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

**Hospital IQR Program Phase 2**  
**APU Reconsideration Process**

**Presentation Transcript**

**Speaker**

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Inpatient VIQR Outreach and Education Support Contractor

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**Operator:** Welcome to the Fiscal Year 2023 Phase 2 Reconsideration APU conference call. My name is Darrel, and I'll 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 01 on your touch tone phone. As a reminder, this conference is being recorded. I will now turn the call over to Candace Jackson. Candace, you may begin.

**Candace Jackson:** Thank you, Darrell. Good afternoon, and welcome to the *Hospital IQR Program Phase 2 Annual Payment Update Reconsideration Process* webinar. My name is Candace Jackson, and I am the Hospital Inpatient Quality Reporting Program Support Contractor lead from the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting and presenting on today's event. In addition, we also have Julia Venanzi, Shannon Kerr, and Christine Payne from CMS and several from the support contractors on the call with us today. Before we begin, I would like to make a few more general announcements. Again, as Darrell said, this program is being recorded. A transcript of the presentation will be posted to the Quality Reporting Center website, which <https://www.QualityReportingcenter.Com/>, during the reconsideration period. There will be a question-and-answer period as time allows after the presentation, but please be aware that we may not be able to answer specific questions related to your specific failures. At the conclusion of the webinar, the operator will provide instructions as to how you can ask your question. Next slide, please.

The purpose of today's presentation is to provide information regarding the annual payment update reconsideration process for fiscal year 2023. This webinar focuses mainly on the IQR requirements that affect the APU process and how to submit the reconsideration. These APU decisions will affect the hospital's Medicare reimbursement between October 1, 2022, and September 30, 2023. 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 form with CMS. Next slide.

This slide just addresses the acronyms that are used within this presentation. Next slide, please.

So, CMS notifies hospitals that are subject to the Hospital Inpatient Quality Reporting 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 CMS IPPS final rule, is subject to a reduction of one-fourth of its market basket update. Phase 1 occurs in March and includes population and sampling and the clinical process of care measures, which is the Sepsis-1 measure. This includes the perinatal care measures for Quarter 1 through Quarter 3 of the calendar year. In addition, Phase 1 includes the Influenza Vaccination Coverage Among Healthcare Personnel measure for Quarter 4 of the previous calendar year and Quarter 1 of the calendar year. Phase 2, which starts in May, includes population and sampling and the clinical process of care measures, including the perinatal care measures for Quarter 4 of the calendar year, and the eCQM data submission requirements. Beginning with fiscal year 2023, calendar year 2021, Phase 2 also includes Quarter 4 of the COVID-19 Vaccination Coverage Among Healthcare Personnel and the Maternal Morbidity Structural Measure. Additionally, Phase 2 includes all of the other requirements for the fiscal year. These are submission of the Hospital Consumer Assessment of Healthcare Providers and Systems, which is also known as HCAHPS survey data; the Data Accuracy and Completeness Acknowledgement, also known as the DACA; the Notice of Participation; a QualityNet registered Security Official; and validation is selected. Next slide, please.

Phase 2 of the annual payment update determination is currently in progress. The program requirements for Phase 2 of the APU reconsideration process include the submission of the following by the posted submission deadline:

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the initial patient population and sample size counts for the sepsis measure set for Quarter 4 of calendar year 2021 by the set submission deadline; complete data for the clinical process of care measure, which would be the sepsis and the web-based PC-01 measure for Quarter 4 of calendar year 2021 by the set submission deadline; the submission of the COVID-19 Vaccination Coverage Among Healthcare Personnel measure data for Quarter 4 of calendar year 2021 by the submission deadline; and the submission of the Maternal Morbidity Structural measure data for calendar year 2021, which for this year will only be for Quarter 4 2021 by the submission deadline. The submission deadline for all of these requirements was May 16, 2022. Next slide, please.

As just noted, Phase 2 of the annual payment update determination is currently in progress. Phase 2 also includes the HCAHPS survey data for Quarters 1 through 4 of 202; the submission of data for four of the eight available eCQMs for two self-selected quarters for either Quarter 1, 2, 3, or 4 of calendar year 2021; the completion of the Notice of Participation, if you are a new hospital; being registered with QualityNet, along with having an identified Security Official; and passing validation requirements, if selected for validation. Next slide, please.

Phase 2 of the annual payment update determination notification letters were mailed on June 1, 2022, 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 June 2, 2022. Requests for reconsideration for Phase 2 decision are due to CMS 30 days from the date of receipt of the APU determination notification letter. Therefore, if a hospital receives its annual payment update determination notification letter on June 2, 2022, it has until Friday, July 1, 2022, 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 <https://QualityNet.cms.gov/>, or by the direct link that is provided in this slide. Next slide, please.

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

To be directed to the reconsideration overview page, select the APU link to access the reconsideration form. For assistance in completing and/or submitting the APU reconsideration request form, scroll down to the bottom of the page and refer to the following resources. There you will find the reconsideration and validation reconsideration request forms and the reconsideration quick reference guide. Next slide.

When completing the reconsideration request form, a hospital must include the reason it failed, as provided in the APU determination notification letter, and identify the specific reason or reasons for believing it did meet this Hospital IQR Program requirement or requirements and should receive their 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 this [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com) email address. The form may also be submitted via secure fax to (877) 789-4443 or by email to [QRFormSubmission@hsag.com](mailto:QRFormSubmission@hsag.com). Upon receipt of the reconsideration request, CMS will provide an email acknowledgement to the facility CEO and QualityNet Security Official that the form has been received. CMS expects the process to take no longer than approximately 90 days from receipt of the APU reconsideration request form. Once you have submitted a reconsideration request, if you have questions related to the reconsideration or the reconsideration process, please direct those questions to Shannon Kerr at the email address listed on the slide. Next slide, please.

For those that failed the validation requirement, the quarters used to determine the validation competence interval to determine the passing or failing of validation for fiscal year 2023 was third and fourth quarter 2020.

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A hospital that failed to meet the chart-abstraction validation requirements may submit the Validation Review for Reconsideration Request Form. This form is in addition to filling out an APU Request for Reconsideration Form as explained in the previous slide. This Validation Review for Reconsideration Request Form is found on QualityNet, and it 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 medical records can be submitted through the *Hospital Quality Reporting Secure Portal* to the Managed File Transfer Validation Contractor group. The form and medical record must be received by the validation support contractor within 30 days following the receipt of the Hospital IQR Program annual payment update notification letter. Upon receipt of this Validation Review for Reconsideration Request Form, CMS will provide an email acknowledgement to the hospital contact name that is listed on the form to confirm receipt. CMS, again, expects the process to take no longer than approximately 90 days from receipt of this Validation Review for Reconsideration Request Form. Next slide.

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 [Form] and received an adverse decision on the request. Hospitals can submit the PRRB appeal up to 180 days following the IQR reconsideration determination notification date. Next slide, please.

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If you have questions related to the APU reconsideration process, they can be submitted to the Hospital IQR Program at the email listed on the slide. Again, at this time, we do have some time to address your questions. Again, please remember, we may not be able to answer questions regarding the specific reason for your failure or why you failed. So, Darrell, can you please go over the process to submit a question once again?

**Operator:** Once again, if you have a question, it's 01 on your touch tone phone. Once again, that's 01 on your touch tone phone. I'm standing by for questions. Our first question comes from I don't have a name, but it is someone from Rosebud Hospital. Hold on just a second.

**Speaker:** I don't understand, or I don't know where to look for the abstract control number that goes with the validation portion. So, you're supposed to go in and get the abstract control number. I don't know where to get that information or what the failure was.

**Candace Jackson:** We do have our validation support contractor on the line. So, Alex or Rebecca, would you be able to assist with this question?

**Alex:** Yes, this is Alex. So, what you need to do to determine the abstraction control number related to the case that was mismatched, or cases that have mismatched, is go to the *HQR Secure Portal* and run your hospital's Validation Case Detail Report for the quarters involved in the fiscal year. This is related to fiscal year 2023, and the quarters in fiscal year 2023 for validation purposes only included third quarter 20 and fourth quarter 20.

**Speaker:** Okay. So, you go to the secure portal for validation, because we do very, very few cases that get sent across. So, validation. That's where you run the report?

**Alex:** Right. You're going to want to run your Case Detail Report specific to your CCN and quarters, third quarter 20 and fourth quarter 20. On that report, it will show the cases that received a mismatch, and it will also include educational comments about the mismatch that was received. Each case has an abstraction control number that you would then put on that form when you are requesting reconsideration.

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- Speaker:** That's under the *HQR Secure Portal*?
- Alex:** Yes. If you have questions, and this goes for you and anyone else on the call, if you have questions about how to run the Case Detail Report, or where to go, or anything like that related to data validation, you may reach out to us at [Validation@Telegen.com](mailto:Validation@Telegen.com). I can't remember if that email is included in these slides.
- Speaker:** I'm sorry. [Validation@Telegen.com](mailto:Validation@Telegen.com)?
- Alex:** Candace. Yes. That's correct. [Validation@Telegen.com](mailto:Validation@Telegen.com). Candace, was that email in this presentation anywhere? Do you remember?
- Candace Jackson:** No. Your specific email address was not in the slides, if you could possibly provide that.
- Alex:** Okay. It is also at the top of the reconsideration form, that email address. So, when you view the validation reconsideration form, it's got that email address on there.
- Speaker:** Do I get to ask two questions or only one?
- Alex:** You can ask two. That's fine.
- Speaker:** Okay. So, let's say you got dinged for three things. Let's say you are forgetting to do your DACA or not doing your maternity because your maternity was closed, whatever reasons. If you can only validate that one of them, like the validation, was correct, and the other were not, is it still worth putting them in the processing request?
- Alex:** I'll let Candace answer that one. I think I understand that you are saying that your hospital did not meet multiple of the requirements for APU determination. I think that's what you're asking.
- Speaker:** Yes. We can make an argument for one, but, for the other two, we cannot.
- Candace Jackson:** This is Candace. I may ask the appeals contractor, too. It would be worthwhile to include all of your failures.



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It would be worthwhile to indicate why you were unable to meet them. That way, CMS has all of your information, and CMS can make a determination on each one, independently.

**Speaker:** Thank you.

**Candace Jackson:** I don't know if, Danita, you would have anything else to add to that?

**Danita:** I agree with that statement, Candace. Any hospitals that do submit their reconsideration request, just make sure that you put in a lot of details, so that we can do our due diligence in reviewing all of your information.

**Speaker:** Thank you.

**Operator:** Our next question comes from Julie Farmer. Go ahead, Julie.

**Jeanie Farmer:** It's Jeanie Farmer.

**Operator:** Okay.

**Jeanie Farmer:** Our particular issue had to do with the complete record not sent in. There was some misunderstanding about what needed to be sent in for sepsis. I noticed in the presentation that it said, if we're doing reconsideration, we had to send the record as previously submitted. Would we be allowed to resubmit the correct complete record for reconsideration?

**Alex:** This is Alex with validation. The review done initially is also the review that is done at this reconsideration time. So, if a medical record was submitted at this time, and it included additional information, that would not be acceptable information to use.

**Jeanie Farmer:** Okay. So, in our particular instance, since we just had some misunderstanding about what parts of the medical record had to be sent in, if we couldn't send in the entire record to be reviewed, or our charts weren't reviewed at all, because the charts were deemed not valid, do we have any recourse for reconsideration?

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- Alex:** I think in a situation such as yours, your best bet would be to provide information as to why your hospital did not initially include all the necessary information for that sepsis record, or whatever records.
- Jeanie Farmer:** Okay. Thank you.
- Operator:** Our next question comes from Gwen Will. Go ahead, Gwen.
- Gwen Will:** Yes. Thank you. Our facility, hospital, did not pass because of the healthcare personnel COVID data. We were unaware of a rule where, if the end date of a particular week is in a different month from the start date, the data would be attributed to the following month. So, in our circumstance, we submitted November's date as 11-29 through 12-5. So, our November data were attributed to December, looking as though we submitted two weeks in December and none for November. My question is really pertaining to the submission. Somebody from the hospital submitted a form already. I don't believe that that form clearly defined the issue and what we've done about it. I was wondering if it's okay to submit a new reconciliation form with additional information for consideration.
- Candace Jackson:** Could I ask our appeals contractor or our CMS person to address that one?
- Danita:** Hi, Candace. This is Danita. I'll take it. Gwen, I missed what hospital you are from.
- Gwen Will:** Canonsburg Hospital. Canonsburg General.
- Danita:** Okay. You are allowed to submit, up until the submission deadline, any additional information. When you do submit that, just put in your email, when you submit the new form, it is an update to your original reconsideration request. Definitely, if you have details, reports, any additional details that you can send in that shows your data submission, that will be reviewed when you send it in.
- Gwen Will:** Okay. Thank you very much.
- Danita:** You're welcome.

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- Operator:** Our next question comes from Danielle Hensel. Go ahead, Danielle.
- Danielle Hensel:** Yes. So, we kind of got dinged on failing to submit our COVID-19 HCP. We submitted it, but we submitted it under IPF. Pulling the provider report, they have received it for IPF because we were an inpatient psychiatric facility. So, I'm trying to figure out, because we got dinged for it on the IQR side, of course, so I'm trying to figure out the best route. How do I go about that for my facility? Is it able to transfer over to be under IQR, as well? How do I go about that?
- Candace Jackson:** Hi, this is Candace. As we kind of indicated specific reasons for failures, or why you failed, we really don't have the opportunity to provide a definitive response on this call. As we kind of stated, your best bet is to just file your reconsideration and include all the detail regarding why you failed and what happened.
- Danielle Hensel:** Okay. I have one more question, if you all don't mind. It's kind of goes back to the, I believe, Phase 1, to a time before I was here. I figured while I have people on the phone, I can ask them. I think for the flu reporting, for like 2020, 2021, I think we had the same issue. It got reported for IPF and not IQR. We recently got the reconsideration notice of it being upheld, and I have to appeal that. Will I be able to explain in the appeal process of why it didn't go to IQR, it just went to IPF?
- Candace Jackson:** There really isn't any rule of what you can include in your recon, or your reconsideration. So, again, I would recommend that you put in all the information on all the details that you have and submit it that way.
- Danielle Hensel:** Okay. Thank you.
- Operator:** Our next question comes from Mia Spring. Go ahead, Mia. Mia Spring, if you're on the line? Let's move on to the next question. It's Tabitha Pool. Go ahead, Tabitha.
- Tabitha Pool:** Hi. Can you hear me?
- Operator:** Yeah.

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**Tabitha Pool:** So, I just wanted to clarify. You said in the PowerPoint that, for validation reconsideration request, we needed to submit the two forms. Then, later, I interpreted it also saying that, if we are looking for eCQM validation reconsideration, then we only have to do the one. Can you just clarify that for me?

**Candace Jackson:** That is correct. Alex, do you want to go ahead and take it?

**Alex:** I was just going to say the same thing you were. If your letter says that you failed to meet the eCQM validation requirement, then you would only need to submit the regular, normal reconsideration form. If it doesn't specify eCQM validation, if it's normal validation, chart-abstracted, then you will need to submit both the "normal" one. I'm using the word "normal" in quotes here. Use the general recon form as well as the validation one.

**Tabitha Pool:** So, it says for the clinical process measures: Validation requirements not met.

**Alex:** It's not specific to eCQM. It's not eCQM. Yes. You bet.

**Tabitha Pool:** Got it. Thank you.

**Operator:** Our next question comes from Lee Shepherd. Go ahead, Lee.

**Denise:** It's Denise. Thank you. I'm also calling regarding failure for COVID-19 healthcare worker vaccination. When we go into our NHSN, it was all in the database on time, by May 16. We are trying to go back and get time stamps for our evidence. We've communicated with NHSN, and they're telling us that, due to the volume of inquiries around this metric after June 2, there will be an extended delay in getting our information in order to prove that we have the information in on time. I'm wondering if you guys are aware of that and if you have any recommendations because I'm assuming you're going to want timestamped documents to prove that it was in on time, and I just don't know where to turn at this point.

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**Candace Jackson:** This is Candace, and I can ask Danita if she agrees. Again, you would want to include any of that information. You'll still need to submit a recon. So, you'll need to include any of that information that you have, the information that you just described, any reports, any type of screenshots, or anything that you have that validate what you think you did and why you met the requirement. You will want to include that in your recon. Then, the contractor will take all that information. They'll do research, and then they'll make a decision. Danita, did I cover that?

**Danita:** Yes. You did great Candace. Yes. Any of the NHSN reports that you have, screenshots in NHSN that show your data, and obviously all details of who you've contacted, even if that includes copies of emails and things like that, just show what you have done, and why you think that it should be overturned

**Denise:** Okay. Thank you very much.

**Operator:** Our next question comes from Rob McFadden. Go ahead, Rob.

**Rob McFadden:** Good afternoon. My question also has to do with the COVID-19 information. We had several technical issues uploading the data into the NHSN. We put in tickets with NHSN and also CMS, requesting assistance. We did get a message similarly saying that, due to the number of information, due to the volume of questions regarding the COVID-19 immunization information, there would be a delay. We continued to work diligently to upload our data. We were able to, through help with our IT department and putting a lot of brains in the room, get the information uploaded to NHSN; however, we did miss the deadline. So, the question I have is this: Is failure to meet the deadline dispositive? Does that automatically cause us not to be eligible for reconsideration? If not, during the reconsideration process, is there anything else we need to do with our data that were uploaded several hours after the deadline? Thank you.

**Candace Jackson:** This is Candace, and we'll kind of take this in a couple pieces. In regard to meeting the requirements, yes, the data have to be submitted by the submission deadline.

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If not submitted, then it is considered a “non-submitted,” and that puts you at risk for failing that requirement when it comes to the APU discrimination time. Like we have been saying, we aren’t able to address your specific reasons and what happened and provide a response on the call. So, again, what you will need to do is fill out the recon and include all of that information that you have, the help desk ticket, and any other information that you have with the recon. Then, CMS will review that.

**Rob McFadden:** Thank you.

**Operator:** Our next question comes from Kim Castellino. Go ahead, Kim.

**Kim Castellino:** Hi. I have a question about where to find information regarding any potential penalties to calculate it.

**Candace Jackson:** So, you want to find the information as to what possibly could be the dollar amount that you would lose if you fail your APU? I don’t have that right off the top of my head. I know it is provided in the CMS IPPS final rules, but we could probably include some information when we do the transcript or post the Q&A summary. [Please see the FY 2022 Applicable Percentage Increases for the IPPS Table in the fiscal year 2022 final rule at 86 FR 45215. Also, see the Proposed FY 2023 Applicable Percentage Increases For the IPPS Table in the proposed rule at 87 FR 28403.]

**Kim Castellino:** Okay. Thank you.

**Operator:** Our next question comes from Carol Jones. Carol?

**Carol Jones:** Yes. Hello? Can you hear me?

**Operator:** Yes. We can hear you.

**Carol Jones:** Okay. Thank you. So, I have a question about the chart-abstraction measure, the sepsis measure. We’ll be asking for reconsideration around our data abstraction and mismatches. Do we work directly with Telegen if we want to understand definitions? Essentially, it’s a difference of opinion, or in an area where it’s not perfectly clear in the definitions. Who do we work with to ask questions about the sepsis data abstraction?

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**Alex:** This is Alex. Yes. I would suggest, as far as questions regarding how to submit the reconsideration request, you can reach out to us via email. Of course, if there's patient-identifying information involved, and you're asking a question that's specific to the case in question, then that would be the point at which you would include that information and questions about why a mismatch occurred or your disagreement as to why a mismatch occurred on that reconsideration request form. Does that make sense, what I'm saying?

**Carol Jones:** I think so. Alex, I can reach out to you to clarify that. It's helpful to understand that, if it's around sepsis, we might talk directly with the contractor. Then, in a case that's been essentially grayed out because of an issue that's early on in the data abstraction, and that's overturned, do all the other elements that then were abstracted correctly go into a recalculation of the confidence interval?

**Alex:** I don't know that I'm completely following. I think what you're asking, please, correct me if I'm totally going off base here. I think what you're asking is this: When the abstraction is occurring at the CDAC for a sepsis case, if an individual element mismatches, does it count against you for multiple mismatches? Sorry. Are you asking if one element mismatch causes a mismatch for the entire case?

**Candace Jackson:** Are you asking this? If you submitted a recon that was overturned, saying that you were correct in how you abstracted, would they recalculate your confidence interval so that you would no longer fail?

**Carol Jones:** Right.

**Alex:** Okay. So, thanks for that, Candace. So, to answer your question about a recon request, let's say your case was reviewed, and it was determined that the CDAC was incorrect in their original decision. It would be overturned, that case would, and the calculation of the confidence interval would occur again with that new outcome having been overturned. It would then be determined whether you still did not meet the confidence interval or if that overturn brought you to now meeting the confidence interval. Does that answer your question?

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- Carol Jones:** It does in part, and I think I'll follow up offline because this is kind of probably in the weeds too much for everybody else on the call, so I can circle directly to you all. Thank you.
- Alex:** All right. Sounds good.
- Operator:** Our next question comes from Chrissy Lauren. Go ahead, Chrissy.
- Chrissy Lauren:** Hey there. I had heard that this was being recorded. Could that recording and the slide deck be distributed?
- Candace Jackson:** Chrissy, we usually don't distribute it. It will be available on both the Quality Reporting Center website and also on the QualityNet website, and the links to the slides we're provided in the invite, I believe.
- Chrissy Lauren:** Okay. Thank you.
- Operator:** Our next question comes from Barbara Ray. Go ahead, Barbara.
- Barbara Ray:** Hi, good afternoon. Can you hear me okay?
- Operator:** Yes.
- Barbara Ray:** Okay. Our question is around the Security Official notification that we did not meet that requirement, but we do not understand that. We don't agree with that finding. So, of course, we're going to do the reconsideration, but we're trying to just understand what time period did it cover, that the expectation was that there was a Security Official. What information can we use to help support our position that we always had a Security Official in place during the time period? Just anything else that we could utilize to help us better understand how we didn't meet the measure, what we can use to support that we did meet the measure? That's it. Thank you.
- Mary Ann Jones:** Hi, this is Mary Ann Jones. I can try and answer your question. When we look at the Security Administrator requirement, it is if a facility has an established Security Administrator linked through the HQR System. So, if you have somebody that has that designation and that access, you can submit that with your reconsideration.



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We will then also work with the appeals contractor to share the information that we had on file. Basically, we look at the last day of the submission period. So, if there was somebody as an established Security Administrator or Official on that last day of the submission process, that is the information that we use.

**Barbara Ray:** Can I ask to follow up with that? So, then are you referencing December 31, 2021? Would that be the last day of the submit period?

**Mary Ann Jones:** No. I'm sorry. No, the submission period would be May 16 of 2022.

**Barbara Ray:** May 16th, 2022. Okay.

**Mary Ann Jones:** Correct.

**Barbara Ray:** So, Was a Security Official in place on May 16, 2022? We just really don't understand how we did not have one, but okay. I think that will help.

**Mary Ann Jones:** Okay. One of the things you need to verify is that somebody was designated as the Security official, the Security Administrator, and not just having the access. So, you can go through and check that through your system as well.

**Operator:** Our next question comes from Cindy Hickle. Cindy Hickle. Go ahead, Cindy.

**Cindy Hickle:** Yes. Can you hear me?

**Operator:** Yes.

**Cindy Hickle:** I submitted our maternal morbidity data back on April the 21st. It shows on the HQR data form that I last updated it with a date and a time. However, I made the mistake of opening it back up to take a screenshot of my answer choice, which was Yes. I didn't save it again. However, when I ran the Hospital Provider Participation Report, it does show that I submitted that data. I guess, I went ahead and submitted the APU reconsideration request form.

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I included my screenshots of what I had done, but, after I submitted the form, the request form, I went back to run the Provider Participation Report, and it does clearly state maternal morbidity was submitted.

**Candace Jackson:** You did the correct thing. You filed your recon, and you put all that information in the recon.

**Cindy Hickle:** Yeah. The only thing I didn't include was the Provider Participation Report piece. I did not inform them of that, that it does show Submitted.

**Candace Jackson:** The appeal contractor does look at those types of things that they have access, and they can look at the report. So, at this point, you've done what you needed to do, and we'll just wait to see what the CMS decision is.

**Cindy Hickle:** Okay. Yes. Because it was just confusing. Because, I can understand, okay, Cindy, don't open that back up again. When you submit it, let it go. Don't take a screenshot. The last step I did that day after submitting, I checked to make sure we did submit all our COVID data. Everything said Submitted. So, it was kind of surprising when I got the email saying we didn't submit it. Then, yes. So, one place, I guess, has that we didn't, and the other place has that we did.

**Candace Jackson:** I don't think there's anything else we need to add to that one. So, Darrell, we can go to the next question.

**Operator:** Our next question comes from Sean-Marie Perring. Go ahead, Sean-Marie.

**Sean-Marie:** Good afternoon. Can you hear me?

**Operator:** Yes.

**Sean-Marie:** Thank you. I'd like to follow up on the Security Administrator question. We had received that notification that we do not have a Security Administrator. We have three Security Administrators on the account, and I also have the receipts where we had gone in to update IQR and OQR participation lists on 5/3 and 5/10. Also, I had put a call into the QNet help desk, questioning the email that we had received, because I did go out and validate that all three were active.

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I was told that it was a form letter, and that this was not the issue and that I needed to actually go out and update those contact lists, which I did. If I have all of that documentation and include that on the reconsideration form, is that appropriate for overturning it?

**Candace Jackson:** You can include all that information on your reconsideration form. We can't tell you at this point if it will be upheld or overturned, but CMS will then review all that information that you provide and make a decision accordingly. At this point, we can't tell you specifics.

**Sean-Marie:** Sure.

**Candace Jackson:** We aren't able to research that at this point. Yes, whatever information you provide, CMS takes that into consideration in their review and their decision making.

**Sean-Marie:** Okay. That is the appropriate type of documentation to show that we were in the account. That's what you would want to see. Okay.

**Candace Jackson:** Yes, that and any other information that, you know, emails, reports, screenshots, you can provide all of that type of information for CMS to take into consideration.

**Sean-Marie:** Okay. As a learning opportunity for us, I just wanted to also ask, how does that validation take place? Is it opening up the list of users and looking for the Security Administrators and making sure their little dot is green? How does that actually occur?

**Mary Ann Jones:** This is Mary Ann Jones. Are you asking how the report is generated on who does and who does not have?

**Sean-Marie:** Yes, ma'am. I just want to make sure we are looking at the right thing.

**Mary Ann Jones:** Yes. I'm not sure I can specifically state it. Our analytic team looks at the tables and pulls the data, so I can't really tell you where that's exactly pulled from. I would do, again, what Candace had said. If you submit your documentation to the appeals contractor, we'll be able to take a look at it.

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**Sean-Marie:** I just want to make sure we're looking at the right thing. Thank you.

**Operator:** Our next question comes from Corey Baker. Go ahead, Corey.

**Corey Baker:** Our question was answered when they were discussing the confidence percentage and the certain aspects of the mismatches. It's been answered.

**Operator:** Okay. We'll move on to the next question. It's Tracy Jensen. Tracy, go ahead.

**Tracy Jensen:** Hi. This is all new to me. I mostly deal with the IPFQR side, but I'm learning about this, our letters. I know you can't answer specifics, but it's related to maternal morbidity. It would've been an No/NA for us because we don't provide that in our IQR setting. Is the HQR portal locked down now? Can I go in if you're still interested in knowing that I'm zero? I will submit for the [inaudible], but should I also have the opportunity to go back and provide the missing information?

**Candace Jackson:** This is Candace. No, you would not be able to so. Once the submission deadline has passed—the deadline for the maternal morbidity was May 16 of 2022—you are no longer able to enter any data for that time period. So, what you would need to do is just submit your reconsideration and provide the details as to why you were unable to complete that requirement.

**Tracy Jensen:** Okay. Just a quick thank you to you for holding this. I really appreciate this information. It's very informative for a new person.

**Candace Jackson:** You're welcome.

**Operator:** All right. We'll move on to the next question. It's Julie Rabat-Torki. Go ahead, Julie.

**Julie Rabat-Torki:** Yes. Hi. I work for Harris Health System in Houston. We failed completely to submit our COVID vaccine information. Basically, it was, I would call it, a comedy of errors. We knew what we were doing and that we had to do it, but then the deadline came up on us, and I don't even know what happened. We've submitted our request.

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My question now is, and I think I just heard an answer that says we not allowed to go back at some point here in the near future and update for October, November, December statistics. If not, then is this something we should just go ahead and submit with the reconsideration forms?

**Candace Jackson:** The warehouse is closed. The *HQR Secure Portal* is closed for that time period. You would not be able to go back and update it, and we at CMS would not go back in and update your data or put it in. If you want to provide your stats to them, that is feasible, but it won't be put into the system, and it won't show for any other areas, such as public reporting.

**Julie Rabat-Torki:** Okay, thank you. One other follow-up thing, I went back to try to figure out how we missed this because we're a huge system. We've been bombarded really for the past two and a half years with all kinds of COVID reporting. I did not find a lot of information, newsletters, and so on coming out to us in the field. There was the original, "Here's what we need to file and when it's due." Then, kind of that was the end of it. So, I guess what I would ask, maybe, is, just as we have really big new requirements, maybe there could be multiple reminders and such as we're coming close to due dates. It's just that there's so much, and I'm actually kind of new to this whole quality reporting thing. I think it would be very helpful to have had some reminders. At least it would've given us a chance. Thank you very much.

**Candace Jackson:** Are you signed up for the Listserves from QualityNet because, for all of the submission deadlines and all of the requirements, a notification is sent out 30 days prior to the submission deadline, 15 days prior to the submission deadline. Targeted emails are sent to those hospitals that have not submitted about seven days prior to the deadline, and then we make phone calls approximately three days prior to the deadline.

**Julie Rabat-Torki:** Oh, boy. I had no idea.

**Mary Ann Jones:** This Mary Ann Jones. We actually send out the targeted emails daily in the last, generally, week to a week and a half prior to that deadline. So, we did send out a lot of communications.

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**Julie Rabat-Torki:** You did? So, how would one get these kinds of notifications? I'd be interested.

**Mary Ann Jones:** There's a couple of ways. For the Listserves, if you are signed up for the CMS notification emails from the QualityNet website, those will come out as general reminders. For the targeted emails, we go by the contacts that are listed in the CMS program database. We also send out communications routinely to keep those contacts updated. So, if you want to check to see if your contacts are updated, you can go to the QualityReportingCenter.com website, and there is a tool that will guide you through that process.

**Julie Rabat-Torki:** Okay. That is very helpful. What about the people that are the security officers? Would they be on the list of people that are getting stuff routinely?

**Mary Ann Jones:** It really depends on what the notifications are that are being sent. For the targeted emails, we generally do include the quality reporting person, the infection preventionist, the CEO, and, often times, the Security Official. The general Listserve notifications really depend on who is signed up. Those are just general notifications. So, if they're signed up for that distribution group, through the QualityNet website, they'll get every notification that goes out.

**Julie Rabat-Torki:** Okay. Thank you very much for that information. That really helps.

**Mary Ann Jones:** Sure.

**Julie Rabat-Torki:** I thought I was a complete failure all on my own here. So, thank you.

**Operator:** Our next question comes from...

**Candace Jackson:** Darrel, I think, at this time, we are very close to our hour. So, if there are questions, please submit those to the links that we provided on the slide. Again, we thank you for joining us today. We hope you enjoy the rest of your day.

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