

## Hospital Inpatient Quality Reporting (IQR) Program Quick Reference Guide Fiscal Year 2024 Annual Payment Update (APU) Reconsideration

| Reconsideration Request   | Submit the Form   |
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| <p><b>Download the Reconsideration Request Form</b></p> <ol style="list-style-type: none"> <li>1. Visit <a href="https://qualitynet.cms.gov/">https://qualitynet.cms.gov/</a>.</li> <li>2. Select the “Hospitals - Inpatient” link.</li> <li>3. Select “Learn more” below the “Hospital Inpatient Quality Reporting (IQR) Program” link.</li> <li>4. Select the “APU” link.</li> <li>5. Select the “APU Reconsideration” link.</li> <li>6. Select “Download” next to Reconsideration Request Form.</li> </ol> <p><b>Complete the Reconsideration Request Form and Provide the Reconsideration Reasons</b></p> <ul style="list-style-type: none"> <li>• An asterisk (*) indicates a required field. The Centers for Medicare &amp; Medicaid Services (CMS) will not accept the form if any required fields are blank.</li> <li>• Physical addresses are required (i.e., no PO boxes are accepted).</li> <li>• 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).</li> <li>• Supporting documentation (e.g., emails, reports, screenshots) is not required but may be submitted.</li> <li>• The form should be signed.</li> </ul> | <p><b>Deadline:</b> CMS must receive the form <b>no later than 30 days</b> from the date the hospital received the Hospital IQR Program Annual Payment Update (APU) Notification Letter.</p> <p>The form may be submitted in any of these three ways:</p> <ul style="list-style-type: none"> <li>• Use the <i>Hospital Quality Reporting Secure Portal</i> Managed File Transfer using the <a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a> email address</li> <li>• Fax to (877) 789-4443.</li> <li>• Email to <a href="mailto:QRFormsSubmission@hsag.com">QRFormsSubmission@hsag.com</a>.</li> </ul> <p><b>Note:</b> Follow all Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules. <b>Do not submit any Personal Health Information or other sensitive patient information.</b></p> |
|   | <p><b>CMS Response</b></p>  |
|   | <p>Upon receipt of the reconsideration request, CMS will:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Notify the CEO/Designee by letter of the reconsideration decision.</li> </ul> <p>CMS expects the process to take approximately 90 days from receipt of the reconsideration request.</p>  |