



Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

**Overview of FY 2026 Inpatient Data Validation Efforts
for Hospitals Selected As Targeted
Presentation Transcript**

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Donna Bullock: Hello. Welcome to today's event, *Overview of Fiscal Year 2026 Inpatient Data Validation Efforts for Hospitals Selected as Targeted*. My name is Donna Bullock, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. The recording, a transcript of the presentation, along with a question-and-answer summary, will be posted to the [Quality Reporting Center](https://www.QualityReportingCenter.com) website in the upcoming weeks. That website is www.QualityReportingCenter.com. If you registered for this event, a link to the slides was emailed to you a few hours ago. If you did not receive that email, you can download the slides from the Quality Reporting Center website, or, during the webinar, you can use the link provided in the Handout section. This webinar has been approved for one continuing education credit. More information will be provided at the end of the event. If you have questions before the end of the webinar, please type them into the Ask a Question window along with the associated slide number if possible, and we will answer questions as time allows after the event. Our speaker for today's event is Alex Feilmeier, the Program Manager for the Value, Incentives, and Quality Reporting Validation Support Contractor.

The purpose of today's event is to discuss the CMS inpatient data validation process for the Hospital Inpatient Quality Reporting Program fiscal year 2026 payment determination and the Hospital-Acquired Condition Reduction Program fiscal year 2026 program year, which validates calendar year 2023 data.

At the conclusion of this presentation, participants will be able to understand the fiscal year 2026 inpatient data validation process for the Hospital IQR and HAC Reduction Programs, identify data validation deadlines and required activities, submit HAI validation templates through the CMS Managed File Transfer application, submit medical records requested by the CMS Clinical Data Abstraction Center, and receive and interpret validation results.

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This slide displays a list of the acronyms and abbreviations that may be used during the presentation.

I would now like to turn the presentation over to Alex. Alex, the floor is yours.

Alex Feilmeier:

Thanks, Donna. CMS assesses the accuracy of chart-abstracted clinical process of care and eCQM data within the Hospital IQR Program, as well as the HAI data in the HAC Reduction Program through the validation process. For chart-abstracted data validation efforts, CMS verifies on a quarterly basis that hospital-abstracted data submitted to the CMS *HQR Secure Portal* and data submitted to the CDC's NHSN can be reproduced by a trained abstractor using a standardized protocol. For eCQM data validation efforts, CMS verifies on an annual basis that eCQM data submitted to the *HQR Secure Portal* aligns with the measure specifications. CMS performs a random and targeted selection of these inpatient prospective payment system hospitals on an annual basis.

We'll begin with an overview of the data validation efforts.

The HAC Reduction Program and the Hospital IQR Program data submission quarters are aligned for chart-abstracted clinical process of care and eCQM validation. One hospital sample will be selected and used for validation for the clinical process of care and eCQM measures under the Hospital IQR Program, as well as the HAI measures under the HAC Reduction Program. Hospitals without an active Notice of Participation for the Hospital IQR Program will only be validated under the HAC Reduction Program. So, as you can see in the table on this slide, we will use Q1 through Q4 of calendar year 2023 for the fiscal year 2026 data validation efforts.

To provide a visual, you can see on this slide a table which displays a random selection of up to 200 hospitals and a targeted selection of up to 200 hospitals, totaling up to 400 hospitals selected for validation of chart-abstracted clinical process of care, HAI, and eCQM measure types.

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CMS uses a combined validation score for the clinical process of care and eCQM measure types. This single score will reflect a weighted combination of a hospital's validation performance for chart-abstracted clinical process of care measures and eCQMs. For fiscal year 2026, the eCQM portion of the combined agreement rate will be multiplied by a weight of zero percent, and the chart-abstracted measure agreement rate will be weighted at 100 percent. Although the accuracy of eCQM data and the validation of measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on the timely and complete submission of all of the records CMS requests. For example, if 32 medical records are requested, all 32 eCQM medical records must be submitted to meet the 100 percent requirement. Note that HAIs will continue to be scored separately, under the HAC Reduction Program.

As a part of the Hospital IQR Program, for fiscal year 2026, CMS will validate up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital. Cases are randomly selected from data submitted to the CMS *HQR Secure Portal* by the hospital. For all quarters of fiscal year 2026 data validation efforts, CMS will only validate the Sepsis measure within the clinical process of care measure type, as shown on this slide. Also, as part of inpatient data validation in the Hospital IQR Program affecting the fiscal year 2026 payment determination, CMS will validate up to 32 cases from all four calendar quarters of calendar year 2023 eCQM data. That is up to eight cases per quarter times four quarters. From each quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reported to the CMS, for no more than eight cases total across all measures. For example, if the hospital reports four measures, CMS may randomly select two cases from each measure without exceeding eight total eCQM cases per quarter. This process will ensure CMS evaluates a mix of eCQMs, rather than those eCQMs reported with the greatest frequency. CMS may group eCQMs prior to selection to support this strategy.

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The eCQMs available for validation across the fiscal year are displayed in this table.

As part of the HAC Reduction Program, CMS will validate candidate cases sampled for the following HAI measures: central line-associated blood stream infection, CLABSI; catheter-associated urinary tract Infection, CAUTI; Methicillin-Resistant Staphylococcus Aureus, MRSA LabID events; Clostridioides difficile Infection [CDI] LabID events; as well as Surgical Site Infection, SSI. Selected hospitals will be randomly assigned to submit, for each quarter of the fiscal year, either CLABSI and CAUTI validation templates OR MRSA and CDI validation templates. CMS will select and validate up to ten candidate HAI cases total per quarter per hospital. All selected hospitals will be validated for SSI. SSI cases are not submitted using validation templates, but they are selected from Medicare claims-based data submitted to CMS. Requests identified from Medicare claims data may include a request for an admission of an index and readmission. When both types are requested, both records should be submitted. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet sample size targets.

Now, we'll go over the hospital selection process.

For fiscal year 2026, up to 200 randomly selected hospitals were notified in June of 2023, and up to 200 targeted hospitals were notified in January 2024. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year's validation effort. Additional information about targeting will be covered on the next slide. All random and targeted hospitals selected for validation are subject to the same requirements. Hospitals selected randomly cannot also be selected as targeted within the same fiscal year. The selected hospital list posted on QualityNet does not publicly indicate which hospitals were selected randomly versus targeted.

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CMS targets hospitals for validation based on multiple criteria outlined in the fiscal year 2014 and fiscal year 2019 IPPS/Long-Term Care Hospital final rules. The targeting criteria as outlined in the rule, with relevant dates for fiscal year 2026 targeting, are summarized as failure to meet validation requirements in fiscal year 2025; abnormal or conflicting data patterns; rapidly changing data patterns; submission of data to NHSN after the submission deadline; not having been validated in the previous three years; having a lower bound confidence interval less than or equal to 75 percent in fiscal year 2025; and/or failure to report at least half of the HAI events detected during fiscal year 2025 to the National Healthcare Safety Network.

Annually, for both the random and targeted hospital selections, a news article, along with the list of selected hospitals, is posted on the CMS QualityNet website. A Listserve is released to notify the community that the selection has occurred, and the Validation Support Contractor sends an email communication directly to the hospitals selected.

Hospitals that have been selected for validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, Hospital IQR, Infection Control, CDAC Medical Records, and Quality Improvement. The Validation Support Contractor monitors email communications to assure that all hospitals are notified of selection. Any emails that bounce-back are researched, and hospital contacts are asked to be updated in the CMS system to assure that future notifications are received. We suggest hospitals ask their IT department to add Validation@Telligen.com to their Safe Senders List to ensure validation-related email notifications are received.

Keeping hospital contacts up to date is necessary to ensure validation-related communications and submission deadline email reminders reach appropriate staff at your hospital. Hospitals may check who is listed and make updates to their contacts by sending an email with their six-digit CCN/Provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

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A list of the selected hospitals is available on the CMS QualityNet website by clicking on Hospitals – Inpatient, Data Management, followed by Data Validation, and lastly Resources. The Data Validation pages on QualityNet contain fact sheets, help guides, and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Now, we'll go over the HAI validation template process.

Hospitals must start the entire process by filling out the HAI validation templates for the types for which they have been selected, and then submit the templates to the Validation Contractor via the CMS Managed File Transfer web-based application. Hospitals must submit the quarterly HAI validation templates before they receive a medical records request packet for the quarter. It is strongly recommended that each hospital have at least two registered Security Officials at all times. If you are unable to log in to the *HQR Secure Portal*, contact your hospital's Security Official. If your Security Official is unable to reestablish your access, contact the CMS CCSQ Service Center. Validation templates are not validated; they are used to select HAI cases to be validated each quarter. CMS performs a random selection of cases submitted from each validation template type submitted, per hospital being validated. Remember, there are not validation templates for SSI cases. After a validation template submission deadline has passed, data submitted on validation templates cannot be changed.

This slide shows the discharge quarters and associated HAI validation template deadlines for the hospitals selected as targeted that were notified in January 2024. Validation templates are due no later than 11:59 p.m. Pacific Time on each associated deadline date. Validation templates may be submitted immediately following the last day of each quarter period. One template is required for each quarter of data for each type of validation template assigned. For the entire validation fiscal year, hospitals selected randomly should follow the deadlines associated with the random hospitals, and hospitals selected as targeted should follow the deadlines associated with targeted hospitals.

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CMS will accept the current template version only for each fiscal year. When a template version from a previous fiscal year is submitted, the template will be rejected, and the hospital will need to resubmit the correct template version. The correct, most recent versions of the validation templates for the fiscal year being validated are available on the Inpatient Data Validation Resources page of QualityNet. A direct link is provided on this slide. Download the correct version of the validation templates needed and save to a location of choice on a computer. Do not save the validation templates with a password, and do not lock them. Files with passwords or that are locked will be rejected, and corrected files will need to be resubmitted.

There are four tabs on each validation template. The tabs are as follows: A Definitions tab provides directions specific to the submission of the template's HAI type. The Template tab is where hospitals enter their data. An NHSN Location or NHSN ICU Location tab, depending on the template type, lists all acceptable locations for each respective HAI type. The FY Submission Instructions tab provides step-by-step detail on how to submit validation templates using the CMS Managed File Transfer application. Do not alter or change the original format of the validation templates. Do not delete, rename, or change the order of the tabs. If any format changes are made, the template will be rejected.

Some template completion tips for avoiding validation template submission errors are as follows: Refer to the Validation Template User Guide and Submission Instructions document posted on the Inpatient Data Validation Resources page of QualityNet. Review the Definitions tab on each validation template for directions on filling out specific fields. Do not alter the original format of the validation templates. Use the drop-downs provided in the templates to select valid values. Check all dates for accuracy, as well as ensure any cases with a separate inpatient rehabilitation facility or inpatient psychiatric facility CCN are not included on the template. Perform a quality check of data entered into this template against data entered into NHSN. Stay mindful of differing CMS and NHSN deadlines.

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Submit only via CMS Managed File Transfer web-based application, as validation templates contain Protected Health Information and cannot be sent via email.

Feedback regarding the status of validation templates is typically received within two business days of initial submission. If the submitter does not receive a processing confirmation email, please include the hospital's 6-digit CCN/Provider ID in an email addressed to Validation@Telligen.com. After validation templates have been processed, the submitter of the template, and the contact listed in the template's first row, will receive a confirmation receipt email indicating one of two things: One shows that it was successfully submitted, or errors have occurred that require your attention and re-submission.

At predetermined points up until the validation template deadline each quarter, the Validation Support Contractor will send emails and attempt to contact any hospitals that have not yet submitted. Validation templates with errors are not considered as submitted. If a hospital does not submit the required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases. Up to 10 placeholder cases can be assigned, and all would be scored 0/1. If a hospital submits a validation template, receives an error notification email, but does not make corrections and resubmit the template by the deadline, placeholder cases will also be assigned and scored 0/1.

A hospital submitting a validation template with processing errors will receive an email notification, which includes the errors to be corrected. Please make the corrections specified in the email and resubmit the file via the CMS Managed File Transfer application. Do not attach a template to the error email or this will be considered a CMS security incident. Validation templates may only be resubmitted up until the quarterly deadline. If error emails are received, these errors must be corrected, and the template must be resubmitted prior to the submission deadline. An error in the template does not extend the submission deadline. When resubmitting a revised validation template, include a note in the CMS MFT message indicating that a revised template is being submitted.

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Please also include the word “Revised” or “Resubmission” in the file name. This will assist the Validation Support Contractor in processing.

The Validation Support Contractor performs some courtesy checks on the validation templates to assist hospitals with submitting accurate data. The validation templates are used to randomly select cases for validation; if the data are incorrect on the template, it could result in mismatches. If the hospital receives an email from the Validation Support Contractor asking for review of a validation template due to a possible discrepancy, please reply to the email indicating either a new validation template has been submitted or the data are accurate as submitted and no changes are needed. Some examples of discrepancy checks are CAUTI/CLABSI culture dates that are not between the admit/discharge date; differences in data that are listed on multiple rows of the template that appear to be the same patient and same episode of care; or discrepancies between the two assigned template types exist where a patient is listed on both templates, but the date of birth, admit date, or discharge date are different from what appears to be the same episode of care.

Now, we’ll cover medical record requests and submissions.

I want to start with a reminder that all selected hospitals will submit HAI validation templates before they receive a medical record request for each quarter. Selected hospitals will receive five total medical record requests from CMS’ Clinical Data Abstraction Center, four quarterly requests containing clinical process of care and HAI selected cases and one annual request containing eCQM selected cases. The CDAC will send the written request using FedEx, which will provide instructions on how to submit the patient medical record for each case that CMS selected for validation. This slide displays the estimated arrival of each medical record request packet. Please remember that these are estimates that could change. Remember that hospitals selected randomly should follow the deadlines associated with the random hospitals, and hospitals selected as targeted should follow the deadlines associated with targeted hospitals.

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The CDAC will send a written request via a mail delivery service, currently FedEx, addressed to the Medical Records Director asking for submission of a patient medical record for each case and candidate case that CMS selected for validation. It is important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. Important note: The medical records request will be delivered to the address listed under the CDAC Medical Records contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

Hospitals are not allowed to submit records or additional documentation after the record has been received by the CDAC; this applies even if the wrong record was sent, or if pages are missing or are illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital originally sent. For these reasons, it is critical that hospitals have a process for reviewing each of their records prior to them being sent to the CDAC. Regardless of who submits your medical records, whether that is hospital medical records staff, independent delivery services, etc., all records should be carefully reviewed prior to submitting them to the CDAC. Consider having an abstractor review your records prior to submission, as they are most familiar with the location of the information needed for abstraction. Compare extracted data with other information in the record to ensure QRDA submissions report quality in alignment with the measure specifications. Closely examine the accuracy of time stamps, such as arrival times and medication administration times.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient records must be received within 30 calendar days of the request date. CMS finalized policy which requires the use of electronic file submissions via the CMS Managed File Transfer application: Submission of paper copies of medical records or copies on digital portable media, such as CDs, DVDs, or flash drives, is not allowed.

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Additional information regarding medical records requested by the CDAC can be found on the CMS QualityNet website by clicking on the CDAC Information tab on the Inpatient Data Validation page. A direct link is provided on this slide.

A helpful document titled “Record Submission Do’s and Don’ts” can be found on the Inpatient Data Validation CDAC Information page of QualityNet. This document provides tips for avoiding medical record submission errors. A direct link is provided on this slide.

Now, we’ll go over validation reports, educational reviews, and reconsiderations.

For all measure types, the CDAC will abstract from the complete medical record submitted by the hospital, based on the specifications for each respective program/measure. The medical record must contain sufficient information for CDAC to determine measure eligibility and/or outcome. When validating cases, the CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted as PDF files. CMS data validation is at the measure level; it is not scored at the individual question or data element level. If CDAC does not reach the same outcome as the hospital’s original submission, then the case may be considered a mismatch.

It typically takes approximately four to five months after each medical record submission deadline for hospitals to see their validation results for the quarter or reporting period. Hospital registered users with the Validation permission will receive email notification when their results become available to view on the *HQR Secure Portal*. Results will be displayed on the Case Detail Report, which will be covered in a subsequent slide. It is strongly recommended that hospitals have multiple active users with the Validation permission in the *HQR Secure Portal* to ensure validation result notifications are received and reviewed timely.

There are validation-related reports that can be run through the *HQR Secure Portal*.

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The reports are the Case Selection Report, the Case Detail Report, and the Confidence Interval Report. Note: CMS continues to modernize the *HQR Secure Portal*. Data validation reports and the way hospital data display may change in the coming months.

To access the validation reports, registered users with the Validation permission will need to log into the *HQR Secure Portal*. From the dashboard, they will select Program Reporting, then Validation. From the Validation page, they will select the applicable program, the report, and the quarter or reporting period. Lastly, they will select their provider or providers and click the Export CSV button.

The Case Selection Report lists a hospital's cases selected for validation each quarter, including all available patient identifiers. This report becomes available after the CDAC mails the medical records request packet. This report also displays the Medical Record Request Date, the Due to CDAC Date, and each Record Received Date. The Record Received Date remains blank until a record is received by the CDAC. Please note it could take up to 24 hours for the Record Received Date to populate. To verify receipt of your records, contact the CDAC directly via the email or phone [number] indicated on this slide.

The Case Detail Report provides a list of all elements abstracted compared to the CDAC re-abstraction. This report becomes available after the CDAC has completed their validation efforts for the quarter or reporting period. Mismatches are displayed, and a quarterly score shows the agreement between the measure results from the hospital's originally submitted data and the results obtained by CDAC. Educational comments are shown for any mismatched elements, which describes what the CDAC found that differed from the hospital.

Within 30 days of the Case Detail Report posting on the *HQR Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review.

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The information needed to request a review can be found on the QualityNet website by navigating to the Educational Reviews of the Inpatient Data Validation pages. A direct link is provided on this slide.

If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected scores will be used to compute the final confidence interval. Please note that Case Detail Reports will not be changed to reflect updated results.

The Confidence Interval Report becomes available after all quarterly or reporting period results of the fiscal year have been completed and a confidence interval has been calculated based on the cumulative results. Hospitals will receive two separate Confidence Interval Reports. One is for the clinical process of care and eCQM cases validated under the Hospital IQR Program, and one is for the HAI cases validated under the HAC Reduction Program. I'll explain each of these in the next two slides. You will receive communication from the Validation Support Contractor when the Confidence Interval Reports become available. A detailed fiscal year 2026 confidence interval document will be posted on the Inpatient Data Validation Resources page of QualityNet. A direct link is provided on this slide.

CMS will calculate a combined reliability score reflecting the validation results of both the chart-abstracted clinical process of care and eCQM measure types. This single score will reflect a weighted combination of a hospital's validation performance for chart-abstracted clinical process of care measures and eCQMs. Since eCQMs are not currently scored for accuracy, eCQMs will receive a weight of 0, and the chart-abstracted clinical process of care measures will receive a weight of 100 percent. Although the accuracy of eCQM data and the validation of eCQM measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on the timely and complete submission of all the eCQM records CMS requests. For example, if 32 eCQM medical records are requested, all 32 eCQM medical records must be submitted to meet the 100 percent requirement.

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For the Hospital IQR Program, if the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the upper bound is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement and may not receive full APU. Hospitals that fail inpatient validation will also automatically be selected for inpatient validation in the next fiscal year. For fiscal year 2026 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2025, and the APU results are expected to be released around March 2025. Additional information regarding APU can be found on the APU page of the Hospital Inpatient Quality Reporting Program page of QualityNet. A direct link is provided on this slide.

For the HAC Reduction Program, if the upper bound is 75 percent or higher, the hospital will pass the HAC Reduction Program validation requirement; if the upper bound is below 75 percent, the hospital will fail the HAC Reduction Program validation requirement. Hospitals that fail an inpatient validation requirement will also automatically be selected for inpatient validation in the next fiscal year. As described in the fiscal year 2019 final rule, for hospitals that fail validation, CMS will assign the maximum Winsorized z-score only for the set of measures validated. For example, if a hospital was selected to be validated for CLABSI, CAUTI, and SSI, but failed validation, that hospital will receive the maximum Winsorized z-score, which is the worst score, for the CLABSI, CAUTI, and SSI measures.

For the fiscal year 2026 program year, the HAC Reduction Program validation Confidence Interval Report is expected to be released around January 2025, and the notification to hospitals regarding payment adjustment via the HAC Reduction Program Hospital-Specific Report is expected to be released around July 2025. Additional information regarding HAC Reduction Program payment adjustment can be found on the Payment page of the Hospital-Acquired Condition Reduction Program page of QualityNet. A direct link is provided on this slide.

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Within the Hospital IQR Program, if a hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital will receive a letter in spring indicating they have not met the validation requirement of the Hospital IQR Program and may be subject to a payment adjustment. At that time, a hospital may request a reconsideration. Within that request, a hospital would provide the reason they are asking CMS to reconsider their results. For information specific to the APU determination and/or reconsideration process under the Hospital IQR Program, you may reach out to the Inpatient Support Contractor at the email indicated on this slide.

Within the HAC Reduction Program, if a hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital will receive a letter in spring indicating they have not met the validation requirement of the HAC Reduction Program and may be subject to a payment adjustment. At that time, a hospital may request a reconsideration. Within that request, a hospital would provide the reason they are asking CMS to reconsider their results. Additional information regarding the HAC Reduction Program payment adjustment process can be found on the CMS QualityNet website. To access, select Hospitals–Inpatient, and then Hospital-Acquired Condition Reduction Program, followed by Payment.

Lastly, we'll show hospitals where to find resources.

Validation resources are available on the CMS QualityNet website. To access, Click on Hospitals – Inpatient and Data Management, followed by Data Validation and lastly Resources. A direct link is provided on the slide. For assistance logging into the *HQR Secure Portal*, contact the CCSQ Service Center at the information provided on this slide.

Questions may be asked by directly emailing the Validation Support Contractor or by using the CMS Question and Answer Tool on QualityNet. Direct links are provided on this slide.

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Whether asking a question directly to the Validation Support Contractor email or through the CMS Question and Answer Tool, please include the hospital 6-digit CCN/Provider ID as this will expedite a reply with information specific to your hospital.

That's all I have. So, we'll go over some questions with Donna.
Thank you.

Donna Bullock: Thanks, Alex. We now have time to answer a few questions. Here's our first question: What happens if a hospital only has a few sepsis cases? Will cases for other measures be selected for validation?

Alex Feilmeier: CMS will select eight cases for chart-abstracted clinical process care measures per quarter, but if the hospital has less than eight cases available, then CMS will select only from clinical process of care measure data that are available; cases will not be supplemented from other measure types, if that's what the person is wondering.

Donna Bullock: OK. Here's our next question: If my hospital had no HAI for one of the quarters, how do I complete HAI validation template to reflect this?

Alex Feilmeier: If your hospital had no HAI cases for one of the quarters, you will still need to complete all the required fields on the hospital information section of the template, but then you just can select No in the positive column, indicating that you had no infections that met the criteria on the Definitions tab. So, those instructions are within the Validation Template User Guide and Submission Instructions document, which is posted on the Inpatient Data Validation resources page of the QualityNet website.

Donna Bullock: Thank you. Our next question is, "How often are facilities randomly selected, could hospitals be selected for three or four years in a row, even if there were no issues with their CI?"

Alex Feilmeier: The random selection truly is entirely randomized across all eligible hospitals. So, it is possible for a hospital to be selected in consecutive years, regardless of their confidence interval results or any submission issues. Like I said, it is completely random across all eligible hospitals.

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Donna Bullock: OK. Here is our next question: Is there a list of hospitals selected for eCQM validation on QualityNet. I only see a list that includes hospitals for HAI validation.

Alex Feilmeier: CMS selects one single sample of the IPPS hospitals annually through the random selection and one sample through targeting every year. Under that validation process, any hospital selected for validation is expected to submit data for the chart-abstracted clinical process care measures, the HAI measures, and the eCQMs. So, the list posted on QualityNet only indicates the HAI template type for which each hospital is selected because all hospitals are selected for eCQM and clinical process of care measures. That lists just has to indicate which of the HAI types your hospital has been selected. So, that might be the confusion there.

Donna Bullock: Great. Thank you, Alex. Here's our next question: I don't know what we did to be considered for targeting. How do we find out what we did wrong?

Alex Feilmeier: Being selected as targeted doesn't automatically indicate that a hospital did something wrong. So, there are several different criteria that could be met, which would place the hospital in a pool of hospitals to be selected as targeted. Some of those criteria are related to data submission issues or other things that really would be considered "wrong," but others are related to simply not having been selected for validation in the recent past. So, if a hospital would like to know what criteria they met that made them eligible for targeted selection, they can reach out to us at the validation support contractor email, and we would be happy to provide the reason or reasons for which they were placed in the pool.

Donna Bullock: Thank you. Here's our next question. It's kind of long. Can you clarify how the eCQM data roll into the Confidence Interval Report for the Hospital IQR Program? If it's weighted 0, but you need to ensure all reports are there at 100 percent, how does this factor in the Confidence Interval Report for validation results?

Alex Feilmeier: I hear what they're saying, and I know it is a little bit confusing the way that it is weighted at 0 percent.

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So, with a weight of 0 percent on the validation reliability of eCQMs, the results of eCQM data validation don't technically impact their confidence interval calculation currently. However, there are two separate sub requirements to meet, and that's the way to think about this. One, you have to attain at least a 75 percent confidence interval upper bound score for the chart-abstracted measures to pass the validation requirement. Then, two, for eCQMs, you just have to submit all of your medical records. So, in the Confidence Interval Report, there is a column that says Met eCQM Medical Record Submission Requirement. That will contain a Yes or a No, indicating whether your hospital met or did not meet the eCQM requirement. There is confusion around the 0 percent weighting, but that's just because there is not technically any accuracy being scored for eCQMs. That's why it's weighted at 0 percent. Hopefully, that helps the hospital understand that.

Donna Bullock: All right. Here's our next question: What if the validation team chooses an element from the patient chart that is incorrect and the element is in the chart in a different place? If this caused a mismatch, how would we resolve this?

Alex Feilmeier: It sounds like this would be a situation in which the hospital would want to request an educational review. So, they've received their results, and they disagree with something, in their Case Detail Report. Within 30 days of receiving notice that the Case Detail Report is available to them, they have the opportunity submit an educational review. To request a review, I would say go to the educational review request process found on the Educational Reviews page of the QualityNet website. There should be a link within the previous resources slide in this presentation.

Donna Bullock: Thanks, Alex. This question is about the HAC Reduction Program. If the facility fails validation for the HAC Reduction Program, does that mean it will automatically receive the worst score for that program?

Alex Feilmeier: For hospitals that fail the data validation threshold for the HAC Reduction Program, CMS assigns the maximum Winsorized z-score for only the set of measures validated.

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So, for example, as I described in one of the earlier slides, if the hospital was selected to be validated on CLABSI, CAUTI, and SSI and failed their validation requirements, they would receive the maximum Winsorized z-score, which is the worst score for those three measures, CLABSI, CAUTI, and SSI. Hopefully, that helps explain that.

Donna Bullock: OK. Thank you, Alex. Here's another question. When will CMS begin validating the accuracy of eCQM data?

Alex Feilmeier: CMS hasn't yet finalized when eCQM data validation will be scored based on accuracy. I would say that CMS will announce any changes to data validation and the process and when eCQM scoring will begin through rulemaking. So, keep your eye out on that. Obviously, also, we will let hospitals know when the eCQM scoring will begin. If and when a hospital is selected at that time, we will let them know. So, it won't happen in the middle of the year. You won't have to worry that, all of a sudden in the middle of the year, you didn't think it was going to be scored, and now, all of a sudden, it is. It will happen at the beginning of a year, and hospitals will be notified.

Donna Bullock: That's very helpful. Thanks, Alex. Our next question is about the HAI templates, and it's a little bit long. In our health care system, we have two hospitals that have two different locations in the NHSN, with two separate NHSN IDs, but they share the same CMS Certification Number, or CCN. How do we submit the HAI validation templates for them? Do we include all the information on the same template for both hospitals. Do we use separate templates?

Alex Feilmeier: This is a good question. It sounds like they just need to know whether they should put two different templates or put them all in one. I would say that all hospitals that fall under the same CCN should be submitted on the same template. If you have questions, really specific like this, please feel free to reach out to us at the Validation Support Contractor email, and we'd be happy to help you out.

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Donna Bullock: OK. Here's our next question: Where would we find the information to report the total intensive care unit patient discharges? Does it include only ICU patients discharged to home? Is it the same as ICU patient days?

Alex Feilmeier: I know what field they're talking about on the HAI validation template, and it's the total number of patients discharged during the reporting quarter who had an ICU stay. However, I will say that, please know that this is not a required field. It is also not a validated field within the CMS data validation effort. So, if you're having troubles or not sure, you're welcome to leave it blank. So, that field in and of itself will not result in a mismatch.

Donna Bullock: That's good news. Here's our next question: Can you tell us which department within our hospital will receive the CDAC package?

Alex Feilmeier: The CDAC sends that packet through the mail, currently through FedEx. It goes to the "Medical Records Director," and it's asking for submission of the patient medical records for every case and candidate case that was selected. So, the medical record request will be delivered to the address listed under the CDAC medical records contact type in the CMS database. So, earlier in the presentation on one of the slides, I talked about how you can verify what address that is by contacting the inpatient support contractor, and their emails is on there. So, I would say go back to that slide. If you're unsure of where your packet will be delivered, it will be that CDAC medical records contact type.

Donna Bullock: Thanks, Alex. Here's our next question: When emails about validation are sent to hospitals, could you please include the CCN? It would be especially helpful if someone is covering multiple facilities.

Alex Feilmeier: Yes, we hear you. The validation result notifications do go to the hospitals, and the CCN is included when you were first selected for validation, but we do understand that submission reminder emails do not currently indicate the CCN in the email. So, we have considered it and will continue considering it in the future. There are some technical reasons why that hasn't been happening, but thank you for that suggestion.

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Donna Bullock: Thank you, Alex. Here's another question: When submitting a medical record, is a PDF of a screenshot of a time that is found using the hover time of a field an acceptable document?

Alex Feilmeier: Screenshots, like you're saying, a screenshot of the hover time, the screenshots of information contained, which is within the EHR, are technically considered part of the medical record. So, screenshots will be considered acceptable sources when submitted with the record. Additionally, if a note or a text field within the actual EHR contains information, or an explanation of the reference documentation, that may also be considered during abstraction, but I will say it is important just to note that, although the information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. So, the CDAC extractors will still follow data element specific guidelines.

Donna Bullock: Thanks, Alex. Here's our next question: Is it true that medical record submissions will be accepted only through the Managed File Transfer application now?

Alex Feilmeier: Yes, that is true. Beginning, I think, back to 2021 discharges, it was finalized in the rule that CMS will no longer accept the paper copies, the removal media. The only way to submit your medical records as requested by the CDAC is through the Manage File Transfer web-based application. A direct link to the MFT application is provided within that medical records request packet sent by the CDAC. It's also in the data validation resource documents and the notification emails. So, you can easily find the location through which to submit those records, but, if you do not submit them through that medical record, that Managed File Transfer application, by the deadline, they will not be considered eligible for extraction, and they will be scored a 0. So, yes, you have to submit through MFT.

Donna Bullock: Thank you. Here's our next question: Is having two separate Confidence Interval Reports new? We underwent the inpatient validation process in fiscal year 2020, and I do not remember two different reports.

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Alex Feilmeier: Yes. Yes, it is newer. So, just a couple of years ago, the [Hospital] IQR Program finalized the removal of the HAI measures from its program, and CMS adopted the validation of those HAI measures through the HAC Reduction Program. So, now that one hospital sample is selected and used for validation for clinical process of care measures and eCQMs under the Hospital IQR Program, they still are selecting the HAI measures. It's just under a different program, the HAC Reduction Program. So, with that, there are two separate Confidence Interval Reports because you're being scored on measures within two separate programs. I hope that makes sense.

Donna Bullock: OK. We are getting low on time for the questions, but we have time for a couple more. Here's our next question: After receiving results with educational comments, what is the timeframe to appeal any mismatches there might be?

Alex Feilmeier: As mentioned in one of the previous questions, if you have those case specific questions that require an educational review to be submitted, the deadline for requesting that educational review is within 30 days of being notified that your Case Detail Report is available.

Donna Bullock: Thanks, Alex. Our last question is also about educational reviews. Once we request an educational review, how long will it be before we have the results?

Alex Feilmeier: The educational reviews are considered in the order they're received, but I will say a response is typically sent within a few weeks. If you have questions or feel like you haven't received a response yet, send us an email, and we'll get we'll get back to you with the status update.

Donna Bullock: Alright. Thank you, Alex. That is all the time we have for questions today. If we did not get to your question, please submit it using the process Alex provided on the previous slide.

This webinar has been approved for one continuing education credit. If you registered for today's event, an email, with the link to the survey and the continuing education credit information, will be sent to you within two business days.

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That concludes today's presentation. Thank you for joining us, and enjoy the rest of your day!