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- **This event is being recorded.**



Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

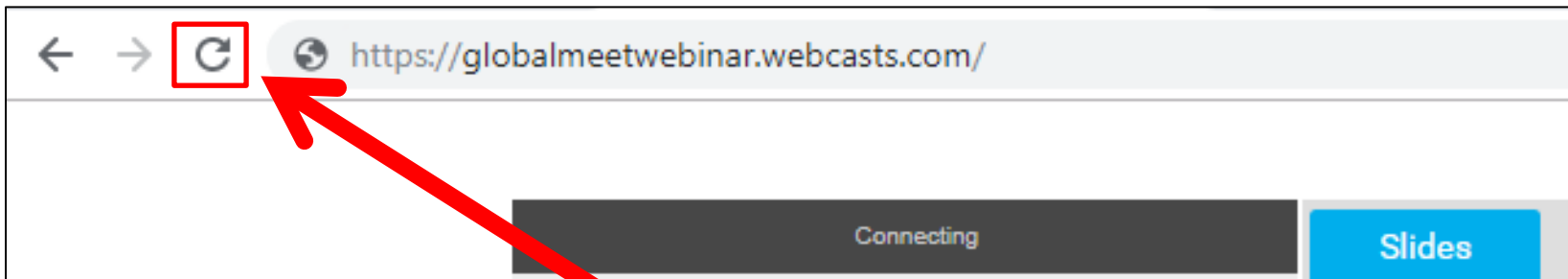
Click Refresh

– or –

Press F5



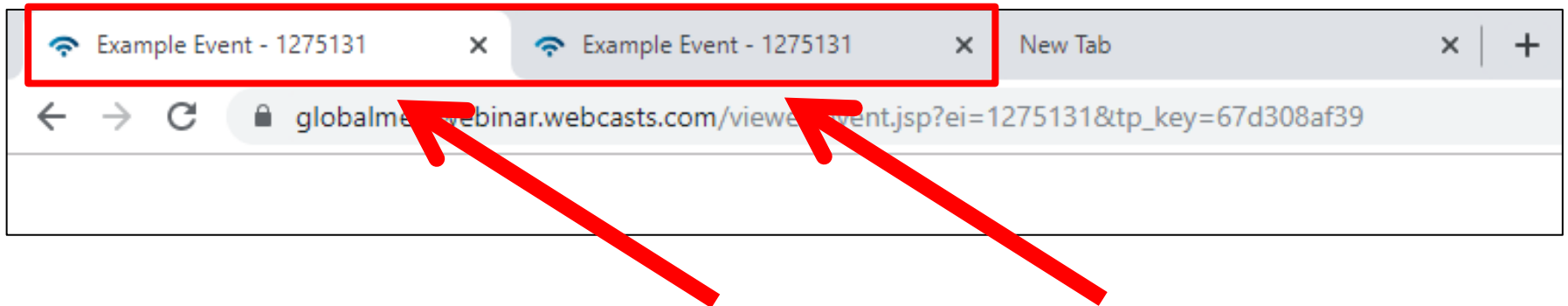
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



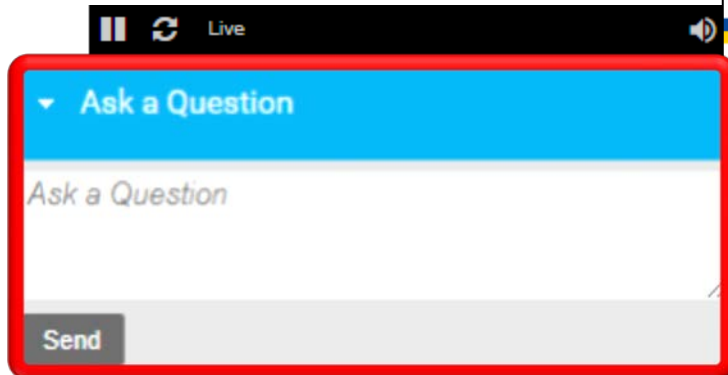
Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



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

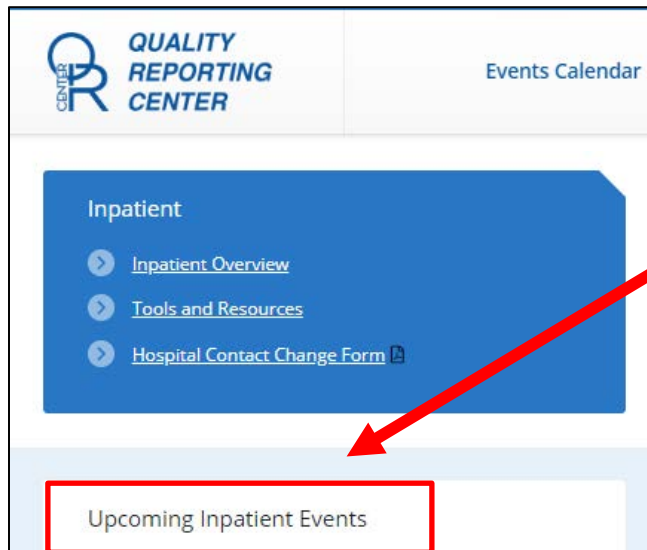
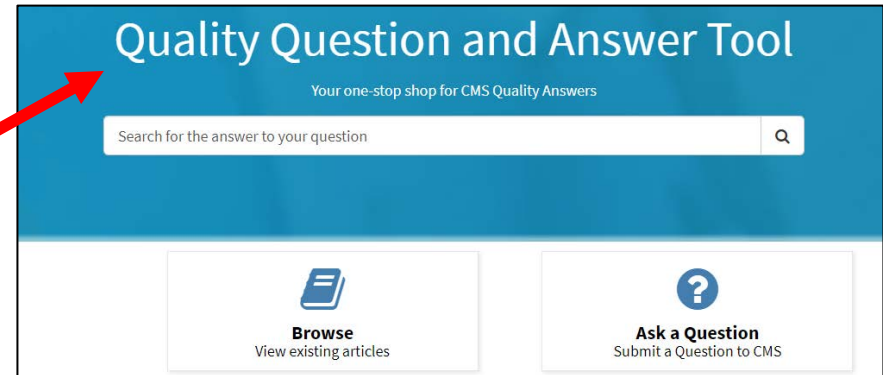


Today's Presentation

Before We Begin...

Chat Tool

- Submit questions pertinent to today's topic.
- We will respond to any unanswered questions as soon as possible and may publish them in the [QualityNet Q&A Tool](#).



Today's Slide Presentation

- Go to <https://www.QualityReportingCenter.com/> to download today's slides.
- Click link for this event under Upcoming Inpatient Events on the bottom left of the screen.



IPFQR Program: FY 2023 APU Determination and Reconsideration Processes

Evette Robinson, MPH, CPHQ

Program Lead

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor

August 31, 2022

Purpose

This presentation will summarize the annual payment update (APU) determination and reconsideration processes for the recent data submission period.

Objectives

Participants will be able to describe the APU determination and reconsideration processes.

IPFQR Program:

FY 2023 APU Determination and Reconsideration Processes

FY 2023 APU Determination

FY 2023 IPFQR Program Reporting Requirements

- Pledge a status of “Participating” in the IPFQR Program Notice of Participation (NOP) by the August 15, 2022, deadline.
- Submit data for the following:
 - Due May 16, 2022: Quarter (Q)4 2021 COVID-19 Vaccination Coverage Among Healthcare Personnel (COVID HCP)
 - Due August 15, 2022:
 - Hospital-Based Inpatient Psychiatric Services (HBIPS)- 2, -3, -5
 - Substance Use (SUB)-2/-2a, -3/3a
 - Influenza Immunization (IMM)-2
 - Tobacco Use (TOB)-2/-2a, -3/-3a
 - Transition Record with Specified Elements Received by Discharged Patients and Timely Transmission of Transition Record measures
 - Screening for Metabolic Disorders (SMD)
 - Non-measure data
- Complete the Data Accuracy and Completeness Acknowledgement (DACA) by August 15, 2022.

Patient-Level Reporting for the IPFQR Program

As stated in the [FY 2022 IPF Prospective Payment System \(PPS\) Final Rule](#), patient-level data reporting occurred on a voluntary basis during the summer 2022 data submission period. During the summer 2022 submission period, CMS advised IPFs to submit all aggregate measure and non-measure data in the *Hospital Quality Reporting (HQR) Secure Portal* prior to voluntarily submitting patient-level measure data to test processes for and gain experience in submitting patient-level data prior to the FY 2024 data submission period. IPFs could submit voluntary patient-level data for as few as one measure, or for all the required measures and non-measure data, except for the HBIPS-2 and HBIPS-3 measures, as only their numerators could be submitted at the patient level.

APU Status Notifications

- In September 2022, CMS will send notification letters to facilities that did not meet one or more of the program requirements.
- Reconsideration requests for decisions are due to CMS **30 days** from the date on the APU decision letter.
- Notifications of APU reconsideration decisions will be sent by CMS to facilities filing a reconsideration approximately 90 days following the submission of the reconsideration request.

IPFQR Program:

FY 2023 APU Determination and Reconsideration Processes

FY 2023 APU Reconsideration

APU Reconsideration Process: QualityNet Location

An overview of the APU reconsideration process for the IPFQR Program is available on the [APU Reconsideration](https://qualitynet.cms.gov/ipf/ipfqr/apu#tab2) page of QualityNet:
<https://qualitynet.cms.gov/ipf/ipfqr/apu#tab2>

APU Reconsideration Process: QualityNet Location

Home / Inpatient Psychiatric Facilities / Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program /

Annual Payment Update (APU)

Overview IPFQR Measures Participation **APU** Resources Webinars

APU Recipients

APU Reconsideration

APU Reconsideration

The Centers for Medicare & Medicaid Services (CMS) provides Inpatient Psychiatric Facilities (IPFs) the opportunity to request a reconsideration of an Annual Payment Update (APU) decision. Facilities requesting IPFQR Program reconsideration from CMS must submit their Reconsideration Request Form to the IPFQR Support Contractor (SC) within 30 days following the date of receipt of the IPFQR Annual Payment Update (APU) Notification Letter. CMS will officially respond to the reconsideration request submitted by each facility.

Your request must identify the facility's specific reason(s) for believing the IPFQR Program requirements were met and why the facility should receive the full Fiscal Year (FY) 2023 IPF Prospective Payment Systems (PPS) APU.

The request must also address the failed IPFQR Program requirement(s) identified in the facility's IPFQR APU Notification Letter. These requirements include:

1. An IPFQR Program Notice of Participation (NOP) status of "Participating".
2. Submit Quarter (Q)1 2021 through Q4 2021 measure and non-measure data, with the following exceptions*:
 - o Q4 2021 COVID-19 HCP measure data (due May 16, 2022 via NHSN)
 - o Q4 2021 through Q1 2022 IMM-2 measure data via the Hospital Quality Reporting (HQR) Service Portal.
3. Complete a Data Accuracy and Completeness Acknowledgement (DACA), by the submission deadline.

* **NOTE:** Patient-level data submitted during the voluntary submission period are not considered with respect to meeting the data requirement for FY 2023 APU determination.

CMS will acknowledge receipt of your reconsideration request. An official response to your reconsideration request will be sent to the Chief Executive Officer (CEO) identified on the reconsideration request form within 90 days of the request.

If you have questions about the IPFQR APU Reconsideration process, please contact the IPFQR support contractor at (844) 472-4477 or (866) 800-8765.

Resources

File Name	File Type	File Size	
Reconsideration Request Form	PDF	60 KB	Download
IPFQR APU Reconsideration Quick Reference Guide	PDF	63 KB	Download

Filing an Appeal

When a facility is dissatisfied with the result of a CMS reconsideration, the facility may file a claim under 42 CFR Part 405, Subpart R (a Provider Reimbursement Review Board [PRRB] appeal). Details are available on the [PRRB Review Instructions](#) page. **An appeal can be filed with the PRRB only after the facility has submitted a request for reconsideration and received an adverse decision on the request.**

APU Reconsideration Process: QualityNet Location

APU Reconsideration

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APU Reconsideration Process: QualityNet Location

Resources

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IPFQR APU Reconsideration Quick Reference Guide	PDF	63 KB	Download

APU Reconsideration Process Resources

**CMS Quality Reporting Program
APU Reconsideration Request Form**

When the Centers for Medicare & Medicaid Services (CMS) determines that a facility did not meet the Quality Reporting Program requirement(s) for the Annual Payment Update (APU), the facility may submit a request for reconsideration to CMS by the deadline identified on the APU Notification Letter.

Once this form has been completed, please email to QRFormsSubmission@hsag.com or QRFormsSubmission@hsag.com.

Following the receipt of the request form, a decision regarding the reconsideration request will be made. Once a determination has been received, the facility will receive a notification letter.

*Indicates required field

***Facility Information:**

*Program Requesting Reconsideration: _____
Surgical Center (ASC)

*Date of Request (MM/DD/YYYY): ____/____/____

*CMS Certification Number (CCN) (Not required)

*National Provider Identification (NPI) (Required)

*Facility Name: _____

***CEO Contact Information (Required Designated Contact Information (Required))**

Please ensure within your organization that the person whose contact information is provided directed to this address will reach the CEO/Designated Contact Information.

*Name and Title: _____

*Email Address: _____

*Telephone Number: _____

*Mailing Address (must include physical address): _____

*City: _____

*State: ____ *ZIP Code: _____

***Security Official Contact Information (Required)**

*Name and Title: _____

*Email Address: _____

*Telephone Number: _____

January 2021

**CMS Quality Reporting Program
APU Reconsideration Request Form**

*Mailing Address (must include physical street address; P.O. Box addresses are not valid): _____

*City: _____

*State: ____ *ZIP Code: _____

***Reconsideration Request Information:**

*CMS-Identified Reason Facility Did Not Meet Requirement(s) Provided in the formal CMS APU Notification Letter: _____

***Reason for Reconsideration Request:** Please provide a detailed explanation of why the facility believes it should be eligible for reconsideration. This must identify the specific Quality Reporting Program requirements and the facility must submit all documentation and evidence at the time that it submits its request. This includes any information that the facility believes demonstrate that it meets the requirements.

Additional Comments:

January 2021

**CMS Quality Reporting Program
APU Reconsideration Request Form**

Validation Review for Reconsideration Request Information:

Was one of your reasons for not meeting the annual requirement(s) related to Validation?

If Yes, PLEASE NOTE: Requests related to validation element mismatches for the clinical process measures may require additional facility actions.

Electronic Clinical Quality Measure (eCQM) Validation:

No further actions are required.

Chart-Abstracted Validation:

In addition to filing the Reconsideration Request Form as outlined above, hospitals must:

- Complete the Validation Review for Reconsideration Request Form (available on the QualityNet website), including written justification for each data element classified during the validation process as a mismatch that you wish to appeal.
- Send a copy of the entire medical record (as previously sent to the Clinical Data Abstraction Center [CDAC] Contractor) for the appealed element(s), along with the completed Validation Review for Reconsideration Request Form, to the Validation Support Contractor via the *Hospital Quality Reporting Secure Portal*, Managed File Transfer "Validation Support Contractor" group or via mail to:

Telligent
Attn: Validation Support Contractor
1776 West Lakes Parkway
West Des Moines, IA 50266

Please Note: Medical records may contain Protected Health Information (PHI) and cannot be sent via email.

Medical records must be received by the deadline identified on the APU Notification Letter. CMS will review the data elements that were labeled as mismatched, as well as the written justifications provided by the facility, and make a decision on the validation reconsideration request.

SIGNATURE

*CEO/Designated Personnel Signature _____

Date ____/____/____

PIRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1022 (Expires 12/31/2022). The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PIRA Reports Clearance Officer, Mail Stop C4-26-06, Baltimore, MD 21244-1850.

CMS Disclosure Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PIRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at (844) 472-4477.

January 2021 Page 3 of 3

APU Reconsideration Process Resources

**CMS Quality Reporting Program
APU Reconsideration Request Form**

When the Centers for Medicare & Medicaid Services (CMS) determines that a facility did not meet the Quality Reporting Program requirement(s) for the Annual Payment Update (APU), the facility may submit a request for reconsideration to CMS by the deadline identified on the APU Notification Letter.

Once this form has been completed, please submit via the *Hospital Quality Reporting Secure Portal* to QRFormsSubmission@hsag.com, via secure fax to 877-789-4443, or email QRFormsSubmission@hsag.com.

Following the receipt of the request form, an email acknowledgement will be sent confirming the form has been received. Once a determination has been made, CMS will provide the formal decision regarding the reconsideration request.

*Indicates required field

***Facility Information:**

*Program Requesting Reconsideration: ___ Inpatient ___ Psych ___ Outpatient ___ Ambulatory Surgical Center (ASC)

*Date of Request (MM/DD/YYYY): ___/___/___

*CMS Certification Number (CCN) (Not required for ASC): _____

*National Provider Identification (NPI) (Required for ASC only): _____

*Facility Name: _____

***CEO Contact Information (Required for Inpatient and Psych) or Designated Contact Information (Required for Outpatient and ASC):**

Please ensure within your organization that U.S. Mail and deliveries from overnight services directed to this address will reach the necessary party.

*Name and Title: _____

*Email Address: _____

*Telephone Number: _____ Ext. _____

*Mailing Address (must include physical address; P.O. Box addresses are not valid):

*City: _____

*State: ___ *ZIP Code: _____ - _____

***Security Official Contact Information (Not required for ASC):**

*Name and Title: _____

*Email Address: _____

*Telephone Number: _____ Ext. _____

January 2021 Page 1 of 3

Form submission options include the following:

- *HQR Secure Portal*
- Secure Fax
- Email

Required fields include the following:

- Facility Information
- CEO or Designated Contact Information
- Security Official Contact Information

APU Reconsideration Process Resources

**CMS Quality Reporting Program
APU Reconsideration Request Form**

*Mailing Address (must include physical street address; P.O. Box addresses are not valid):

*City: _____

*State: _____ *ZIP Code: _____ - _____

***Reconsideration Request Information:**

***CMS-Identified Reason Facility Did Not Meet the APU Requirements:** These details were provided in the formal CMS APU Notification Letter that was sent to your CEO/Designee.

***Reason for Reconsideration Request:** Please state your facility's reason for requesting reconsideration. This must identify the specific reason(s) for believing your facility did not meet the Quality Reporting Program requirements and should receive the full APU. **Please Note:** A facility must submit all documentation and evidence that supports its request for reconsideration at the time that it submits its request. This includes copies of any communications, such as emails that the facility believes demonstrate its compliance with the program requirements.

Additional Comments:

January 2021 Page 2 of 3

- Required fields include:
 - Security Official Contact Information (continued)
 - Reconsideration Request Information
- Additional Comments is an optional field.

APU Reconsideration Process Resources

CMS Quality Reporting Program APU Reconsideration Request Form

Validation Review for Reconsideration Request Information:

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If Yes, PLEASE NOTE: Requests related to validation element mismatches for the clinical process measures may require additional facility actions.

Electronic Clinical Quality Measure (eCQM) Validation:

No further actions are required.

Chart-Abstracted Validation:

In addition to filing the Reconsideration Request Form as outlined above, hospitals must:

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Medical records must be received by the deadline identified on the APU Notification Letter. CMS will review the data elements that were labeled as mismatched, as well as the written justifications provided by the facility, and make a decision on the validation reconsideration request.

SIGNATURE

*CEO/Designated Personnel Signature _____

Date ____/____/____

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1022 (Expires 12/31/2022). The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor at (844) 472-4477.

Since validation review is not part of the IPFQR Program, no validation information is required on this page. The signature of the CEO/Designated Personnel and the date are required.

APU Reconsideration Process Resources

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Quick Reference Guide Fiscal Year (FY) 2023 Annual Payment Update (APU) Reconsideration

Reconsideration Request Process

Access the Reconsideration Request Form.

- Visit <https://qualitynet.cms.gov/ipf/ipfqr/apu#tab2>.
- Select Download next to the Reconsideration Request Form.

Complete the Reconsideration Request Form. Provide the reasons for requesting reconsideration.

- An asterisk (*) indicates a required field. The Centers for Medicare & Medicaid Services (CMS) will not accept the form if any required fields are blank.
- Physical addresses are required. (No PO boxes.)
- Insert the CMS-identified reason(s) for not meeting the IPFQR Program requirements. The CMS-identified reason(s) were stated in the IPFQR Program APU Notification Letter sent to the IPF's CEO/CEO Designee/Administrator.
- Provide the facility's reason(s) for requesting reconsideration. Identify the specific reason(s) for concluding your facility met the IPFQR Program requirements and should receive the full APU. Requests should be specific, complete, and include details.
- If there is not enough room on the form to provide all the information about your request, you may continue on a separate document (e.g., a Word document).
- Supporting documentation (e.g., emails, reports, screenshots) is not required, but it may be submitted.
- Ensure that the form is signed.

Submit the form.

Deadline: The form must be submitted **no later than 30 days** from the date of receipt of the IPFQR Program APU Notification Letter. It may be submitted using one of the following methods:

- *Hospital Quality Reporting Secure Portal* Managed File Transfer to the QRFormsSubmission@hsag.com email address
- Secure fax to (877) 789-4443
- Email to QRFormsSubmission@hsag.com

Note: Save a copy for your records. Follow all Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules. **Do not submit any Personal Health Information or other sensitive patient information.**

CMS Response

Upon receipt of the reconsideration request, CMS will:

- Email an acknowledgement to the facility's CEO/Designee/Administrator and Security Administrator/Official that the form has been received.
- Notify the CEO/Designee/ Administrator by letter of the reconsideration decision.

CMS expects the process to take approximately 90 days from receipt of the reconsideration request.

APU Reconsideration Process: QualityNet Location

Filing an Appeal

When a facility is dissatisfied with the result of a CMS reconsideration, the facility may file a claim under 42 CFR Part 405, Subpart R (a Provider Reimbursement Review Board [PRRB] appeal). Details are available on the [PRRB Review Instructions](#) page. **An appeal can be filed with the PRRB only after the facility has submitted a request for reconsideration and received an adverse decision on the request.**

IPFQR Program:
FY 2023 APU Determination and Reconsideration Processes

Helpful Resources

Acronyms

APU	Annual Payment Update	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CMS	Centers for Medicare & Medicaid Services	NOP	Notice of Participation
DACA	Data Accuracy and Completeness Acknowledgement	PPS	prospective payment system
FY	fiscal year	Q	quarter
HBIPS	Hospital-Based Inpatient Psychiatric Services	SMD	Screening for Metabolic Disorders
HCP	Healthcare personnel	SUB	Substance Use Measure
HQR	Hospital Quality Reporting	TOB	Tobacco Treatment Measures
IMM	Influenza Immunization	VIQR	Value, Incentives, and Quality Reporting
IPF	inpatient psychiatric facility		

Future Webinar Topics

IPFQR Program FY 2023 Data in Review

IPF-Specific Reports for Claims-Based Measures

**Using Public Reporting Websites to Access
IPFQR Program Data**



**Future webinar titles, dates, and times will be
communicated via the IPFQR Program Listserve.**

Helpful Resources

**IPFQR Program Webpages
(Click the Icons)**



Helpful Resources

Stay up to date...



...and get answers to your questions.



IPFQR Program:
FY 2023 APU Determination and Reconsideration Processes

Thank You

Disclaimer

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