



Notification Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850

Office of Clinical Standards and Quality

September 12, 2011

[CEO]
[Facility Name]
[Street Address]
[City, State zip]

Regarding: FY 2012 Market Basket Update for [Facility Name], CMS Certification Number [000000]

Dear Facility [CEO]:

This letter is to inform you that [Facility Name] did not meet the Inpatient Psychiatric Facility Quality Reporting Program requirements for Fiscal Year (FY) 2014. Failure to meet the requirements of the Inpatient Psychiatric Facility Quality Reporting Program will result in [Facility Name] receiving a 2.0 percentage point reduction in the annual FY 2014 market basket update.

The Inpatient Psychiatric Facility Quality Reporting Program was established to implement section 10322 of the Affordable Care Act, Pub. L. 111-148 which expanded the reporting requirements for the Inpatient Psychiatric Facility Quality Reporting Program to Inpatient Psychiatric Facilities. To implement these changes, CMS established the following requirements:

- Identify a QualityNet Security Administrator who follows the registration process located on the QualityNet website (<http://www.qualitynet.org>), regardless of whether the facility submits data directly or uses a vendor
- Complete a Notice of Participation
- Submit complete data for each required clinical process measure by the posted submission deadlines
- Complete the Data Accuracy and Completeness Acknowledgement
- Display all submission data, on CMS.gov

For FY 2014, [Facility Name] did not meet the following requirement(s):

- Requirement not met
 - o Specific information
- Requirement not met
 - o Specific information

You have the right to request a reconsideration of this decision. **If you choose to request reconsideration of this decision, you must submit the request to CMS no later than 30 days from the date identified in this notification letter.** A facility representative must submit a reconsideration request and receive a decision from CMS before an appeal may be filed with the Provider Reimbursement Review Board (PRRB).

To exercise your right to reconsideration, access *QualityNet* (<http://www.qualitynet.org/>) to review the Quality Reporting Program reconsideration process requirements for FY 2014 APU decisions. Place the cursor over the “Hospitals – Inpatient” tab, select the appropriate link and select “APU Reconsideration” from the left-navigation bar for detailed instructions and a link to the reconsideration form.

IF THIS APPLIES TO YOU, PLEASE NOTE: Reconsideration requests related to validation measure mismatches for the clinical process measures require additional facility actions as follows:

- Provide written justification
- Medical records need to be mailed and received **no later than 30 days from the date identified in this notification letter** to:

IFMC
1776 West Lakes Parkway
West Des Moines, Iowa 50266
Attention: Mary Cox

The completed reconsideration request form must be submitted to CMS via *My QualityNet* **no later than 30 days from the date identified in this notification letter.** CMS will notify you of the outcome of your request.

If you have any questions, please have your facility’s internal point of contact notify your Support Contractor for assistance. Your Support Contractor may contact the CMS contractor coordinating the Inpatient Psychiatric Facility Quality Reporting Program as needed.

Sincerely,

/s/

Patrick Conway, MD, MSc
CMS Chief Medical Officer
Director of the Office of Clinical Standards and Quality
Centers for Medicare and Medicaid Services

PRA 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-XXXX . 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, Maryland 21244-1850.