihir. I would say just the report should suffice. It's more so we have to look whether we received the entire report or not.

Denise McCloy: Unfortunately for us, the medical records coordinator did not make an exact copy of what she sent, but she swears she sent them. So I don't know, unfortunately it makes a difference for us between passing and failing, so I'd love to apply for reconsideration for that reason.

Mihir Patel: And you are very welcome to do that. Once we get the reconsideration, we will look and see what we received. Unfortunately, we won't be able to add anything other than what was submitted originally. But please submit reconsideration request and let us see what we can do.

Denise McCloy: Okay. Thank you so much.

Candace Jackson: And Jenny, this is Candace. We have time for one more question.
Operator: We actually have no further questions at this time.

Candace Jackson: Okay. We did have a couple of questions come in through the chat even though we weren't recognizing that, but I will ask these quick questions. The first question was from Linda Harvey. How can one HAI validation be weighted as 66.6% over all the quarters of clinical process of care entry? Let me clarify, one HAI chart alone for an entire year for HAI weight. And would Mihir be able to answer that question?

Mihir Patel: Yes. So the way we calculate, is we weight HAI and clinical measures separately. So if the hospital, let's say, has 10 cases for HAI, then we would look at their measure scores on those 10 cases and weight them at 66.6%. Clinical measures weight 33.3% now. If there are less than 10 cases for HAI validation, then we would still weight them at 66.6%. Even if it's one, then it would still be weighted at that weight based on the final rule.

Candace Jackson: Thank you, Mihir. We have one last question and that will conclude today's event. If we were cited for not completing the DACA, do we need to submit the reconsideration and validation? We did submit all of our IQR. The DACA is inconvenient to see since it is all the way to the right and not visible, so I did not fill it out. If you did not, if you failed for not completing your DACA, you can submit a reconsideration. You would not have, if you did not fail for validation or you were not selected for validation, you would not do anything in regards to validation, but you could do a reconsideration for the DACA, and you will need to submit any outside circumstances that prevented you from submitting the DACA and meeting that requirement.

And again, I would like to thank Jim and Nekeshia and all the CMS representatives for joining our call today. As we noted, if you have any questions, further questions, you can submit them to the website that is listed on the questions slide on the presentation today. We thank you for joining and we hope that you have a great rest of your day. Thank you very much.

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