Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program
CY 2017 (FY 2020 Payment Determination)
eCQM Validation Overview for Selected Hospitals

Questions and Answers

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The following questions were asked, and responses given by subject-matter experts, during the live webinar. Questions and answers may have been edited for grammar.

Question 1: **Can you tell me where I can locate the hospital list for the electronic clinical quality measure (eCQM) data validation and any additional information specifically for the eCQM group?**

Hospitals selected for fiscal year (FY) 2020 eCQM validation are anticipated to be notified toward the later part of May 2018. This process, as described in the Fiscal Year 2018 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) Final Rule, pages 38398-38402, will cover calendar year (CY) 2017 eCQM data submitted in 2018.

CMS directly notifies hospitals of their selection via an email notification from the VSC. Additionally, CMS posts a news article on the *QualityNet* website, as well as releases a ListServe to notify the community that the selection has occurred. Once the hospitals have been notified of being selected, the list of those selected will be posted on the Hospitals-Inpatient eCQM Data Validation Overview page of *QualityNet.*

Question 2: **I am a vendor seeking clarification about the final rule. What is meant by the statement, "As long as hospitals send in at least 75 percent of the requested medical records within the deadline, they will meet eCQM data validation requirements"?**

CMS will select eight cases (individual patient-level reports) from the Quality Reporting Document Architecture (QRDA) Category I files submitted by hospitals selected for eCQM data validation. The Clinical Data Abstraction Center (CDAC) will request a copy of each selected medical record. CDAC will review each medical record submitted for validation of the measure or measures for which the record was requested.

Therefore, hospitals must submit the entire medical record for the episode of care within 30 days of the medical records request date. Hospitals that submit complete medical records (within the requested time frame for at least 75 percent of the requested records) will receive a passing score for validation. For example, if eight medical records are requested, at least six complete medical records must be submitted to meet the 75 percent requirement. Also, remember that for the FY 2020 payment determination,

the accuracy of eCQM data will not affect payment. If a hospital does not meet the overall validation requirement, the hospital will not be eligible to receive the full annual payment update (APU).

Question 3: **If a hospital submits more than the required four CY 2017 eCQMs, how will CMS choose which four measures to validate?**

If a selected hospital has submitted more than the required four CY 2017 eCQMs, CMS will randomly select no more than eight cases from one or more eCQMs to be validated. Please note that for FY 2020 payment determination, the accuracy of eCQM data and the validation of measure reporting will not affect payment. Hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the records that CMS requests.

Question 4: **Will all patient measures contained within a single QRDA Category I file be validated or will only a select measure be validated? For example, within the quarter that was submitted, the patient was admitted twice; if within that patient file the patient qualified for the emergency department (ED) measures for both admits, will both admits require validation documentation be sent?**

CMS will randomly select cases for validation. Not all patient measures contained within a single QRDA Category I file will be validated. Only selected measures will be validated within the requested record. That said, it is possible for more than one measure to be selected for the same patient and episode of care. If this does occur, each measure selected to be validated will be listed on the eCQM Case Selection Report, as well as in the medical records request packet sent by CDAC.

Question 5: **Will all eCQM validation documentation need to be contained within one document?**

The portable document format (PDF) of the medical record should include all data elements that are required to meet the measure specifications and match what was reported to CMS. If a medical record needs to be broken up into separate files because of size or other concerns, additional instructions on acceptable ways to submit will be provided in the medical records request packet sent by CDAC.

Question 6: **Our certified vendor for submitting eCQMs utilizes the AV Summary to ascertain compliance with medications prescribed at discharge (for example, for stroke [STK]-2). In reviewing our record, it is noted that the medication (antithrombotic) was listed in Discharge Medication Reconciliation as a medication that was prescribed at discharge. However, the medication was not included in the AV Summary. For this patient, the STK-2 category assignment resulted as "Denominator" for the QRDA Category I file. As eCQMs will be validated moving forward, can you please advise how this would be resulted in validation? Would this be considered an error? Or would the results be considered a match since the logic of our electronic medical record (EMR) vendor has been certified by CMS?**

Hospitals selected for validation will receive a medical records request by CDAC, which will detail the instruction on how to submit PDF copies of their medical records. Validation will entail a comparison only of the submitted medical records and the data contained within the QRDA Category I file. The complete medical record submitted by the hospital must contain sufficient information for CDAC to determine measure eligibility and outcome, similar to the process for chart-abstracted measure reporting.

Again, please remember that for FY 2020 payment determination, the accuracy of eCQM data and the validation of measure reporting will not affect payment. Hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the records CMS requested.

Question 7: **Will paper records, flash drive, and *QualityNet* upload all be submission options, similar to paper-record validation?**

For the eCQM validation program, the only acceptable method of medical record submission will be PDF via the *QualityNet Secure Portal* Secure File Transfer application.

Question 8: **What if the QRDA Category I file contains only one admit, but the file qualified the patient for the ED measures, the venous thromboembolism (VTE) measures, and the stroke measures. Will all measures be validated or only one measure (e.g., VTE)?**

CMS will select up to eight cases (i.e., patient charts/medical records) per hospital for a single quarter. From that one quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reports, for no more than eight cases total across all measures.

For example, if the hospital reports four measures (e.g., ED-1, ED-2, VTE-1, and STK-1), CMS may randomly select two cases from each measure without exceeding eight total cases. If a case is selected for the ED measures, only ED measures are validated; however, it is possible for the same case to be selected for validation of multiple measures, in which case, only one medical record for that episode of care would need to be submitted. Additional information will be provided in the medical records request packet sent by CDAC.

Question 9: **We were recently made aware that our eCQM vendor did not submit 100 percent of our cases for the ED-2 measure for CY 2017. I was told by the Health Services Advisory Group (HSAG) Help Desk that we did not need to request an extraordinary circumstances exception (ECE) to resubmit our data because the eCQM Submission Status Report indicates that the requirements were met. She stated that our concern regarding the completeness of our data is an issue that is handled separately by the VSC. Is there validation of the completeness of the submission? How will failure of eCQM validation be determined and what will be the impact?**

When every hospital signs the Data Accuracy and Completeness Acknowledgement, which they must do in order to participate in the program, they attest, "*To the best of my knowledge, at the time of submission of this form, all of the information that has been reported for this hospital for participation in the [XXXX] Program is accurate and complete."*

Any time data are inaccurately reported, there is the potential for a mismatch in the data validation process; however, in the first year of eCQM data validation, the accuracy of eCQM data and the validation of measure reporting will not affect payment. Hospitals will pass or fail validation based

on the timely and complete submission of at least 75 percent of the records CMS requests, which will be selected from the cases that your hospital did submit to the CMS Clinical Warehouse.

Question 10: **Will CY 2017 eCQM validation results be posted on the *Hospital Compare* website for those hospitals selected sometime in April/May of 2018 for eCQM validation? Or, will CMS delay public display of the results for future validation periods?**

CMS has no plans at this time for eCQM data validation hospital-specific results to be publicly posted on the *Hospital Compare* website.

Question 11: **What is an example of an ECE?**

Hospitals may request an extension of or exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances may include, but are not limited to, natural disasters (such as a severe hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. Information about ECEs can be found on the Hospital IQR Program Extraordinary Circumstances Exceptions (ECE) Policy page of *QualityNet*.

Question 12: **What is meant by "all information from an electronic health record (EHR)?" Could you give some general examples or an example of a piece of information that may be overlooked?**

It is the hospital's responsibility to ensure all necessary information is present in order for proper and complete abstraction to be possible. This is why it is strongly recommended that a trained abstractor at your hospital review each record after it has been converted to PDF and before it is sent to CDAC. Further direction may be found in the request for medical records sent by CDAC. Additional information about the request for medical records can be located on the eCQM Data Validation - CDAC Information page of *QualityNet*.

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The following questions were researched and answered by subject-matter experts after the live webinar.

Question 13: **Are critical access hospitals (CAHs) eligible for validation?**

CAHs are not affected by the Hospital IQR Program and will not be selected for validation.

Question 14: **As stated in the presentation, FY 2020 payment determination isn't affected by the accuracy of the validation. What fiscal year would the accuracy affect the payment determination?**

For FY 2020 payment determination, the accuracy of eCQM data and the validation of measure reporting will not affect payment. CMS will communicate any changes to the eCQM validation program through future rulemaking.

Question 15: **Can you go over what is a "complete medical record"? Does this include outpatient visits, office visits, or only the encounter of the EHR?**

It is the hospital's responsibility to ensure all necessary information is present in order for proper and complete abstraction to be possible. This is why it is strongly recommended that a trained abstractor at your hospital review each record after it has been converted to PDF and before it is sent to CDAC. Further direction may be found in the request for medical records sent by CDAC.

Question 16: **Do you anticipate any difficulty submitting PDF of these records through the Secure File Transfer in *QualityNet*? Due to the size of each record, some greater than 1,000 pages, are there instructions on how to put such large documents into PDF to be submitted? Please provide the direct link for instructions for PDF submission.**

For chart-abstracted validation, hospitals have been successfully submitting medical records exported from EHRs through the *QualityNet Secure Portal* Secure File Transfer application. Additional instructions on how to submit records to CDAC, including how to submit records which have been split into smaller files, can be found in the medical records request packet that is sent by CDAC.

Question 17: **Do you submit only the elements needed for the measure or do you submit the entire medical record for the encounter? Will CDAC be looking in sources that are non-discreet locations (i.e., in provider progress notes)? How will the electronic data captured be validated using the same record produced for chart-abstracted data?**

It is the hospital's responsibility to ensure all necessary information is present in order for proper and complete abstraction to be possible. This is why it is strongly recommended that a trained abstractor at your hospital review each record after it has been converted to PDF and before it is sent to CDAC. Further direction may be found in the request for medical records sent by CDAC.

eCQM validation will compare the data abstracted by CDAC from the medical record (PDF) to the data submitted in the QRDA Category I file. CDAC will abstract from the complete medical record submitted by the hospital. Data abstraction is based on the eCQM specifications. The abstracted results will be compared to the data in each QRDA Category I file and analyzed to assess the alignment with measure criteria. The complete medical record submitted by the hospital must contain sufficient information for CDAC to determine measure eligibility and outcome, similar to the process for chart-abstracted measure reporting.

Question 18: **Have you ever considered using someone other than the Medical Records contact? Maybe the *QualityNet* Security Administrator, Clinical Improvement, or Quality Improvement contact should be used to disseminate.**

Due to hospital turnover of staff, CMS has determined that sending the medical records request packet to "Medical Records Director," and not an individual's name, has been most effective. The medical records request will be delivered to the address listed under the Medical Records contact type in the official CMS contact database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CMS Certification Number (CCN)/Provider Identification (ID) Number to the Hospital Inpatient VIQR Outreach and Education SC at QRSupport@hcqis.org.

Question 19: **Even though the records are not being scored for accuracy, will the case detail reports still provide hospitals information about accuracy of the measures?**

For FY 2020 and 2021 payment determination, hospitals will receive eCQM Validation Case Detail Reports, which list all abstracted elements compared to the CDAC re-abstraction on each case.

Question 20: **How are business rules hospitals apply to data accommodated with this validation process?**

eCQM validation will compare the data abstracted by CDAC from the medical record (PDF) to the data submitted in the QRDA Category I file. CDAC will abstract from the complete medical record submitted by the hospital. Data abstraction is based on the eCQM specifications. The abstracted results will be compared to the data in each QRDA Category I file and analyzed to assess the alignment with measure criteria. The complete medical record submitted by the hospital must contain sufficient information for CDAC to determine measure eligibility and outcome, similar to the process for chart-abstracted measure reporting.

Question 21: **If a hospital submits quarter two 2017 (2Q17) eCQM cases, will CMS randomly select cases from a different quarter, e.g., 1Q17, 3Q17, and/or 4Q17?**

No. CMS will select cases from the submitted quarter. If a hospital submits data for more than one quarter, cases will be selected from the most recently submitted quarter. CMS will select two cases at random from each of the four measures reported. If fewer than two cases are available for a given measure, more than two will be selected from another measure, not to exceed a total of eight cases selected. Case selection is limited to those for which the denominator eligibility criteria are met, as reported by the hospital.

Question 22: **If the patient had more than one hospital visit in the reporting period and it's included in the validation, do all the medical records on each visit have to be submitted?**

The CDAC medical records request will indicate the episode of care for which medical records are to be submitted for validation.

Question 23: **Is there a name of the VSC that will be on the medical records request packet that is sent to medical records director?**

The medical records request packet will not be sent by the VSC, but rather by CDAC. The packet will come from:

TISTA Science and Technology Corporation
1246 Greensprings Drive
York, PA 17402-8826

Additional information about the request for medical records can be found on the eCQM Data Validation - CDAC Information page of *QualityNet*.

Question 24: **Just to clarify, since our facility is currently undergoing chart-abstracted validation, we should not be receiving a request for eCQM validation, correct?**

Each year, CMS will only require hospitals to participate in one of the two Hospital IQR Program validation processes: chart-abstracted validation or eCQM validation. If a hospital is currently selected for FY 2020 chart-abstracted validation, that same six-digit CCN/Provider ID will not be receiving a request for eCQM validation in the same FY 2020 selection cycle.

Question 25: **Slide 24. Records are required to be submitted as PDF through *QualityNet,* but our medical records department does not have access to the Secure File Transfer application. Do we need to add medical records to this role?**

It may be beneficial for whomever your hospital deems responsible for submitting medical records selected for validation to have an active *QualityNet* account. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk by telephone, 7 a.m.–7 p.m. CT, Monday–Friday at (866) 288-8912 or by email at qnetsupport@hcqis.org.

Question 26: **Will we need to wait for future IPPS rules to get notification of when the eCQM data accuracy will affect the APU?**

For FY 2020 and 2021 payment determination, the accuracy of eCQM data and the validation of measure reporting will not affect payment. CMS will communicate any changes to the eCQM validation program through future rulemaking.

Question 27: **We have a hybrid EHR, with some documentation scanned (not electronic). Should we submit the entire record, including the scanned documentation?**

It is the hospital's responsibility to ensure all necessary information is present in order for proper and complete abstraction to be possible. This is why it is strongly recommended that a trained abstractor at your hospital review each record after it has been converted to PDF and before it is sent to CDAC. Further direction may be found in the request for medical records sent by CDAC.

Question 28: **We were selected for chart-abstracted validation for third and fourth quarters 2016 (3Q16, 4Q16) and first and second quarters 2017 (1Q17, 2Q17). Will we be eligible for eCQM validation for CY 2017?**

Each year, CMS will only require hospitals to participate in one of the two Hospital IQR Program validation processes: chart-abstracted validation or eCQM validation. Since validation of eCQM FY 2020 payment determination encompasses 1Q17–4Q17, your hospital would not be eligible to be selected for eCQM validation, because your hospital was already validated for two of the quarters of CY 2017.

Question 29: **What user roles does a security net administrator need to have to run eCQM validation reports?**

Registered users will need to have the appropriate reports role in order to run reports within the *QualityNet Secure Portal*. For assistance with *QualityNet*, contact the *QualityNet* Help Desk by telephone, 7 a.m.–7 p.m. CT, Monday–Friday at (866) 288-8912 or by email at qnetsupport@hcqis.org.

Question 30: **For those contacts that are listed for a hospital, is it every one of those contact types or just one of them?**

At different points throughout the validation cycle, all of the different contact types may be utilized to communicate information to hospitals. Depending on the type of communication, as well as the urgency of the message being communicated, some contacts may not be included in the distribution. For example, chief executive officers/administrators will not be sent regular, non-imperative communications. In general, the Hospital IQR and Quality Improvement contact types will receive all communications sent. If you would like to know more, please send the VSC an email at validation@hcqis.org.

Question 31: **Will there be a future presentation of overall mismatches of the eCQM data validation (similar to past inpatient or outpatient validation processes)? This could help highlight to all hospitals what were common mismatches and help correct the eCQM builds.**

Future webinars have not yet been scheduled. Hospitals will be made aware of any future webinars that are scheduled.

Question 32: **Why does CMS want the entire record to validate the eCQM? Will QRDA Category I files that were submitted be part of the CMS validation process?**

eCQM validation will compare the data abstracted by CDAC from the medical record (PDF) to the data submitted in the QRDA Category I file. CDAC will abstract from the complete medical record submitted by the hospital. Data abstraction is based on the eCQM specifications. The abstracted results will be compared to the data in each QRDA Category I file and analyzed to assess the alignment with measure criteria. The complete medical record submitted by the hospital must contain sufficient information for CDAC to determine measure eligibility and outcome, similar to the process for chart-abstracted measure reporting.