

**Centers for Medicare &
Medicaid Services
Special Open Door Forum**

**Long-Term Care Hospital Quality
Reporting Program***

June 12, 2014

3:00 p.m.–4:30 p.m. ET

***The Patient Protection and Affordable Care Act, Section 3004(a)**

Purpose of Today's Special Open Door Forum

- Understand the Long-Term Care Hospital Quality Reporting (LTCHQR) Program measure requirements related to Fiscal Year (FY) 2016 and FY 2017 payment update determinations.
- Provide information on data collection time frame and submission deadline related to FY 2016 and FY 2017 payment update determinations.
- Presentation by the Centers for Disease Control and Prevention on Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).

Affordable Care Act Section 3004(a)

- CMS requires Medicare-certified Long-Term Care Hospitals (LTCHs) to submit quality data on all patient admissions and discharges.
 - Failure to submit data may reduce annual payment update (APU) by 2%.
 - CMS adopted three (3) quality measures for FY 2014 and FY 2015 payment update determination, two (2) additional measures for FY 2016, three (3) additional measures for FY 2017, and one (1) additional measure for FY 2018 payment update determination.
 - CMS is soliciting public comments on three (3) additional measures for FY 2018 payment update determination.
 - FY 2015 IPPS/LTCH PPS Proposed Rule available at <http://www.gpo.gov/fdsys/pkg/FR-2014-05-15/pdf/2014-10067.pdf>.

**LTCHQR Program Quality Measures
for
FY 2015
Payment Update Determination**

Data Collection: Calendar Year 2013 for FY 2015 Payment Update Determination

- Data collected during CY 2013 on three (3) quality measures are being analyzed for FY 2015 payment update determination:
 - Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
 - Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
 - Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (NQF #0678)

Data Collection Time Frame	Data Submission Deadline
January 1–March 31, 2013	August 15, 2013 (revised to August 23, 2013, through subregulatory guidance)
April 1–June 30, 2013	November 15, 2013
July 1–September 30, 2013	February 15, 2014 (revised to February 22, 2014, through subregulatory guidance)
October 1–December 31, 2013	May 15, 2014

**LTCHQR Program Quality Measures
for
FY 2016
Payment Update Determination**

Data Collection: Calendar Year 2014 for FY 2016 Payment Update Determination

- Data collected during CY 2014 on three (3) quality measures will affect FY 2016 payment update determination:
 - Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
 - Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
 - Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (NQF #0678)

Data Collection Time Frame	Data Submission Deadline
January 1–March 31, 2014	May 15, 2014
April 1–June 30, 2014	August 15, 2014
July 1–September 30, 2014	November 15, 2014
October 1–December 31, 2014	February 15, 2015

Data Collection: October 1, 2014 – March 31, 2015 for FY 2016 Payment Update Determination

- Data collected on two (2) additional quality measures during October 1, 2014-March 31, 2015 will affect FY 2016 payment update determination:
 - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
 - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

Measure	Data Collection Time Frame	Data Submission Deadline
NQF #0431	October 1, 2014–March 31, 2015	May 15, 2015
NQF #0680 *	October 1–December 31, 2014 * January 1–March 31, 2015 *	February 15, 2015 * May 15, 2015 *

* For NQF #0680, this data collection time frame and submission deadline is open for public comment in the FY 2015 IPPS/LTCH PPS Proposed Rule <http://www.gpo.gov/fdsys/pkg/FR-2014-05-15/pdf/2014-10067.pdf>.

Data Collection and Submission System

- For two measures, Pressure Ulcer (NQF #0678) and Patient Seasonal Influenza Vaccine (NQF #0680)
 - Submit data using the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set.
- For three measures, CAUTI (NQF #0138), CLABSI (NQF #0139), and Healthcare Personnel Vaccination (NQF #0431)
 - Submit data via CDC's National Healthcare Safety Network (NHSN) <http://www.cdc.gov/nhsn>.

LTCH CARE Data Set

- Applies to all patients receiving inpatient services in a facility certified under Medicare as a short-term acute care hospital and designated as an LTCH.
- For information on data collection and submission for measures using the LTCH CARE Data Set, see Chapters 2, 3, and 4 of the LTCH Quality Reporting Program Manual Version 2.0, available for download at <http://www.cms.gov/LTCH-Quality-Reporting/>.
- Through June 30, 2014: Continue to use LTCH CARE Data Set Version 1.01 to submit Pressure Ulcer (NQF #0678) data to CMS.
- Starting July 1, 2014: Use LTCH CARE Data Set Version 2.01 to submit Pressure Ulcer (NQF #0678) and Patient Seasonal Influenza Vaccine (NQF #0680) data.
 - LTCHs are required to submit Patient Seasonal Influenza Vaccine data using Item O0250 for all patients who have been in their facility for at least one day during October 1 through March 31 of the following year.

LTCH Assessment Submission Entry and Reporting (LASER) Software

- LASER is a free, Java-based application for LTCHs to collect and submit data using the LTCH CARE Data Set; the new release of LASER is scheduled for June 2014.
- For further information, select LASER software under the “Related Links” section on the LTCH Quality Reporting Web site.
- Information on data collection and submission using the LTCH CARE Data Set and LASER is available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html>.

Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

- Use of this measure begins on October 1, 2014; it will impact FY 2016 payment update determination.
- Data for October 1, 2014–March 1, 2015 will affect FY 2016 payment update determination.
- Measure NQF #0431 defines the influenza vaccination season as October 1 through March 31 of the following year.
- Each LTCH is required to collect data about HCP who do and do not receive the influenza vaccination during the influenza vaccination season.
- LTCHs are required to submit a final HCP influenza vaccination summary report to the CDC NHSN <http://www.cdc.gov/nhsn> by May 15 each year; however, NHSN strongly encourages that HCP influenza vaccination summary counts be updated on a monthly basis.

Influenza Vaccination Coverage Among Healthcare Personnel: Denominator Statement

Number of HCP working in the LTCH for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact. Data should be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. Reporting summary data for other contract personnel is optional at this time.

Denominators are to be calculated separately for the following:

- a. **Employees:** all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- b. **Licensed independent practitioners:** MDs, DOs, advanced practice nurses, and PAs who are only affiliated with the reporting facility and who do not receive a direct paycheck from the reporting facility.
- c. **Adult students/trainees and volunteers:** all adult students/trainees and volunteers who do not receive a direct paycheck from the reporting facility.

Influenza Vaccination Coverage Among Healthcare Personnel: Numerator Statement

HCP in the denominator population who, from October 1 (or when the vaccine became available) through March 31 of the following year,

- a. Received vaccination at the healthcare facility or reported in writing/provided documentation that vaccination was received elsewhere; or
- b. Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other vaccine component, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- c. Declined influenza vaccination; or
- d. Had unknown vaccination status or who do not meet any of the above-mentioned numerator definitions.

Numerators are to be calculated separately for each of the HCP groups in the denominator.

Submission of LTCH Quality Reporting Program Data through CDC's NHSN

- Currently, CDC's NHSN is the data submission mechanism for the catheter-associated urinary tract infection (CAUTI) and central-line associated blood stream infection (CLABSI) measures.
- As of October 1, 2014, CDC's NHSN will also be the data submission mechanism for the HCP Influenza Vaccination measure.
- For further information on data collection and submission for these measures, please visit www.cdc.gov/nhsn/.

Submission of LTCH Quality Reporting Program Data Through CDC's NHSN (continued)

- If your LTCH is already enrolled as an LTCH in NHSN, please do the following:
 - Confirm that your CMS Certification Number (CCN) is correctly entered on the Facility Information screen.
 - Take the NHSN training for Healthcare Personnel Safety Vaccination Module reporting if you have not already done so.
 - Check your location mappings prior to reporting.
 - If you have questions, please contact NHSN by email: nhsn@cdc.gov.
- If your LTCH is not currently enrolled in NHSN, please contact NHSN by e-mail: nhsn@cdc.gov.
 - Frequently Asked Questions (FAQs) about the NHSN enrollment process are available at www.cdc.gov/nhsn/faqs/FAQ_enrollment.html.

Healthcare Personnel Influenza Vaccination Reporting Form

- LTCHs must complete the Healthcare Personnel Influenza Vaccination Summary form, which is available at:
 - <http://www.cdc.gov/nhsn/forms/57-214-HCP-Influenza-Vaccination-Summary-Form.pdf>.
- Instructions for filling out this form can be found in Chapter 4 of the Healthcare Personnel Safety Component Protocol, available here:
 - <http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf>.

Healthcare Personnel Influenza Vaccination Reporting Form (continued)

	Employee HCP	Non-Employee HCP		
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

Resources for CAUTI, CLABSI and HCP

- Protocols for reporting CAUTI, CLABSI, and HCP Influenza Vaccination Data to NHSN:
 - For reporting CAUTI data:
<http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf>.
 - For reporting CLABSI data:
http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.
 - For reporting HCP Influenza Vaccination data:
<http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf>
- For assistance with the NHSN enrollment process or questions related to reporting to NHSN, contact the NHSN help desk at nhsn@cdc.gov. Please include the name of the module about which you have a question in the subject line of your e-mail so it can be routed to the correct person for a response.
- For CMS overview on data collection and submission for these measures, see Chapter 5 of the LTCH Quality Reporting Program Manual Version 2.0, available for download at <http://www.cms.gov/LTCH-Quality-Reporting/>.

**LTCHQR Program Quality Measures
for
FY 2017
Payment Update Determination**

Data Collection: Calendar Year 2015 for FY 2017 Payment Update Determination

- Data collected during CY 2015 on five (5) quality measures will affect FY 2017 payment update determination:
 - Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
 - Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
 - Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (NQF #0678)
 - NHSN Facility-Wide Inpatient Hospital-Onset *Methicillin-resistant Staphylococcus Aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716)
 - NHSN Facility-Wide Inpatient Hospital-Onset *Clostridium Difficile* Infection (CDI) Outcome Measure (NQF #1717)

Data Collection Time Frame	Data Submission Deadline
January 1–March 31, 2015	May 15, 2015
April 1–June 30, 2015	August 15, 2015
July 1–September 30, 2015	November 15, 2015
October 1–December 31, 2015	February 15, 2016

Resources for MRSA and CDI

- Use of *Methicillin Resistant Staphylococcus Aureus* (MRSA) and *Clostridium Difficile* (CDI) measures as part of the LTCHQR Program will begin on January 1, 2015; it will impact FY 2017 payment update determination.
- Starting on January 1, 2015, CDC's NHSN will also be the data submission mechanism for these measures.
- Protocols for reporting MRSA and CDI Data to NHSN:
 - For reporting MRSA data: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf>.
 - For reporting CDI data: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf>.
 - For information on data collection and submission for these measures, please visit www.cdc.gov/nhsn/.

NHSN = National Healthcare Safety Network

CDI = Clostridium difficile Infection

MRSA = Methicillin-resistant Staphylococcus Aureus

Resources for MRSA and CDI (continued)

- For assistance with the NHSN enrollment process or questions related to reporting to NHSN, contact the NHSN help desk at nhsn@cdc.gov. Please include the name of the module about which you have a question in the subject line of your e-mail so it can be routed to the correct person for a response.
- Please visit CMS LTCH Quality Reporting Program Web site <http://www.cms.gov/LTCH-Quality-Reporting/> for future CMS announcements and training opportunities, including Special Open Door Forum, for the January 1, 2015 implementation of MRSA and CDI measures.
- For CMS overview on data collection and submission for these measures, see Chapter 5 of the LTCH Quality Reporting Program Manual Version 2.0, available for download at <http://www.cms.gov/LTCH-Quality-Reporting/>.

Data Collection: October 1, 2015 – March 31, 2016 for FY 2017 Payment Update Determination

- Data collected on two (2) quality measures during October 1, 2015-March 31, 2016 will affect FY 2017 payment update determination:
 - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
 - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

Measure	Data Collection Time Frame	Data Submission Deadline
NQF #0431	October 1, 2015–March 31, 2016	May 15, 2016
NQF #0680 *	October 1–December 31, 2015 * January 1–March 31, 2016 *	February 15, 2016 * May 15, 2016 *

* For NQF #0680, this data collection time frame and submission deadline is open for public comment in the FY 2015 IPPS/LTCH PPS Proposed Rule <http://www.gpo.gov/fdsys/pkg/FR-2014-05-15/pdf/2014-10067.pdf>.

Data Collection and Submission System

- For two measures, Pressure Ulcer (NQF #0678) and Patient Seasonal Influenza Vaccine (NQF #0680)
 - Submit data using the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set
- For five measures, CAUTI (NQF #0138), CLABSI (NQF #0139), Healthcare Personnel Vaccination (NQF #0431), MRSA (NQF #1716), and CDI (NQF #1717)
 - Submit data via CDC's National Healthcare Safety Network (NHSN) <http://www.cdc.gov/nhsn>

**Additional LTCHQR Program Quality
Measure for FY 2017 Payment
Update Determination:**

**All-Cause Unplanned Readmission Measure
for 30 Days Post Discharge from Long-Term
Care Hospitals**

Background and Relevance: LTCH Readmission Measure

- Hospital readmission among the Medicare patient population is a common and expensive occurrence. Given the large proportion of beneficiaries who receive post-acute care (PAC), examining readmission rates following discharge from PAC setting is an important policy issue.
- LTCHs are one PAC setting where CMS has adopted a measure to monitor hospital readmissions.
- Readmissions post-LTCH discharge are high. The unadjusted readmission rate to a short-stay acute care hospital or LTCH in the 30 days after LTCH discharge was 26% (RTI analysis, 2010–2011).
- This measure will provide information that is currently not easily available to providers.

Goals:

LTCH Readmission Measure

- CMS has the following goals:
 - Reduce readmission rates following LTCH discharge, which are inappropriately high.
 - Improve patient safety and quality of care.
- CMS developed a quality measure, All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals, to monitor readmission rates post LTCH discharge
- Use of this measure begins on January 1, 2015; it will impact FY 2017 payment update determination.
- This is a Medicare claims-based measure; hence, it does not require “new” data collection and submission by LTCHs.

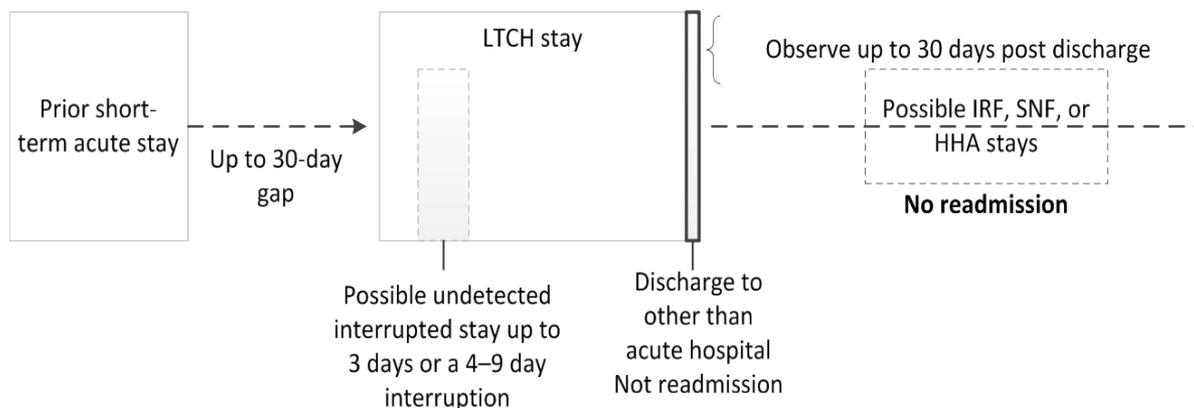
Description: LTCH Readmission Measure

- This measure estimates the risk-standardized rate of unplanned, all-cause hospital readmissions to a short-stay acute care hospital or LTCH within 30 days of LTCH discharge.
- The focus is on *unplanned* readmissions.
 - CMS measure development contractor RTI International obtained extensive clinical and expert input to develop a list of procedures that are excluded from this measure because they are considered “planned procedures.” This list includes many procedures that are common to PAC.
- This measure is limited to Medicare beneficiaries and uses the data in the Medicare eligibility files and inpatient claims data.

Readmission Window: Example 1

- This measure estimates the risk-standardized rate of unplanned, all-cause hospital readmissions to a short-stay acute care hospital or LTCH within 30 days of LTCH discharge.

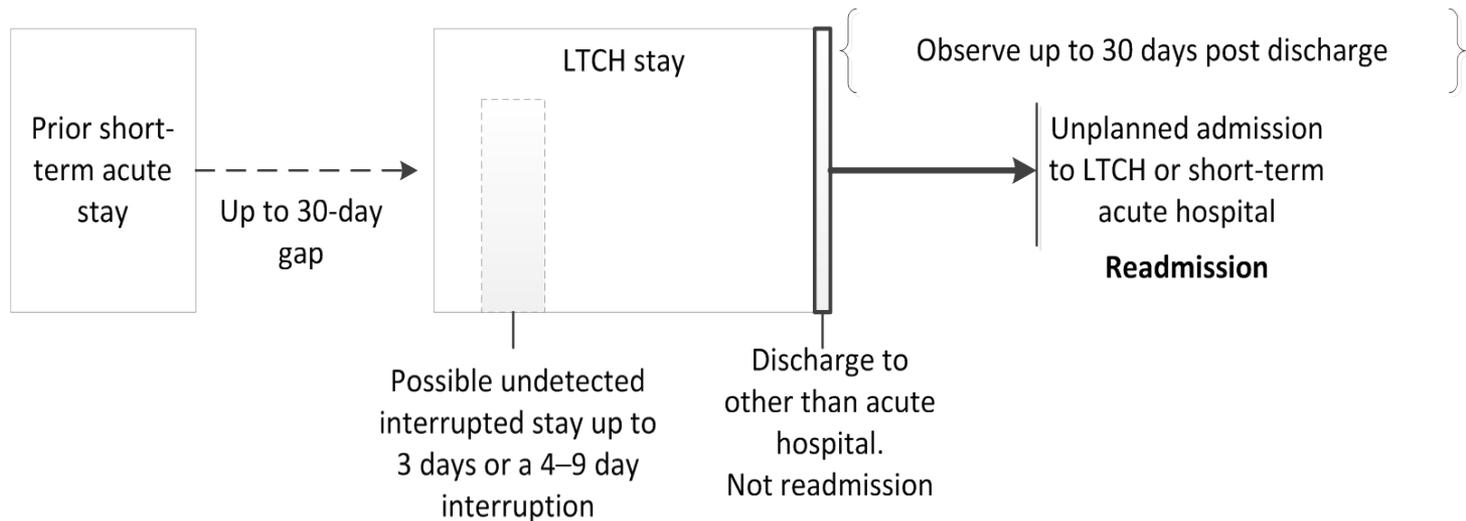
LTCH Discharge to Lower Level of Care, No Readmission



HHA = home health agency; IRF = inpatient rehabilitation facility; LTCH = long-term care hospital; SNF = skilled nursing facility.

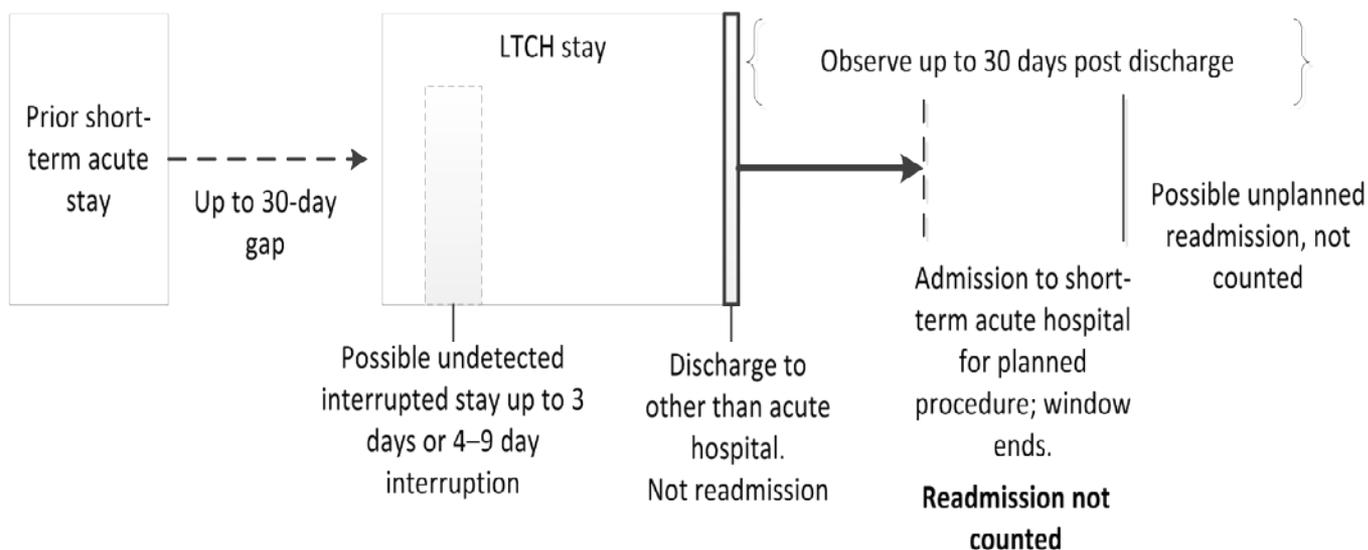
Readmission Window: Example 2

LTCH Discharge to Lower Level of Care, Unplanned Readmission



Readmission Window: Example 3

LTCH Discharge to Lower Level of Care, Planned Readmission



Risk-Standardized Readmission Rate

- It is essential to use risk-standardization or risk-adjustment methods to account for patient case-mix and allow for comparisons across facilities that may treat sicker or healthier patients on average.
- Risk-standardization: A predicted risk-adjusted rate for each LTCH is compared to the expected risk-adjusted rate for the same cases at an average LTCH.
- Risk adjusters (claims-based): age-sex, principal and secondary diagnoses/comorbidities from prior acute stay, types of surgeries, ventilator use in LTCH, prior hospitalizations and length of stay, prior intensive care unit use, disability, and end stage renal disease.
- Elevated risk-adjusted readmission rates indicate that opportunities exist to improve patient care and transitions of care.

Additional Resources: LTCH Readmission Measure

- In February 2014, CMS submitted this measure for the National Quality Forum (NQF) review.
 - Undergoing review: NQF #2512
 - Measure specifications posted on the NQF website:
<http://www.qualityforum.org/QPS/QPSTool.aspx?m=2512&e=1>
- Measure specifications also available at the LTCH Quality Reporting Program website at
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/LTCH-Readmissions-Measure-Specifications.pdf>.

LTCHQR Program Resources

Resources

- CMS LTCH Quality Reporting Program Website and e-mail address:
 - Web site: <http://www.cms.gov/LTCH-Quality-Reporting/>
 - E-mail: LTCHQualityQuestions@cms.hhs.gov
- To receive e-mail announcements about the program, please subscribe here:
 - <https://public.govdelivery.com/accounts/USCMS/subscriber/new>

Resources (continued)

- Send questions and comments on technical issues regarding the LTCH CARE Data Set to LTCHTechIssues@cms.hhs.gov.
- Address questions regarding access to QIES, LASER submission, and CASPER to QIES Technical Support office at help@qtso.com or by phone at 1-800-339-9313.
- Frequently Asked Questions regarding the LTCH Quality Reporting Program and the LTCHQR Program Manual are available on the CMS LTCH Quality Reporting Web site: <http://www.cms.gov/LTCH-Quality-Reporting/>.

QIES = Quality Improvement Evaluation System

CASPER = Certification And Survey Provider Enhanced Reports

Resources (continued)

- In May 2012, CMS held in-person provider training to support the October 1, 2012 implementation for FY 2014 payment update determination.
- Since then, CMS has held several Special Open Door Forums (SODFs); with the most recent SODF held on May 7, 2014.
- LTCH provider training materials, including SODF materials, are available at the LTCH Quality Reporting Web site <http://www.cms.gov/LTCH-Quality-Reporting/>.
- May 7, 2014 SODF materials are available at <http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODFSpecialODF.html>.

FAQ - 1

Q: If a patient is admitted before 10/1/2012 and an expiration, unplanned, or planned discharge LTCH CARE Data Set needs to be entered, what is the procedure for this? The system does not allow assessment data to be entered if the admission date is before 10/1/2012.

A: LTCH CARE Data Set Assessments should not need to be completed for this patient. As noted in Chapter 2 (p. 2-1) of the LTCH QR Program Manual, “All applicable LTCH CARE Data Set Assessments must only be completed for eligible patients who have been admitted on or after 12:00 a.m. on October 1, 2012; this includes discharge or expired assessment records.”

FAQ - 2

Q: My facility has a patient that has a total of 10 stage 1 pressure ulcers. The maximum that I can enter for number of stage 1 pressure ulcers is only up to 9. What would be the next step for me to include the remaining pressure ulcer?

A: For the purpose of LTCH CARE Data Set, for a patient with greater than 9 pressure ulcers at any one stage, you would enter 9.

FAQ - 3

Q: My facility has a patient with an unstageable pressure ulcer. How do I code this in M0210 of the LTCH CARE Data Set Version 2.01?

M0210. Unhealed Pressure Ulcer(s)	
Enter Code	Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher?
<input type="checkbox"/>	0. No → Skip to O2500, Influenza Vaccine
	1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage

A: For the purpose of the LTCH CARE Data Set, for a patient with unstageable pressure ulcer, you would enter “1” in M0210. Please refer to Chapter 2 (p. M-2, Coding Instructions) of the LTCHQR Program Manual.

FAQ - 4

Q: Is there a penalty if an LTCH elects to not submit LTCH CARE Data Set items that are voluntary (i.e., those that require a dash “-” as a response to indicate not submitted voluntarily)?

A: An LTCH will not be penalized under the LTCHQR Program for electing to enter the default response dash “-” on items identified as voluntary on the LTCH Data Submission Specifications.

FAQ - 5

Q: We have respite patients that are self-pay, sometimes here for only 4 or 5 days. Is it necessary to enter them as admissions and discharges into the system?

A: Yes, the LTCH CARE Data Set assessments must be completed on all patients admitted to the LTCH after October 1, 2012, irrespective of their insurance status. Further, LTCHs must also comply with requirements for the submission of data for other quality measures (e.g., CLABSI, CAUTI) using the CDC NHSN.

For additional information on required data collection and submission for quality measures, we invite you to visit the LTCHQR Program website at <http://www.cms.gov/LTCH-Quality-Reporting/>.

FAQ - 6

Q: There appears to be an inconsistency in the CMS LTCH Quality Reporting Manual about when it's possible to use a modification record to change a demographic item and when an inactivation record is required. In Chapter 3-A (p. A-1): an assessment can be corrected with a modification record unless more than 1 patient identifier (first name, last name SSN, gender, birth date) is found to be inaccurate. In Chapter 4 (p. 4-6): the same list of patient identifiers is listed as items that cannot be corrected with a modification and therefore require an inactivation to correct (with no reference to one or more of these identifiers). Can you let us know which of these rules will be applied as of July 1, 2014?

A: The guidance provided in Chapter 4 is correct and the guidance in Chapter 3-A will be revised to align with Chapter 4. CMS will release an errata document in June 2014 noting correction to Chapter 3-A. Further, CMS will make this correction in future release of the LTCHQR Program Manual. Thank you for bringing this inconsistency to our attention.