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 Question and Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

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Fiscal Year (FY) 2026 Validation Efforts

Question 1: **What happens if a hospital only has a few sepsis cases? Will cases for other measures be selected for validation?**

CMS will select up to eight cases for chart-abstracted clinical process of care measure(s) per quarter. If the hospital has less than eight cases available, CMS will select only from clinical process of care measure data that are available; cases will not be supplemented from other measure types.

Question 2: **If a hospital has no healthcare-associated infections (HAIs) for one of the quarters, how do they complete the HAI validation template to reflect this?**

If a hospital had no HAI cases for one of the quarters, the hospital would still need to complete all of the required fields of the Hospital Information section of the HAI Validation Template, but they would select "No" in the Positive column, indicating that the hospital had no infections that met the criteria on the Definitions tab. These instructions can be found within the Validation Template User Guide and Submission Instructions document, which is posted on the Inpatient Data Validation Resources page of the QualityNet website.

Question 3: **How are electronic clinical quality measures (eCQMs) validated? What is the process? Do we have the Medical Records department send in records and then also have the eCQM team re-send the eCQMs?**

Annually, hospitals submit their eCQM data to CMS via the *Hospital Quality Reporting (HQR) Secure Portal* by the data submission deadline. After that deadline has passed, for the hospitals that have been selected for inpatient data validation efforts, CMS randomly selects cases from all four calendar quarters of the submitted eCQM data. 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.

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.

Once the eCQM cases have been selected for validation, the selected hospitals receive a medical records request packet from the CMS Clinical Data Abstraction Center (CDAC). The hospitals must submit the requested medical records, in portable document format (PDF) to the CDAC, per the instructions on the request packet.

The CDAC will use the measure specifications posted on the electronic Clinical Quality Improvement Resource Center to compare what is found in the physical medical record against what was initially reported to CMS through the *HQR Secure Portal*, to verify that eCQM data submitted align with the measure specifications.

Question 4: **Where can I get a list of all of the data elements that are used in validation?**

Validation is at the measure level; it is not scored at the individual question/data element level.

For example, for CPOC measures, questions are answered to determine the outcome at the measure level for each measure set. Answering a question/data element determines which way the measure algorithm flows. Some questions will stop the algorithm and others will keep them going to the next data element. The place where the algorithm stops determines the final outcome.

The hospital (or vendor) abstracted response has a final outcome; the CDAC then abstracts using the medical record submitted for validation to determine a final outcome. If CDAC doesn't produce the same outcome as the hospital/vendor, then the case is considered a mismatch.

Some of the data elements are not used to determine outcomes. The list of these is found in specifications manuals in the Introduction to the Data Dictionary.

Hospital Selection

Question 5: **How often are facilities "randomly selected?" Could a hospital be selected for three or four years in a row if there were no issues with their confidence interval (CI)?**

The random hospital selection process is entirely randomized across all eligible hospitals. It is possible for a hospital to be selected in consecutive years, regardless of the CI results.

Question 6: **If a hospital was already selected for random validation, can they also be selected for targeted validation?**

Hospitals selected randomly for data validation efforts cannot also be selected as targeted within the same program and fiscal year.

Question 7: **How can a hospital determine if they were selected randomly or part of the targeted selection? If the random hospitals are selected in July and the targeted hospitals are selected in January, can you speculate if you are being targeted or not?**

Hospitals receive an email directly from the CMS Validation Support Contractor when they have been selected. The email indicates if they have been selected as random or targeted. If a hospital is unsure, they can reach out to the Validation Support Contractor email (validation@telligen.com), and we would be happy to provide that information.

Question 8: **How does a hospital determine what they did wrong or why they were selected for targeted validation?**

Being selected as targeted does not automatically indicate that a hospital did something "wrong." There are several different criteria

that could be met which would place a hospital in the pool of hospitals to be selected as targeted. Some of those criteria are related to data submission issues, but others are related to simply not having been selected for validation in the recent past.
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 (validation@telligen.com), and we would be happy to provide the reason(s).

Question 9: **Is there a list of hospitals selected for eCQM validation on QualityNet? I only see a list that includes hospitals for HAI validation.**

As per the FY 2021 Inpatient Perspective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule (page 58944), CMS will select one single sample of IPPS hospitals annually through random selection and one sample of hospitals annually using targeting criteria for both chart-abstracted measures and eCQM validation.

Under the validation process, any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care measures, HAI measures, and eCQMs.

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.

Question 10: **Since the Contact Change Form does not have a column to include an address, how do you determine the address to send the Medical Record Request? Currently, we have 18 or so facilities, and the requests all need to go to the same address. I did validate this with the Inpatient VIQR support contractor, but what do we do if we need to make an address change?**

The address can be changed by sending an email to the forms submission email box, QRFormsSubmission@hsag.com, with the CMS Certification Numbers (CCNs) and the address.

HAI Templates

Question 11: **In our healthcare system, we have two hospitals that have two different locations in the National Healthcare Safety Network (NHSN) with two separate NHSN IDs, but they share the same CCN. How do we submit the HAI validation templates for them? Do we include all of the information on the same template for both hospitals or use separate templates?**

All hospitals falling under the same CCN should be submitted on the same template. You may reach out to the Validation Support Contractor directly with any specific questions.

Question 12: **Where would we find the information to report the total intensive care unit (ICU) patient discharges? Does it include only ICU patients discharged to home? Is it the same as ICU patient days?**

Within the HAI Validation Templates, the field you are referring to is asking for the total number of patients discharged during the reporting quarter who had an ICU stay. However, this is not a required field. Also, it is not a validated field within the CMS data validation efforts, so that field in and of itself will not result in a mismatch. If you are unsure, you are able to leave that field blank.

Question 13: **For the ICU stay, it is the total number of patients discharged during the reporting quarter who had an ICU stay. Patients with positive blood cultures are a subset of this group. Should we only count a patient once if they are transferred to multiple ICU units?**

Within the HAI Validation Templates, patients with positive blood cultures are a subset of the total number of patients discharged during the reporting quarter who had an ICU stay. There is no specific direction regarding whether a patient should be counted more than once if transferred to multiple ICUs. Please note that this field is optional, so if your hospital does not have a way to accurately track it, or if the number is difficult to determine, you may leave it blank.

Question 14: **For Methicillin-Resistant *Staphylococcus aureus* (MRSA) bacteremia validation, should positive specimens collected in the emergency room, prior to admission, be included or omitted from the list?**

Please follow the instructions listed on the Definitions tab of the MRSA Validation Template to determine what should be reported on the template.

Question 15: **Is there a guide available for what case details will be required in the template for HAIs?**

Instructions can be found within the Validation Template User Guide and Submission Instructions document, which is posted on the Inpatient Data Validation Resources page of the QualityNet website.

Question 16: **Can a hospital submit validation templates for all 2023 quarters at the same time, but as separate files?**

Yes, now that 2023 has concluded, hospitals can submit all 2023 data at the same time, as separate files, if they wish.

Medical Record Requests and Submissions

Question 17: **Which department within our facility receives the CDAC package?**

The CDAC will send a written request via a mail delivery service to the "Medical Records Director" asking for submission of a patient medical record for each case and candidate case that CMS selected for validation.

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 Identification to the Inpatient VIQR Support Contractor at QRFormsSubmission@hsag.com.

Question 18: **Can the medical record request be sent electronically or via email to the facilities? We have more than 10 facilities, and there have been instances where the letter has been lost. Additionally, with so many colleagues working remotely, it makes it very difficult to track down these packets and get them to the correct facility.**

At this time, CMS data validation requests for medical records will only be sent via a mail delivery service (e.g., FedEx). We do send a follow up email reminding of the records requests being sent and the deadline for submission. Any future changes to the request method will be communicated to hospitals.

Question 19: **When emails regarding validation are sent to facilities, could you include the CCN? It would be especially helpful when covering multiple facilities.**

When validation result notifications go to hospitals, the CCN is included; however, we do understand that submission reminder emails do not currently indicate the CCN in the email. We will consider this for the future.

Question 20: **Will medical record submissions be accepted only through the Managed File Transfer (MFT) application?**

As finalized in the FY 2021 IPPS/LTCH PPS final rule (page 58864), beginning with record requests of Quarter 1 2021 discharge data, paper copies and removable media are no longer acceptable submission options for medical records submitted to the CDAC; hospitals will be required to submit PDF copies of medical records electronically via the CMS MFT web-based application. A direct link to the MFT web-based application will be provided in the medical records request packet sent by CDAC, as well as in data validation resource documents and notification emails. Records not received by the specified due date are not eligible for abstraction and will be scored a 0.

Question 21: **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?**

Screenshots of information contained within the electronic health record (EHR) are technically part of the medical record. Therefore, screenshots will be considered acceptable sources when submitted with the record. Additionally, if a note or text field within the actual EHR contains information/explanation of the referenced documentation, it may be taken into consideration during abstraction. It is important to note that, although this information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. The CDAC abstractors will still need to follow data element specific guidelines.

Question 22: **When submitting a medical record, do you submit the record as it is upon request or when it was abstracted? There are cases that were abstracted and submitted, then additional documentation (e.g., an Emergency Medical Service (EMS) record) was received and scanned into the system. These documents were not available at the time of abstraction; therefore, CDAC may receive different times for data points. How should a hospital handle this situation?**

Hospitals should not be purposefully adding or removing information from an official medical record in an attempt to match that record with one that was previously submitted to CMS's HQR system.

A potential for a mismatch exists any time there is a difference between what was abstracted/submitted to the CMS *HQR Secure Portal* by the data submission deadline and what is found within the PDF medical record submitted to the CDAC.

Question 23: **For central line-associated blood stream infection (CLABSI) submissions, if your EHR does not have a specific Admission, Discharge, and Transfer record, what information do you need to include?**

CMS recommends trained staff review the medical record prior to sending it to CDAC to ensure all necessary information is present in order to determine the final outcome.

Question 24: **When submitting medical records, can we submit quarters earlier than the deadlines? For example, can we submit all four quarters of 2023 medical records now?**

Hospitals would have no way of knowing which cases have been randomly selected for validation until they have received the listing of cases; therefore, hospitals cannot submit medical records to CDAC before the official medical records request has been received.

Results, Reports, Educational Review, and Reconsiderations

Question 25: **Can you clarify how the eCQM data roll into the CI report for the Hospital Inpatient Quality Reporting (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 CI report for validation results?**

With a weight of 0 percent on the validation reliability of eCQMs, the results of eCQM data validation don't technically impact the CI calculation currently. However, there are two separate sub-requirements to meet:

1. Chart-abstracted measures are weighted at 100 percent. Hospitals must attain at least a 75 percent CI Upper Bound score to pass the validation requirement.

2. For eCQMs, successful submission of 100 percent of requested medical records is required.

In the CI report, the "Met eCQM Medical Record Submission Requirement" column will contain a "Y" (Yes) or "N" (No), indicating whether your hospital met or did not meet this eCQM requirement.

Question 26: **When did CMS start using two separate CI reports? We underwent the inpatient validation process in FY 2020, and I don't remember two different CI reports.**

As described in the FY 2019 IPPS/LTCH PPS final rule (page 41478), because the Hospital IQR Program finalized the removal of the NHSN HAI measures from its program, CMS adopted processes to validate the NHSN HAI measure data used in the Hospital-Acquired Condition (HAC) Reduction Program. Under the Hospital IQR Program, one hospital sample of clinical process of care measures and eCQMs is now selected and used for validation, and, under the HAC Reduction Program, one hospital sample of HAI measures is selected and used for validation. This change occurred beginning with FY 2023 data validation efforts. Hospitals now receive a separate CI report for each program.

Question 27: **What if the CDAC 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 do we resolve this?**

If you have case-specific questions, CMS offers educational reviews of validation results. The deadline for requesting an educational review is within 30 days of receiving an email notification from validation@telligen.com letting you know your results are available. To request a review, please follow the Educational Review Request process found on the respective Data Validation Educational Reviews page of the CMS QualityNet website. Direct link: https://qualitynet.cms.gov/inpatient/data-management/data-validation/educational-reviews. 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 CI.

Question 28: **If an educational review is requested by a hospital, can the hospital provide the response received from the QualityNet Question and Answer Tool as part of their request if it was used as guidance in chart abstraction?**

Hospitals are welcome to include a response received from the **QualityNet Question and Answer Tool** within the rational of their

Educational Review request; however, it is important to understand that guidance provided within an answer to a question may not always take into consideration the entire representation of a situation.
In other words, additional information found within the medical record during the validation effort may change an outcome, and that information may not have been available when providing guidance through a Q&A tool.

Question 29: **After receiving results with educational comments, what is the timeframe to appeal any mismatches?**

If you have case-specific questions, CMS offers educational reviews of validation results. The deadline for requesting an educational review is within 30 days of receiving an email notification from validation@telligen.com letting you know your results are available.

Question 30: **If the facility fails HAC Reduction Program validation, does that mean it will automatically receive the worst score for the HAC Reduction Program?**

As described in the FY 2019 IPPS/LTCH PPS final rule (page 41481), 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 for validation on CLABSI, catheter-associated urinary tract infection (CAUTI), and surgical site infection (SSI), but failed validation, that hospital will receive the maximum Winsorized z-score (worst score) for CLABSI, CAUTI, and SSI.