

Hospital Inpatient Quality Reporting (IQR) Program Quick Reference Guide Fiscal Year 2026 Annual Payment Update (APU) Reconsideration

Reconsideration Request	Submit the Form
<p>Download the Reconsideration Request Form</p> <ol style="list-style-type: none"> 1. Visit https://qualitynet.cms.gov/. 2. Select the “Hospitals - Inpatient” link. 3. Select “Learn more” below the “Hospital Inpatient Quality Reporting (IQR) Program” link. 4. Select the “APU” link. 5. Select the “APU Reconsideration” link. 6. Select “Download” next to Reconsideration Request Form. <p>Complete the Reconsideration Request Form and Provide the Reconsideration Reasons</p> <ul style="list-style-type: none"> • 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. 	<p>Deadline: CMS must receive the form no later than 30 days from the date the hospital received the Hospital IQR Program Annual Payment Update (APU) Notification Letter.</p> <p>The form may be submitted in any of these three ways:</p> <ul style="list-style-type: none"> • Use the <i>Hospital Quality Reporting Secure Portal</i> Managed File Transfer <ul style="list-style-type: none"> ○ Go to https://harp.cms.gov/login/login?ADO=MFT and sign in using your HARP User ID and Password. ○ Open “Mail” then click “Compose.” ○ Enter QRFormsSubmission@hsag.com in the “To” field. ○ <i>Uncheck</i> the “Require Registered Users” option. ○ Attach your document(s) and click “Send.” • Fax to (877) 789-4443. • Email to QRFormsSubmission@hsag.com. <p>Note: Follow all Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules. Do not submit any Personal Health Information or other sensitive patient information.</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center;">CMS Response</p> <hr style="border: 1px solid blue;"/> <p>Upon receipt of the reconsideration request, CMS will:</p> <ul style="list-style-type: none"> • Email an acknowledgement to the hospital’s chief executive officer (CEO)/Designee and Security Official (as indicated on the form) that the request has been received. If a confirmation of receipt is not received within one business day, contact the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team at 844-472-4477. • Notify the CEO/Designee by letter of the reconsideration decision. <p>CMS expects the process to take approximately 90 days from receipt of the reconsideration request.</p>