<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Reconsideration-and-Exception-and-Extension.html>

**IRF Quality Reporting Reconsideration and Exception & Extension**

**Reconsideration**

**5/22//2015**

**Reconsideration Request Overview**

In the Inpatient Rehabilitation Facility (IRF) Final Rule 78 FR 47902 through 47921, the Centers for Medicare & Medicaid Services (CMS) finalized the FY 2016 IRF Quality Reporting Program (QRP) requirements. Any IRF determined to be non-compliant with the IRF QRP requirements may be subject to a two (2) percentage point reduction in their annual payment update (APU).

Any IRF found non-compliant will receive a letter of notification which will include instructions for requesting reconsideration of this decision.

**What is Reconsideration?**

Reconsideration is a request for a review of the compliance decision.

**When Would an IRF Submit a Reconsideration Request?**

IRFs may file for reconsideration if they believe the finding of non-compliance is in error, or they have evidence of the impact of extraordinary circumstances which prevented timely submission of data.

**Important Note**: A request for reconsideration due to a deficiency in the IRF reporting of data as required in the IRF QRP due to a disaster **is separate and aside** from the waiver requirements and purposes pursuant to 42 CFR §412.614.

**Reconsideration Request Process**

To apply for reconsideration, the IRF must receive a CMS letter of non-compliance. An IRF disagreeing with the payment reduction decision may submit a request for reconsideration to CMS **within thirty (30) days** **from the date at the top of the non-compliance notification letter**. CMS will not accept any requests submitted after the thirty (30) day deadline.

**Create a Reconsideration Request**

**Please note: The only method for submitting reconsideration requests is via email. Requests submitted by any other means will not be reviewed for reconsideration.**

IRFs are required to submit their request to CMS via email with the subject line: “IRF ACA 3004 Reconsideration Request” and include the IRF CMS Certification Number (CCN) (e.g., IRF ACA 3004 Reconsideration Request, XXXXXX). The request must be sent to the following email address: [IRFQRPReconsiderations@cms.hhs.gov](mailto:IRFQRPReconsiderations@cms.hhs.gov).

The email request must contain the following information:

* IRF CMS Certification Number (CCN)
* IRF Business Name
* IRF Business Address
* CEO or CEO-designated representative contact information, including: name, email address, telephone number, and physical mailing address
* CMS identified reason(s) for non-compliance from the non-compliance notification letter
* Information supporting the IRF belief that non-compliance is in error, or evidence of the impact of extraordinary circumstances which prevented timely submission of data

The request for reconsideration ***must be accompanied by supporting documentation demonstrating compliance***. CMS will be unable to review any request that fails to provide the necessary documentation along with the request for reconsideration. Supporting documentation may include any or all of the following:

**Please note: Do not include protected health information (PHI) or other Health Insurance Portability and Accountability Act (HIPAA) violations in the documentation being submitted to CMS for review.**

* Proof of submission
* Email communications
* Data submission reports from the Quality Improvement Evaluation System (QIES)
* Data submission reports from the National Healthcare Safety Network (NHSN)
* Proof of approved exception or extension for the reporting time frame
* Copy of the CCN activation letter
* Other documentation supporting the rationale for seeking reconsideration

**Please note: Do not include PHI or other HIPAA violations in the documentation being submitted to CMS for review.**

**Review Data Submissions**

For FY 2016 payment determination, IRFs are required to collect data for the following quality measures:

* NQF #0138 National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure through the Centers for Disease Control and Prevention (CDC) NHSN for the reporting period of January 1, 2014, through December 31, 2014
* NQF #0431 Healthcare Personnel Influenza Vaccination through the CDC NHSN for the reporting period of October 1, 2014, through March 31, 2015
* NQF #0678 Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay) through the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) for the reporting period of January 1, 2014, through September 30, 2014

Information about how to review the submitted data is available in the “Reviewing Your Reports IRF” document in the **Downloads** section below.

**Reconsideration Request Process Timeline**

Below is the ***estimated*** reconsideration process timeline for FY 2016 payment determination:

* **June 2015 -** CMS issues notices of non-compliance to IRFs that failed to meet quality reporting requirements
* **June - July 2015 -** Reconsideration requests are due to CMS thirty (30) days from the date on the notification of non-compliance
* **June - July 2015 -** CMS provides an email acknowledgement within five (5) business days upon receipt of reconsideration request
* **September 2015 -** CMS notifies IRFs of the Agency’s decision on the reconsideration requests

**Filing an Appeal**

IRFs dissatisfied with the IRF QRP reconsideration ruling may file a claim under 42 CFR Part 405, Subpart R (a Provider Reimbursement Review Board [PRRB] appeal). Details are available on the *CMS.gov*[PRRB Review Instructions](http://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/PRRB_Instructions.html) website.

**Exception and Extension**

**Exception and Extension Requests Overview**

CMS provides IRFs an opportunity to request an exception or extension from the program’s reporting requirements in the event they were unable to submit quality data due to extraordinary circumstances beyond their control. IRFs affected by a natural or man-made disaster or other extraordinary circumstances may request an exception or extension by filing a Request for Reconsideration Due to Disaster or Extraordinary Circumstance.

**Important Note**: A request for reconsideration due to a deficiency in the IRF reporting of data as required in the IRF QRP due to a disaster **is separate and aside** from the waiver requirements and purposes pursuant to 42 CFR §412.614.

**Submission Exception and Extension Process**

All IRFs requesting an exception or extension must submit the request within thirty (30) days of the event. CMS may grant the exception or extension for one or more quarters. CMS may also grant the exception or extension to IRFs that have not requested one when an extraordinary circumstance, such as an act of nature, affects an entire region or locale. CMS will communicate through routine channels when such determination is made.

IRFs must request an exception or extension via email with the subject line, “Disaster Exception or Extension Request” and send it to [IRFQRPReconsiderations@cms.hhs.gov](mailto:IRFQRPReconsiderations@cms.hhs.gov). The email must include the following information:

* IRF CCN
* IRF Business Name
* IRF Business Address
* CEO or CEO-designated personnel contact information including name, email address, telephone number, and physical mailing address
* Description of the event (examples provided above) associated with the reason for requesting the exception or extension

**Response from CMS**

CMS will provide an email acknowledgement upon receipt of the exception or extension request. CMS will notify the CEO or CEO-designated contact provided in the request with the decision, via USPS mail and email.

**For More Information**

For additional assistance, IRFs may submit questions related to the reconsideration or IRF QRP exception and extension request to: [IRFQRPReconsiderations@cms.hhs.gov](mailto:IRFQRPReconsiderations@cms.hhs.gov).

**Downloads**

* [IRF FY2016 Reconsideration Help Document [PDF, 302KB]](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF_FY2016ReconsiderationHelpDocument.pdf)
* Page last Modified: 05/29/2015 2:57 PM
* [Help with File Formats and Plug-Ins](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Help.html)