Hospital Inpatient Quality Reporting Program Quick Reference Guide
Annual Payment Update (APU) Reconsideration

Reconsideration Request

Download the Reconsideration Request Form

1. Visit *www.QualityNet.org*.
2. Select the "Hospital Inpatient Quality Reporting Program" link in the **Hospitals – Inpatient** drop-down menu.
3. Select the "APU Reconsideration" link.
4. Select the "Reconsideration Request Form" link.

Complete the Reconsideration Request Form and Provide the Reconsideration Reasons

- 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 (i.e., no PO boxes are accepted).
- If there is not enough room on the form to completely provide all information about your request, you may continue on a separate document (e.g., a Word document).
- Supporting documentation (e.g., emails, reports, screenshots) is not required but may be submitted.
- The form should be signed.

Submit the Form

Deadline: CMS must receive the form **no later than 30 days** from the date the hospital received the Hospital Inpatient Quality Reporting (IQR) Program Annual Payment Update (APU) Notification Letter.

The form may be submitted in any of these three ways:

- Use the *QualityNet Secure Portal* Secure File Transfer; send to "APU" group
- Fax to (877) 789-4443
- Email to QRSupport@HCQIS.org

NOTE: 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 hospital's chief executive officer (CEO)/Designee and *QualityNet* Security Administrator (as indicated on the form) that the request has been received.
- Notify the CEO/Designee by letter of the reconsideration decision.

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

Validation Reconsideration Request

Is your hospital's reconsideration request related to not meeting the validation requirements?

If NO, no additional action is required.

If YES, see directions below.

Chart-Abstracted Validation

Reconsiderations involving chart-abstracted validation require further action in addition to submitting the Reconsideration Request Form as previously outlined.

- Download the CMS Hospital IQR Program Validation Review for Reconsideration Request form found on *QualityNet* (same location as the Reconsideration Request Form).
- Provide a detailed explanation identifying which data or data element(s) the hospital believes was improperly validated by CMS and why the hospital believes that such data are correct.
- Submit the completed form, along with the medical records related to the appealed element(s). The medical record should have the same content as the medical record previously sent to the Clinical Data Abstraction Center (CDAC) Contractor.

- Documents may be submitted on paper copy to the address below or submitted electronically via the *QualityNet Secure Portal* Secure File Transfer; send to "Validation Contractor" group.
- **Deadline:** The form and the medical records must be received by the Validation Support Contractor **no later than 30 days from the date of receipt of the APU notification letter**.
- Paper copy records should be sent to:

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

Electronic Clinical Quality Measure (eCQM) Validation

For reconsiderations involving eCQM validation only:

- Complete and Submit the Reconsideration Request Form (see columns 1 and 2) by the deadline.
- No other form is required. Medical record submission is not required.