



Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Hospital IQR Program Phase 1 APU Reconsideration Process
Presentation Transcript

Speakers

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Jamie Halloran: Hello. Welcome to the Phase I Fiscal Year 2024 APU Reconsideration webinar. My name is Jamie Halloran, and I will be your moderator for today's call. At this time, all participants are in a listen-only mode. Later, we'll conduct a question-and answer-session. I will provide further instructions on how to ask questions during the session. Please note, the conference is being recorded. I will now turn the call over to our first speaker, Donna Bullock. Donna, the floor is yours.

Donna Bullock: Thank you, Jamie. Good afternoon. My name is Donna Bullock, and I am the Hospital IQR Program Lead from the Inpatient, Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be hosting and presenting on today's event. Also with us today is Mary Ann Jones, also of the VIQR support contractor, and Alex Feilmeier, of the validation support contractor. 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 [Quality Reporting Center website](https://www.QualityReportingCenter.com), which is www.QualityReportingCenter.com, and also posted to the [QualityNet](https://www.QualityNet.com) website during Phase I the reconsideration period. There will be a question and answer period, as time allows, after the presentation. At the conclusion of the webinar, the moderator will provide instructions about how to ask your questions. However, we will be able to answer questions only about the reconsideration process. We will not be able to answer any questions specific to your hospital's situation. For those questions, please contact the National Support Team for the Hospital IQR Program. Their phone number and email address are provided at the bottom of the APU notification letter that your hospital received. Next slide, please.

The purpose of today's presentation is to provide information regarding the annual payment update reconsideration process for fiscal year 2024. CMS is currently making annual payment update decisions that will affect a hospital's Medicare reimbursement between October 1, 2023, and September 30, 2024. This time frame is known as fiscal year 2024. Next slide, please.

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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 with CMS. Next slide, please.

This slide just includes the acronyms that will be used in today's presentation. Next slide, please.

CMS notifies hospitals that are subject to the Hospital IQR Program payment reductions in two phases. A hospital that fails to meet one or more of the Hospital IQR Program requirements, as specified in the applicable IPPS final rule, is subject to a reduction of one-fourth of its market basket update, or APU. Phase 1 occurs in March and includes population and sampling, the clinical process of care measures, which is the SEP-1 and PC-01, and the COVID-19 HCP vaccination measure for Quarters 1 through 3 of the calendar year. In addition, Phase 1 includes the Influenza Vaccination Coverage Among Healthcare Personnel measure and, also, validation, if a hospital is selected for validation. Phase 2, which will occur in May, will include population and sampling, the clinical process of care measures, the COVID-19 HCP vaccination measure for Quarter 4 of the calendar year, and, also, the annual eCQM data submission requirements. Phase 2 also includes the Maternal Morbidity Structural Measure that is required for all hospitals. Additionally, Phase 2 includes all of the other requirements for the fiscal year. These are submission of the HCAHPS Survey data; the Data Accuracy and Completeness Acknowledgement, also known as the DACA; the Notice of Participation; QualityNet registration; and a registered Security Official. Next slide, please.

Phase 1 of the annual payment update determinations is currently in progress. The program requirements for Phase 1 of the APU reconsideration process include the submission of the following, by the posted submission deadlines: the initial patient population and sample size counts for the sepsis measure set for Quarters 1 through 3 of calendar year 2022; and complete data for the clinical process of care measures, SEP-1 and PC-01 for Quarters 1 through 3 of calendar year 2022; and COVID-19

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HCP vaccination measure data for Quarters 1 through 3 of calendar year 2022. In addition, Phase 1 includes the submission of Influenza Vaccination Coverage Among Healthcare Personnel measure data to NHSN for Quarter 4 of calendar year 2021 and Quarter 1 of calendar year 2022. It also includes passing the validation requirements, if the hospital is selected for validation. Next slide, please.

Phase 1 APU determination notification letters were mailed on March 9, 2023, via FedEx Priority Overnight delivery to the hospitals that did not meet one or more of the Phase 1 requirements. As such, hospitals should have received their letters on March 10, 2023. Requests for reconsideration for Phase 1 decisions are due to CMS 30 days from the date the hospital received the APU notification letter. Therefore, if a hospital received its APU notification letter on March 10, 2023, they will have until April 10, 2023, since the 30 days falls on a Sunday, at 11:59 p.m. 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.CMS.gov or by the direct link that is provided in the slide. Next slide, please.

To access resources related to the APU reconsideration process, start at the home of QualityNet. Select Hospitals–Inpatient. On the next page, select the Hospital Inpatient Quality Reporting Program. Next slide, please.

To be directed to the Reconsideration Overview page, select the APU link. To access the reconsideration form, and for assistance in completing and submitting the APU Reconsideration Request Form, scroll down 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. Next slide, please.

When completing the reconsideration request form, a hospital must include the reason it failed, as provided in the APU notification letter, and identify the specific reason or reasons for believing it did meet this

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Hospital IQR Program requirement or requirements, and they should receive the full APU. Requests should be specific, complete, and include details. Next slide, please.

The completed APU Reconsideration Request Form is submitted via the *Hospital Quality Reporting Secure Portal* Managed File Transfer to QRFormsSubmission@hsag.com. The form may also be submitted via secure fax to (877) 789-4443 or by email to QRFormsSubmission@hsag.com. Upon receipt of the reconsideration request, CMS will provide an email acknowledgement to the facility's CEO and QualityNet Security Official as provided on the form that the reconsideration request has been received. CMS expects the reconsideration process to take no longer than approximately 90 days from receipt of the APU Reconsideration Request Form. If you have questions about the reconsideration process, please contact the National Support Team for the Hospital IQR Program at InpatientSupport@hsag.com or call toll-free at (844) 472-4477. If you have questions about a reconsideration request you have already submitted, please contact Shannon Kerr at the email address listed on the slide. Next slide, please.

For those hospitals that failed the validation requirement, the quarters used to determine the validation confidence interval that determine the passing or failing of validation for fiscal year 2024 were Quarter 1 through Quarter 4 of 2021. A hospital that failed to meet the validation requirement, due to chart-abstracted validation, may submit the Validation Review for Reconsideration Request Form. This form is in addition to filling an APU Request for Reconsideration Form, as explained in the previous slide. This Validation Review for Reconsideration Request Form is found on QualityNet. Requests should be filled out completely and accurately. Requests should be specific, complete, and include details. A copy of the medical records, 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 the medical records can be submitted through the *Hospital Quality Reporting Secure Portal* to the Managed File Transfer Validation Contractor group.

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The form and medical record must be received by the validation support contractor within 30 days following the receipt of the Hospital IQR Program APU notification letter. Upon receipt of this Validation Review for Reconsideration Request Form, CMS will provide an email acknowledgement to the hospital contact 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 Form. Next slide, please.

When a hospital's reconsideration request is related to eCQM validation, complete and submit the Reconsideration Request Form by the deadline. No other form, such as the Validation Review for Reconsideration Request Form, or submission of the medical record is required. Next slide, please.

When a hospital is dissatisfied with the result of CMS's 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. The hospital can submit PRRB appeals up to 180 days following the IQR reconsideration determination notification date. Next slide, please.

Now, we do have some time that we will be able to use to address your questions. Please remember that we will be able to answer questions only about the reconsideration process. We will not be able to answer any questions specific to your hospital's situation. Our moderator, Jamie, will now provide information about how to submit your question.

Jamie Halloran: Thank you. We will now begin the question-and-answer session. If you have a question, please press the raised-hand feature, as indicated by the red box around the image on this slide. The icon may appear on either side of your screen. If you wish to be removed from the queue, please press the hand icon again to lower your hand, We'll now open the floor. OK. Our first question comes from Robert Ruchti. Robert, go ahead with your question.

Robert Ruchti: Hello?

Jamie Halloran: Is this Robert?

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Velva : Yes, and I'm asking a question for him. My name is Velva. On this Phase 1, the reconsideration process, once we have those packets that we print off and look at, on the one sheet, we just put the account number and the information of what chart that we disagree with the mismatch. Then, on that second page, the next pamphlets, we put the details down. Then, send those same medical record with the charts back in, as well. Is that the correct process?

Mary Ann Jones: Alex, do you want to take this call?

Alex Feilmeier: Yes, sorry. This is Alex with the validation support contractor. What I'm hearing you say is that you have filled out the generic reconsideration request form, that being the hospital IQR form, and you have included the ACN, the Abstraction Control Number on there. Then, what I'm hearing you say is that you have also filled out the other form, the specific validation recon request form, and you have included the details on that form. Is that what you're saying?

Velva: Yes. That's what I'm thinking that this process is. I'm asking if that is correct.

Alex Feilmeier: Yep. Yep. Absolutely, it sounds like what you have filled out is correct. If you have questions about the validation recon request form, you can reach out to us at validation@telligen.com, and we'd be happy to help you fill out that form, if you're having troubles.

Velva: OK. One of the things is that, whenever I tried to upload the form, save it on my computer, and try to type on it, it wouldn't let me enter my reasons for reconsideration request on that page two of the three document. So, do I just put that on a paper copy?

Alex Feilmeier: What I'm hearing you say is that the actual PDF form itself is not allowing you to type into it.

Velva: Correct. He's got the whole thing outlined with the cursor to cover all the lines there, and it stops in the middle of it. I've tried to change the cursor go, but it will not work.

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Alex Feilmeier: Apologies. Since I can't see it in front of me, it's difficult for me to help you out on that one; but, if you can reach out to us, again, at the validation support contractor, we can help you try to fill out the form. If we get to the point where you're just really struggling with our form, then, yes, you could also just put your rationale on a separate Word document, for example, and make sure it's clear which ACN you're referring to. We can go through it that way, if we really get to the point where the form is causing you troubles.

Velva: OK. I don't think that this is a question for this group, but, with our HAI, the hospital-acquired infections that we submitted along with the chart abstractions in each quarter, when I got the results on that, for validation, it said 67 percent. I don't have a clue on that, why we weren't 100 percent for improvement.

Alex Feilmeier: OK. So, what I would suggest you do, first of all, to be clear, the HAIs, the hospital-associated infections that you're referring to, are specific to a different program. So, under the Hospital IQR Program, you're only dealing with this reconsideration process with those clinical processes of care, sepsis, cases that you were validated on. The HAC Reduction Program covers those HAI cases will not be part of this reconsideration process. So, if you have questions about those cases, you would not include any of those HAIs on this reconsideration request form because it did not go into the calculations specific to the Hospital IQR Program. I know that might seem a little bit confusing, not only for you, but for others, because, historically, the HAIs used to be part of the [Hospital] IQR Program, but they no longer are.

Velva: Last year, I'm just going to throw this out there, each time that I received the information back from the chart abstractions, validations, I would call or send that validation question and stuff about, you know, what am I doing wrong. What is different? That middle of 22, for the 21 cases, they kept saying that we have to wait till the end of the year before we can tell you if you're passing or failing the validation score.

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Alex Feilmeier: Yes, that's correct. That's because the validation, end of the year score for the confidence interval, is not only determined by a single quarter. So, yes, you can view how you are performing at the end of each quarter based on your numerator over your denominator, like how many cases you matched on versus how many total cases were validated.

So, just as an example, if you, in the first quarter of the year, had a low score, then you can know that, OK, in the future quarters, you would need to improve that. Yet, we can't calculate a confidence interval until all four quarters completed, and that's why we couldn't give you a confidence interval score until the end of the year.

Velva: A couple of things as educational, if you will, occurred differently. You know, this chart abstraction for 2021 is the first time that I've had to upload the chart through the MFT. It says, medical records, print them off and send them in. That's the first thing that happened during that time. The second thing is that you can't go back on previous years. The identification of infection by the nurses triage in their notes, I found, in these, a lot of mismatches because the nurses say sepsis positive for infection or suggestive of infection from the nurses' documentation. Yet, we always use the physician documentation time.

Mary Ann Jones: Can we, maybe, take this discussion on validation education offline, maybe through the validation help e-mail? That would probably be best at this point, so we can get back on track for our Phase 1 reconsideration process. Would that be OK?

Velva: Yes. Thank you.

Alex Feilmeier: I think that's great. I totally agree. I think the information that you're talking about, specific to a case, is what you would want to include as your rationale as to why you disagree with a case mismatch.

Jamie Halloran: If we're ready for the next question, it is going to come from Pamela Raney. Pamela, you may need to unmute yourself.

Pamela Raney: OK. Can you hear me now?

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Jamie Halloran: Yes. Go ahead with your question.

Pamela Raney: OK. My question is about the validation reports that come out. I know this is not a reconsideration thing, but, if we failed our confidence interval validation, when we download those reports, in the Case Detail Report, it comes as individual cases. I think probably about three years ago, maybe before we went to the new platform, whenever we would download those reports, there was a summary report that would say, for instance, for each patient, it would give us if there were three measures in that particular patient. You know, it would give us a score of three out of four, four out of four, whatever. Then, it would give us an overall total for all of the patients for the quarter. We cannot find any kind of report like that, and we're having a hard time figuring out the mismatches. Some of the things that are on that detail report, say, mismatch, but, if you look across in the two lines, they're the same, So, we're confused. So, is there a summary report still? If so, where is that?

Alex Feilmeier: This is Alex. I understand what you're saying. Yes, there used to be a report called the Validation Summary Report, and it would provide just a summary score, basically, of how you performed that quarter. The new Case Detail Report, in and of itself, contains a summary. However, I understand that it can be a little bit difficult to interpret. If you reach out to us at the validation support contractor e-mail, that is validation@telegen.com, we would be happy to provide some additional information as to how to interpret that report. I think once you see how the report is laid out, you'll see that there is a summary section, if you will, that just lists the total score for your quarter. Then, there are individual columns that list the case score for an individual ACN. I also hear you when you say that it looks like all elements of a case have mismatched. However, only one or a couple of the elements are actually mismatched. You can indicate which ones impacted the overall outcome, based on which one has an educational comment. So, reach out to us. We've got some verbiage and some screenshots to help you interpret that report. That should be very helpful in determining which elements you need to put on your reconsideration request form.

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Pamela Raney: OK. Thank you.

Jamie Halloran: Our next question comes from Terri Gillenwater. Terri?

Terri Gillenwater: Good afternoon. This is Terri Gillenwater. I'm calling from UConn Health in Connecticut. I have a question about the COVID-19 vaccination coverage. If you have, if we discovered, I know you can't answer organizational-specific. There was a technical error in our rates. Is there a way that, through this process, we can gain permission to go back in and correct this in NHSN? Is that even a possibility?

Mary Ann Jones: Hi, this is Mary Ann Jones. In order to go back and make any correction in NHSN, you would have to contact the NHSN help desk. Any correction would not change your status with the IQR program requirements and the reconsideration process.

Terri Gillenwater: OK. Just to clarify, even though, let's just say, hypothetically, the information was entered incorrectly, and we couldn't provide that information. In this process for reconsideration, it will not matter. Is that what I'm hearing?

Mary Ann Jones: What we would suggest is that you do submit your reconsideration request and submit any supporting documentation that you have, including any updated information. Once that's received by the reconsideration team, they will evaluate that and make a decision based on what you've submitted.

Terri Gillenwater: Alright. Thank you so much. That was very helpful.

Mary Ann Jones: You're welcome.

Jamie Halloran: Thank you. The next question will come from Sherry Baierl. Sherry, go ahead with your question.

Sherry Baierl: Yes, I have a question in regards to the actual reconsideration process. Are we just talking about Quarters 1 through 3, since this is for Phase 1, for March only, or for all four quarters?

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Mary Ann Jones: This current reconsideration period, as it showed in one of the first slides, only includes Quarters 1 through 3. When we get into Phase 2 of the reconsideration process, Quarter 4 for those measures will be evaluated.

Sherry Baierl: OK. That's what I thought. I just wanted to double-check. Thank you so much.

Jamie Halloran: Our next question comes from Matthew Player. Matthew, go ahead with your question.

Matthew Player: Can you hear me?

Jamie Halloran: Yes, we can hear you.

Matthew Player: So, I just have a question about the document itself. I'm trying to fill this out. I'm curious what you mean by Security Official. I'm not quite sure who fulfills that role.

Mary Ann Jones: Could you repeat that question? I'm sorry.

Matthew Player: On page one of the document itself, there's a line asking for a title and contact information for a Security Official. I'm really not quite sure why you're asking about that. So, as an example, I am the quality manager for the hospital. I'm the contact here for regulatory [purposes]. Am I the Security Official?

Mary Ann Jones: That would be the Security Official for your QualityNet account. Whoever you have noted as a Security Official or Security Administrator, it would be that person.

Matthew Player: OK. That makes sense, then. That tracks. Thank you. I have another question about the form. I've been meaning to ask this before. In the text portions on page two, there are initial comments and reasons for reconsideration, and requests for more information in those larger text boxes. I am kind of struggling with the font size here. Anything more than a sentence makes the font smaller. Is there a way to turn that off. Has anybody had an issue with that?

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Mary Ann Jones: I'm sorry. I'm having a little difficulty hearing you. What was the last portion of your question?

Matthew Player: When you are typing in the larger sections of the document, the text starts off very large and gradually shrinks as you add more lines, more information. Beyond about a sentence of information, it shrinks so much that you can't read it. Is there a way to turn that off?

Mary Ann Jones: We haven't heard that issue previously, So, I'm not really sure without seeing it, but you can always attach your response also, say, in a Word document. Attach that with your reconsideration form. So, you can continue on with an additional document.

Matthew Player: OK. I had planned to do that. Thank you.

Caller: Can you hear me?

Jamie Halloran: Yes.

Caller: I had a follow up question to that. I just cut and pasted everything from the original form, and I just put everything into a Word document because I had the same problem as the last gentleman. Can I just use Microsoft Word as a form to submit?

Mary Ann Jones: This is Mary Ann. I am going to ask someone from our appeal side to respond to that because I'm not 100 percent sure of that answer, Danita, are you on the line?

Danita Parsons: I am, Mary Ann. Thank you. Yes, go ahead and fill out the form as much as you can with the contact information. If you're having issues typing, I know we have received some forms this year where the font was typed on your computer, and it is very small. You can attach a Word document that was your reason. A lot of other hospitals will type on the form itself: "See attached letter" or "See attached document." Then, we will get a Word letter or form that has everything typed out. We have noticed really teeny, tiny font.

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So, I'm not for sure what is going on with that. So, go ahead and just make a note that you are adding additional Word documents and send that. That would be fine.

Caller: Ok. Thank you. Then, my other question was, can we also attach screenshots from NHSN as part of our reconsideration request?

Danita Parsons: Yes. Screenshots, print outs of the report, any documentation that you can submit with your reconsideration form that shows us why you're submitting the recon and what you think proves that you submitted your data correctly is very welcome. We look for that type of information, and it only helps you out in the long run, if you're able to provide that.

Caller: OK. It sounds good. Thanks a lot.

Danita Parsons: You're very welcome.

Jamie Halloran: Our next question comes from Brenda Murphy. Brenda, go ahead with your question.

Brenda Murphy: Hi. So, we had originally received our letter with the reason stating that we did not meet validation requirements. So, we dug in, and we started looking into this. You're saying 30 days, but it wasn't until the 13th that we actually got a reply that they had actually sent the wrong letter, and that it should have stated this. So, are we 30 days from the original letter or 30 days from the revised?

Mary Ann Jones: This is Mary Ann Jones again. It is 30 days from the original letter. We also did e-mail those letters, but if you need some special extended time, if you contact me, I'll see what I can do to assist you. My e-mail is mjones@hsag.com. It was just that the wording was pulled differently than we originally thought, So, failed validation was still the same issue.

Brenda Murphy: Correct, but it said that we failed to submit. So, we kept digging, trying to see what we submitted. So, then it came back with we failed to meet. So, you know, that's right.

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Mary Ann Jones: Yes. If you e-mail me and provide some information, I'll see what I can do to assist you.

Brenda Murphy: Thank you.

Jamie Halloran: Our next question comes from Lori Hammon. Lori, go ahead with your question.

Lori Hammon: Can you can hear me?

Jamie: Halloran: Yes. We can hear you.

Lori Hammon: OK. Great. Sherry asked earlier about the APU reconsideration process. Phase 1 is Quarters 1 through 3; however, if we're basing that on our validation, that's all four quarters. Please advise.

Alex Feilmeier: Yes. This is Alex. The validation portion of the reconsideration would be all four quarters. It would not be just the first three quarters.

Lori Hammon: Perfect. Thank you.

Jamie Halloran: Our next question comes from Katie Solman. Katie, go ahead with your question.

Katie Solman: Hey, can you hear me?

Jamie Halloran: Yes. We can hear you.

Katie Solman: I think my question was similar to what's already been answered. Regarding the COVID-19 vaccination measure, we had a similar instance at our organization where data were put in for the wrong week, but they were submitted per the deadline. So, as far as documentation that we would be submitting for the reconsideration process, it sounds like it would just be screenshots if the data were there, as well as it being submitted by the deadline.

Danita Parsons: Yes. That is correct. If you have screenshots showing the week of NHSN reports, showing which weeks that your data were submitted for, please submit those with the recon request. That's very helpful for us to see.

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Katie Solman: OK. Just one other item along those lines. Within NHSN, I know this question was asked as well, to go in and resubmit for the previous week, you would want to see the screenshot of that as well.

Danita Parsons: Yes. If you've gone in and corrected that data, a screenshot of that would be helpful. Just know that, even though you do go in and correct that data, it does not change. It does not change anything with this reconsideration period, if that makes sense. It's not going to change the fact that you were listed as behind on the requirement.

Donna Bullock: This is Donna. That data, even though you've got it correct in NHSN now, since it is past the quarterly CMS deadline, it will not be sent to CMS, and it will not be used in any CMS programs, but, yes, by all means, go in and make it correct in NHSN.

Katie Solman: OK. Thank you.

Jamie Halloran: Our next question comes from Hementh Modadugu. Go ahead. What's your question?

Hementh Modadugu: The question is, if we finished the requirements, or if we passed the baseline for reconsideration, do we still have to go through what would be a Phase 2?

Donna Bullock: Hi. This is Donna again. Yes. Phase 1 and Phase 2 look at different quarters and different requirements. So, it is possible for a hospital to receive a Phase 1 letter and also a Phase 2 letter. It has happened because they're totally different. They're looking at totally different requirements and different quarters.

Hementh Modadugu: OK. Sounds good. Thank you.

Jamie Halloran: OK. Our next question comes from Katie Solomon.

Katie Solman: We've already asked the question.

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Jamie Halloran: Thank you. OK. The next question is from Lisa Grecco. Go ahead, Lisa.

Lisa Grecco: Can you hear us?

Jamie Halloran: Yes. We can hear you.

Lisa Grecco: All right. We have two questions. The first question is that I learned that the end of the Quarter 1 would actually have been March 27. Is that correct?

Mary Ann Jones: This is Mary Ann. Are you asking if the end of the quarter for the calendar year?

Lisa Grecco: This is for the vaccination data, Quarter 1 of 2022, January through March.

Mary Ann Jones: It would go through the end of the month of March.

Lisa Grecco: OK. So, on the Weekly Reporting Tool in NHSN, the last week of March started March 28. So, is it the data that are submitted that week that is held to the August 15 deadline, or is it a different week during the quarter that's held to the August 15 deadline?

Mary Ann Jones: I believe that it would go through to the April, but we would have to confirm that with the NHSN side. I'm sorry. I'm not 100 percent sure. I think it would go through the end of April.

Danita Parsons: This is Danita. I can answer that for the CDC. Data that are submitted with what we call a "split week" have the first day of the week in March, and the last day of the week that you are submitting is in April. So, that data does count for April and not March. You want to submit your data for a week that begins and ends in the same month.

Lisa Grecco: So, here's another question. If the data that were submitted on a different week during that quarter, for example, either in January or February, because our hospital had several submissions, there were at least two submitted on two different weeks in January, two submitted on two different weeks of February, and then two different entrances in March.

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All the data matched in each of those entries. Would it impact the deadline date, or is it only to be the last submission on the last week in March that is held to the August 15 deadline?

Danita Parsons: I believe, if you're submitting two weeks of data within one month, and that data may be different, I don't want to answer things, technically. If you are submitting data for multiple weeks, within a month, then that data as long as it is one of those weeks, or fully within a month, any particular month, then that should count as your data submission for that month. The full week in March should account for March, and a full week in April should count for April.

Mary Ann Jones: Again, we would recommend that you include all of the information as screenshots in your reconsideration. Then, that will be taken into consideration when they're reviewing.

Lisa Grecco: We have those prepared. Thank you.

Jamie Halloran: At this time, there are no further hands raised to ask questions. Donna, I can turn it back over to you. Actually, we just had a question come in from Mary Rooney. Mary, go ahead with your question.

Mary Rooney: Hi, everyone. I'm brand new to this. So, we got our letter on the 10th that said that we were missing something. So, we went back, and we looked, and we dug, and according to our records, we've submitted everything. So, we're still looking and digging, but that's why I'm on this call. Is it possible? Is there someone we can talk to that if we think we've sent everything? According to our documents, we've sent everything to really figure out what's missing.

Mary Ann Jones: This is Mary Ann again. Did your letter state which requirement was not met?

Mary Rooney: Well, the first letter was the error letter. So, then we went back. The second letter says something about validation. It wasn't the metrics. It wasn't like sepsis. So, then, the only other one it would have been was our information that medical records sends.

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So, that's what we're digging on to see, to make sure that we did send everything that we were supposed to on those three quarters.

Alex Feilmeier: This is Alex. The first thing that we would suggest you do to figure out what it is that caused your confidence interval score to not meet the requirement would be to run your hospital's quarterly Case Detail Reports in the *HQR Secure Portal*.

Mary Rooney: OK.

Alex Feilmeier: Every case that was requested will be listed on that Case Detail Report. If something was not submitted, it would have a status of Record Not Received. Yet, I'm assuming, as Mary Ann mentioned earlier, it's not so much to do with you didn't submit something, perhaps, because the letter had that in error. It's likely just that your hospital had mismatches which resulted in your confidence interval not meeting the threshold requirement. All of the information about those mismatches will also be contained within the educational comments of that Case Detail Report.

Mary Roney: So, it's the hospital quarterly detail report in HQR, and it's called the Case Detail Report.

Alex Feilmeier: That is correct. I would suggest that you reach out to us at the Validation Support Contractor that being validation@telligen.com. I can't remember if that is included in our slides. Mary Ann, is our e-mail address included in the slides, on the Resources slide. I can't remember if I saw that.

Mary Ann Jones: Yes. I believe it is.

Alex Feilmeier: I speak to everyone on the call. If you have questions about how to run or how to interpret your validation Case Detail Report, reach out to us and we will provide you with information on how to run and interpret that report.

Mary Roney: Thank you so much.

Alex Feilmeier: Absolutely.

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Jamie Halloran: OK. Our next question comes from Roxanne Williams.

Roxanne Williams: Hi. Thank you very much. I hope that my question isn't too basic, but my question does come from the understanding Phase 1 and Phase 2. We already have the results for Phase 2. Is that accurate? We would have had Quarter 4 results. We have Quarter 1 through 4 results that were submitted.

Donna Bullock: Are you talking about the validation requirement?

Roxanne Williams: Yes. Exactly. So, this is broken out to Phase 1 and Phase 2, and we would have gotten the results for everything. So, I'm struggling to understand the Phase 1 and Phase 2. If we couldn't make any changes or corrections, we're going to get penalized again for Phase 2 for the data that we've already submitted. Is that correct?

Donna Bullock: OK. Then, you are referring to the validation requirement.

Roxanne Williams: Yes.

Donna Bullock: OK. The validation requirement, it is confusing, but the validation requirement is not broken up between Phase 1 and Phase 2. It's only included this year, in Phase 1. All quarters of calendar year 2021 were used to run the confidence interval to make a decision about which hospitals passed and did not pass fiscal year 2024 validation requirement. You will only see validation this year in Phase 1.

Roxanne Williams: OK. So, Phase 2 says sepsis. We had a validation on sepsis.

Donna Bullock: It would not be related. That would be looking at Phase 2. It will be looking at the population and sampling data for sepsis, and also, the patient-level sepsis data that you submit by the deadline. So, it's not related. So, any requirement and Phase 2 is unrelated to validation. It is simply data submission.

Roxanne Williams: So, I just want to repeat what I think I heard you say. The validation confidence interval was related to all four quarters of 2021 data that we had to submit.

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Donna Bullock: Let me get Alex to confirm. That is specific to validation, and I'll let Alex confirm.

Alex Feilmeier: Yes. That is absolutely correct. Although the Phase 1 includes validation of all four quarters of just validation data, it's a specific requirement of its own. Validation requirement is a validation requirement on its own, separate from the other APU requirements. So, validation will only be dealt with in Phase 1, and it included all four quarters of your data that you submitted.

Roxanne Williams: OK. Then, just one more follow-up question, we had mismatches that were identified and our letter was in error, too. So, I haven't seen the new one yet. We are subject to the Medicare rate of the APU decision affecting the Medicare reimbursement reduction. Is that accurate?

Alex Feilmeier: I will say this, and Mary Ann or Donna can correct me. An APU requirement, there are several APU requirements. Validation is just one of them. If you do not meet any one of the APU requirements, it could impact payment.

Roxanne Williams: Is that when we're talking about Medicare reimbursement? Is that just inpatient reimbursement?

Mary Ann Jones: That is correct. Under the inpatient APU process, which is what we're talking about now, it would affect just inpatient. There is an outpatient APU process that is completely separate. That would impact your outpatient site, if you did not meet those requirements.

Roxanne Williams: Excellent. Will we be notified what the impact of it will be? The letter said up to 25 percent.

Mary Ann Jones: It's up to 0.25 percent. Yes. Once the decision letter comes out, then I believe your finance office would be the ones that would have that information. The letter is not going to tell you a dollar amount.

Roxanne Williams: Right. OK. Thank you so much.

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Jamie Halloran: Our next question comes from Pamela Raney. Pamela, whenever you're ready.

Pamela Raney: Alex, would you just remind me what the threshold for validation score is?

Alex Feilmeier: Absolutely. The confidence interval requirement is that your hospital must achieve at least a 75 percent upper bound competence interval score in order to meet the requirement. Again, that is not just, the confidence interval is not just taking how many matches you have versus how many mismatches you had and determining a numerator over denominator. There is a specific calculation that goes into that. You can a confidence interval report, which will include all of the information that went into the calculation. Again, if you reach out to us, and you ask about a Case Detail Report, we'll give you some information about the confidence interval report, as well. So, just reach out to us. We'll provide you with information on how to run a Case Detail Report, a confidence interval report, and additional information on how to interpret those reports, what went into the calculation, etc.

Pamela Raney: Thank you.

Jamie Halloran: OK. Our next question comes from Sheila Roe. Sheila, go ahead with your question.

Shelia Roe: Good afternoon. My question is related similarly to a previous question regarding the COVID-19 vaccination data, What was information provided up front about the weeks starting like March, for example, on the 28th, that those would not be included in the first quarter versus the second quarter? Is there going to be any consideration for that, if the failure was related to using that week in your submission?

Mary Ann Jones: This is Mary Ann Jones. We cannot speak for how the reconsideration process is going to be evaluated, but, from a support contractor standpoint, we had provided education through some Listserve messages, as well as when we contacted and did outreach to the providers who had not yet submitted. We did discuss that with them as well at that time.

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Shelia Roe: What if we had already submitted? Then, it was a done deal.

Mary Ann Jones: Well, if you had already submitted it using that split week, then you would have been showing from our standpoint that it was not met, so we would have done outreach to you. You can always contact me, and I can share some information with you as well on if we did and who we spoke to.

Roxanne Williams: Alright.

Danita Parsons: This is Danita with the recon team. When you submit your reconsideration requests, just include the screenshot of the week that you did submit your data. Any documentation that you can send that showed that you did submit your data through NHSN is appreciated, and we will take into consideration what you send in.

Roxanne Williams: OK. Thank you. All things were submitted at least one week out of every month. There was the quantity there. It's just the date range is off. So, we appreciate that. That's all.

Jamie Halloran: Our last question is going to be from Cassandra Escobedo. Cassandra, whenever you're ready. You may need to unmute yourself, Cassandra. Cassandra, are you unmuted? I don't believe we can hear from you right now, Cassandra. OK. That is all the time that we have for questions today. I'll pass it back over to Donna.

Donna Bullock: Thanks, Jamie. That concludes our webinar. We, again, thank you for joining us today. If you think of some questions that you have later, please send them to inpatientsupport@HSAG.com. If they are related to validation, then send your questions to validation@telligen.com. Again, thank you for joining us. We hope you enjoy the rest of the day. That concludes our webinar.