



# Hospital Inpatient Quality Reporting (IQR) Program

## Support Contractor

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

#### Presentation Transcript

##### Speakers

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**Candace Jackson:** Thank you everyone for joining today's presentation titled *Hospital Inpatient Quality Reporting Program Calendar Year 2017 (Fiscal Year 2020 Payment Determination) eCQM Validation Overview for Selected Hospitals*. I am Candace Jackson, the Project Lead for the Hospital Inpatient Quality Reporting Program with the Hospital Inpatient, Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor. I will be the co-moderator for today's event along with my colleague Artrina Sturges, who is the Hospital IQR-Electronic Health Record (EHR) Incentive Program Alignment Lead for the VIQR Outreach and Education Support Contractor. Before we begin, I would like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to the inpatient website [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) and to the *QualityNet* site at a later date. If you are registered for this event, a reminder email, as well as the slides, were sent out to your email about a few hours ago. If you did not receive that email, you can download the slides at our inpatient website, and again that is [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com). If you have a question as we move through the webinar, please type your question into the chat window. We will not be using the raised hand feature for today's webinar. To help presenters best answer your questions, we request that, at the beginning of your question, please type the slide number into the chat window with it. As time allows, we will have a short answer-and-question session at the conclusion of the webinar. Those questions that are not answered during the question-and-answer (Q&A) session at the end of the webinar will be posted to the [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) website at a later date.

I would now like to welcome and introduce our guest speakers for today, Michael Sinclair, Project Director, and Alex Feilmeier, Lead Health Informatics Solution Coordinator, both with the Value, Incentives, and Quality Reporting Center Validation Support Contractor (VSC). Michael, the floor is yours.

**Michael Sinclair:** Thank you very much and welcome everyone. The purpose of this webinar is to educate and share information regarding the Centers for Medicare &

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Medicaid Services Hospital Inpatient Quality Reporting Program and the eCQM validation process for Fiscal Year 2020, which validates the current year 2017 data. This webinar presentation is not related to the Chart-Abstracted Validation Program, which is a separate program with a different set of selected hospitals as we will discuss later.

On the objectives of the program, at the conclusion of this webinar, participants will be able to understand the Hospital IQR Program eCQM data validation process for current [Calendar] Year 2017 eCQM data validation impacting Fiscal Year 2020 payment determination, to also identify the deadlines and associated required activities relating to current [Calendar] Year 2017 data validation for Fiscal Year 2020 payment determination, to submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC), and to receive and interpret the validation results.

This slide displays the list of the acronyms and abbreviations that will be used throughout this presentation. Please refer to this slide as needed throughout.

The eCQM validation process has five major steps. This slide provides a high-level flowchart of those steps. At this point in the year, hospitals have already submitted their QRDA I files per the overall eCQM submission requirement deadline. CMS will be posting the list of selected hospitals for the eCQM data validation program and selected hospitals will be receiving a medical records request within the next few weeks. Hospitals will then begin submitting the medical records as requested. After the medical records have been received, CMS will conduct abstractions and subsequently release results to the hospital.

As a short synopsis of the program, CMS assesses the accuracy of the eCQM data submitted to the IQR program through the annual validation process. This process has been ongoing for many years for chart-abstracted measures. This spring and summer 2018 CMS, will begin validation of the current [Calendar] Year 2017 eCQM data submitted to the clinical warehouse. The eCQM validation program verifies that the

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hospital eCQM data submitted to the clinical warehouse meets the measure intent.

Each year, CMS will only require hospitals to participate in one of two inpatient validation programs—chart-abstracted validation or eCQM validation. If a hospital is selected for chart-abstracted validation they will not be selected for eCQM validation and vice versa. CMS will select 200 hospitals randomly in the spring of 2018 to participate in the eCQM validation program for Fiscal Year 2020 payment determination. In the first year of validation, the accuracy of the eCQM data assessed will not impact the pass/fail determination for eCQM validation used to determine the IQR program annual payment update, which we will discuss further on subsequent slides.

CMS will validate up to eight cases across four eCQM measures for the quarter reported per hospital using the current [Calendar] Year 2017 data. Cases are selected from eCQM data submitted to the clinical warehouse by the hospital. The measures available for validation across the Fiscal Year are displayed in this table. The eCQM measures available to be validated for Fiscal Year 2020 are also indicated on this slide.

Hospitals selected for eCQM validation will be validated for the most recently submitted calendar quarter, regardless of the number of quarters submitted. The current [Calendar] Year 2017 quarters to be validated for Fiscal Year 2020 payment determination are first quarter 2017 through fourth quarter 2017, as shown in blue in the table. Only one quarter will be validated.

This year, CMS will select 200 randomly selected hospitals for Fiscal Year 2020 eCQM validation. Hospitals selected for eCQM validation will not be selected for chart-abstracted validation and vice versa, as indicated. Hospitals will be excluded from eCQM validation if they had fewer than five discharges for one eCQM, were selected for chart-abstracted data validation, or if they have an eCQM ECE approved waiver.

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The community will be notified of the annual eCQM data validation selection in the following ways, as noted on this slide. A news article will be posted on *QualityNet* along with a list of the selected hospitals. A ListServe is released to notify the community that the selection has occurred, and an email communication from VSC is sent directly to the hospitals selected.

Hospitals that have been selected for IQR eCQM validation are notified as indicated by email communication. This communication is sent to the following hospital contact types listed within the official CMS contact database, including the CEO or the administrator, hospital IQR, medical records, or quality improvement departments. The validation support contractor (VSC) monitors email communication sent to ensure that all hospitals are notified of selection. Any bounced-back emails are researched, and hospital contacts are updated in the CMS system to ensure that future notifications are received.

A list of selected hospitals will be posted on *QualityNet*. This will be found on the Inpatient eCQM Data Validation page as displayed here. The list is located on the upper right side of the screen with the box titled Hospitals Selected for Inpatient eCQM Data Validation. The eCQM data validation pages on *QualityNet* also contain information, such as help guides, deadline dates, and all other resources related to eCQM data validation. Some of these resources will be covered in more detail later in this presentation.

Keeping hospital contacts up to date is necessary to ensure validation-related communication and submission deadline email reminders reach the 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 CMS Certification Number or Provider ID to the hospital inpatient support contractor at the email indicated on this slide.

In terms of case selection, 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

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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. At this point, I am going to stop and turn this over to Alex so that he can talk to you about the next steps within the eCQM validation process.

**Alex Feilmeier:**

Thanks, Michael. So, once the case selection has been identified, the CDAC will send hospitals a written request to the “Medical Records Director” using FedEx to submit [a] patient medical record for each case that CMS selected for eCQM validation. It is important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible and before the medical record submission deadline. It is also important to note that 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 this 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.

Once available, a hospital’s list of cases selected for eCQM validation, including all the available patient identifiers, will be accessed via the *QualityNet Secure Portal* by a registered user with the appropriate reports role. Please note that this report can take several business days after the original request date to become available. To access this report, log in to the *QualityNet Secure Portal*, select My Reports and then Run Reports. Select the Run Reports tab. Under the Report Program, select IQR. Under Report Category select Hospital Reporting-Data Validation Reports., Under the Report Name select Hospital Data Validation-eCQM Case Selection Report. This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to send records or additional documentation after the record has been received by the CDAC. This applies even if the wrong record is sent or if pages are missing or 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

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process for reviewing each of the records after they have been copied and prior to them being sent to the CDAC. Regardless of who copies your medical records, whether that is hospital medical record staff, independent copying services, etc., all records should be carefully reviewed prior to mailing them to the CDAC. Consider having an abstractor review your records prior to mailing, as they will be most familiar with the location of the information needed for abstraction. This is especially important to include all information from an EHR used for abstraction in the PDF file submitted to the CDAC.

Hospitals have until the date listed on the request to send their records to CDAC. Hospitals must submit medical records in PDF format via the *Secure Portal* Secure File Transfer application. Inpatient records must be received within 30 days of the request date. For Fiscal Year 2020 payment determination, these criteria are what determines whether a hospital passes or fails validation. Detailed instructions on how to submit medical records are provided within the packet delivered by the CDAC.

Additional information about the request for medical records can be found on *QualityNet* by hovering over the Hospitals-Inpatient drop-down and selecting the Data Validation (Chart-Abstracted & eQMs) link, followed by selecting the eCQM Data Validation Program. From the navigation bar on the left side of the eCQM Data Validation overview page, select CDAC Information. A direct link is provided on this slide.

Hospital staff will receive an email notification when the eCQM Validation Case Detail and eCQM Validation Summary Reports are available for download from the *QualityNet Secure Portal*. The reports, which provide the validation results of abstraction and the educational comments, are anticipated to be released in the fall of 2018.

CMS will notify hospitals whether they passed or failed the eCQM validation via targeted emails. For Fiscal Year 2020 payment determination, the accuracy of eCQM data and the validation of measure reporting will not affect payment. Hospitals will pass or fail eCQM validation based on the timely and complete submission of at least 75

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percent of the records CMS requested. For example, if eight medical records are requested, at least six medical records must be submitted to meet [the] 75 percent requirement. If a hospital does not meet the overall validation requirement, the hospital will not be eligible to receive the full APU.

The Hospital IQR Program Phase I Fiscal Year 2020 APU notifications are expected to be sent to hospitals that do not meet the eCQM validation requirements sometime in spring 2019. At that time, such hospitals would have the opportunity to request reconsideration.

Hospitals that are notified in spring 2019 through the Hospital IQR Program Phase I Fiscal Year 2020 APU determination process that they did not meet the eCQM validation requirement and risk not receiving their full APU will have the opportunity to request reconsideration from CMS through the regular Hospital IQR Program reconsideration process. Additional information about reconsiderations can be found on *QualityNet* by hovering over the Hospitals-Inpatient drop-down and selecting Hospital Inpatient Quality Reporting Program followed by selecting APU Reconsideration from the left side navigation pane. A direct link is provided on this slide.

There are three different eCQM validation reports available to be run through the *QualityNet Secure Portal*. The three eCQM validation reports are the eCQM Case Selection Report, the eCQM Validation [Summary] Report, and the eCQM [Validation] Case Detail Report. The eCQM Case Selection Report displays the patient-identifying information pertaining to the cases selected for eCQM validation. The cases on this report are the same cases as outlined within the medical records request packet sent by the CDAC. The eCQM [Validation] Summary Report provides a high-level summary of the eCQM validation and the eCQM Validation Case Detail Report provides a list of all the elements abstracted compared to the CDAC reabstraction on each case. This report becomes available after the hospital receives the results for the quarter.



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The eCQM Case Selection Report lists hospital cases selected for eCQM validation, [including] all available patient identifiers. This report becomes available after the CDAC mails the records request packet. This report also displays the Medical Record Request Date, the Due to CDAC Date, and each medical Record Received Date. The Record Received Date remains blank until the record is received by the CDAC. Please note that 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 email to CDACHelpdesk@hcqis.org or by phone at (717) 718-1230, extension 201.

The eCQM Validation Summary Report lists each validated case with its score, organized by measure. The screenshot provides an example of [an] eCQM Validation Summary Report. The actual report provided to the hospital may appear slightly different.

The eCQM [Validation] Case Detail Report provides complete information about all abstracted elements compared to the CDAC reabstraction on each case. Mismatches and the associated educational comments from the CDAC are displayed in red font. The screenshot provides an example of the [eCQM Validation] Case Detail Report; however, the actual report provided to the hospital may appear slightly different.

For Fiscal Year 2020 eCQM validation, there will not be a formal educational review process. However, result-specific inquiries must be submitted within 30 days of the validation results being posted on the My Reports section of the *QualityNet Secure Portal*. Questions may be emailed to validation@hcqis.org or the CMS Hospital Inpatient Questions and Answers tool.

eCQM validation resources are available on *QualityNet*. To access, hover over the Hospitals-Inpatient drop-down and select Data Validation (Chart-Abstracted & eQMs) link, followed by selecting the eCQM Data Validation program. From the navigation bar on the left side of the eCQM Data Validation overview page, select Resources. A direct link is provided on the slide. General questions may be sent to the validation support

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contractor (VSC) email at [validation@hcqis.org](mailto:validation@hcqis.org), and, when submitting a question, please always include the hospital's six-digit CCN/Provider ID, as this will expedite a reply with information specific to your hospital. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk by telephone, 7:00 am to 7:00 pm Central Time, Monday through Friday at 866-288-8912 or by email at [qnet-support@hcqis.org](mailto:qnet-support@hcqis.org). That is all Michael and I have. So, I'll hand it over to Artrina to open up the opportunity for questions from our viewers.

**Artrina Sturges:** Thank you very much, Alex and Michael. Really quickly before we begin, the question-and-answer session, we just want to remind you that any questions that are not answered during this webinar will be addressed in the question-and-answer transcript that will be posted to the *Quality Reporting Center* and the *QualityNet* website in the coming weeks. We'll go ahead and get started with our questions. Our first question: Can you tell me where I can locate the hospital list for the eCQM data validation and any additional information specifically for the eCQM group?

**Alex Feilmeier:** Yes, this is Alex. So, hospitals selected for Fiscal Year 2020 eCQM validation are anticipated to be notified probably towards the later part of May 2018, and, this selection process, which has been outlined in the final rule, covers Calendar Year 2017 eCQM data submitted in 2018. Once hospitals have been notified of being selected, the list of those selected will be posted on the Inpatient eCQM Data Validation page of *QualityNet*.

**Artrina Sturges:** Thanks very much, Alex. The next question: I am a vendor and I am seeking clarification about the final rules. What is meant by the statement, "as long as hospitals send in at least 75 percent of the requested medical records within the deadlines, they will meet eCQM data validation requirements"?

**Michael Sinclair:** Yes, this is Michael. CMS will select eight cases, individual patient-level reports, from the QRDA file submitted by the hospitals selected for eCQM validation. No more than eight cases will be selected. The 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

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which the record was requested. Therefore, hospitals must submit the entire medical record for the episode of care within 30 days of the medical Record Request Date. Hospitals that submit complete medical records within the requested timeframe for at least 75 percent of the requested records will receive a passing score for validation. For example, suppose a hospital is asked to submit eight medical records, as indicated, and they supply six complete medical records. They will meet the 75 percent requirement. If they submitted less than six, they won't. Also remember, that for Fiscal Year 2020 payment determination, the accuracy of the eCQM data will not affect payment. Pass/fail status is only impacted by whether the hospitals meet their 75 percent criteria for the submission of their medical records.

**Artrina Sturges:** Very good, thank you, Michael. The next question: If a hospital submits more than the required four Calendar Year 2017 eCQMs, how will CMS choose which four measures to validate?

**Michael Sinclair:** Thank you. If a selected hospital has submitted more than is required for current [Calendar] Year 2017 eCQMs, CMS will randomly select no more than eight cases from one or more of the measures to be validated. Please note that for Fiscal Year 2020 payment determination, as noted, the accuracy of the eCQM data and the validation of the measure reporting will not affect payment. Hospitals will pass or fail validation based on the timing and complete submission of at least 75 percent of the records that CMS requests.

**Artrina Sturges:** Thank you. All right. Our next question: Will all patient measures contained within a single QRDA I file be validated or will only a select measure be validated? So, for example, within the quarter that was submitted, the patient was admitted twice. If within that patient's file, the patient qualifies for the ED measures for both admits, will both admits require validation documentation to be sent?

**Alex Feilmeier:** This is Alex. CMS is going to randomly select cases for validation. So, not all patient measures contained within a single QRDA I file are going to be validated. Only selected measures will be validated within the requested

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record. That said, however, it is possible for more than one measure to be selected for the same patient and episode of care. If it does occur, then each measure selected to be validated will be listed on the eCQM Case Selection Report, as well as on the medical records request packet that the CDAC sends.

**Artrina Sturges:** Thank you, Alex. The next question: Our certified vendor for submitting eCQMs utilizes the AV summary to ascertain compliance with medication prescribed at discharge. So, for example, for STK-2, when reviewing our records, it is noted that the medications with 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. So, for this patient, the STK-2 category assignment resulted as [part of the] denominator for the QRDA file. As new eCQMs will be validated moving forward, can you please advise how this would be resulted in validation? For instance, would this be considered an error, or would the results be considered a match since the logic of our EMR vendor has been certified by CMS?

**Michael Sinclair:** Sure. Hospitals selected for validation will receive a records request by the 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 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 Fiscal Year 2020 payment determination, the accuracy of the eCQM data and the validation of the 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.

**Artrina Sturges:** Thank you, Michael. The next question: Will all eCQM validation documentation need to be contained within one document?

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- Alex Feilmeier:** The 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, however, needs to be broken up into several files because of size or other concerns, then additional instruction on acceptable ways to submit that PDF will be provided in the packet sent by the CDAC.
- Artrina Sturges:** Thank you, Alex. Will paper records, flash drives, and *QualityNet* upload all be submission options similar to paper record validation?
- Alex Feilmeier:** This is Alex again. Kind of bouncing off of that last response, for eCQM data validation, the only acceptable method of medical record submission is a PDF file format and they have to be submitted through the *QualityNet Secure Portal* Secure File Transfer application. So, if anyone is concerned about how PDFs can be sent while maintaining PHI, it is because it is being sent only through the *QualityNet Secure Portal* Secure File Transfer application, which is an acceptable method for transmission to CMS.
- Artrina Sturges:** Thank you, Alex. What if the QRDA I file contains only one admit but the file qualified the patient for the ED measures, the DTE measures, and the stroke measures? Will all measures be validated or only one measure, so for example, just DTE?
- Michael Sinclair:** This builds on Alex's response earlier. Only the measures selected will be validated. As noted, CMS will select up to eight cases 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 a hospital reports four measures (for example ED-1, ED-2, VTE-1, and stroke-1[STK-1]), CMS may randomly select two cases from each measure without exceeding a total of eight cases. If a case is selected for ED measures, only ED measures are validated. However, as Alex noted, it is possible the same episode of care 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 on this will be provided in the packet sent by the CDAC.

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**Artrina Sturges:** Thank you, Michael. We do have one very specific question from a facility. We were recently made aware that our eCQM vendor did not submit 100 percent of our cases for the ED-2 measure for Calendar Year 2017. I was told by the HSAG Help Desk that we did not need to request an 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 validation support contractor (VSC). Is there validation of the completeness of the submission and how will failure of eCQM validation be determined and what will be the impact?

**Alex Feilmeier:** So, this is Alex. When every hospital signs the DACA, which is the Data Accuracy and Completeness Acknowledgement, they must do that in order to participate in the program. In it, they attest, to the best of my knowledge at the time of submission of this form, all the information that has been reported for this hospital for participation in XX program, whatever program that is, is accurate and complete. So, anytime data is [are] inaccurately reported, there is a potential for a mismatch in the data validation process. However, as mentioned earlier, in the first year of eCQM data validation, the accuracy of eCQM data and the validation of measure reporting will not affect payment. So, hospitals will pass or fail validation based only on the timely and complete submission of at least 75 percent of those records that CMS requests, which will be selected from the cases that your hospital did submit to the CMS warehouse. Hopefully, that answers their question.

**Artrina Sturges:** Great, thank you, Alex. The next question, we have received this one quite a bit in our chat box today. Will Calendar Year 2017 eCQM validation results be posted to the *Hospital Compare* website for those hospitals selected sometime in April or May of 2018 for eCQM validation, as you stated earlier, or will CMS delay public display of the results for future validation periods?

**Michael Sinclair:** This is Michael. There are no plans for eCQM data validation hospital-specific results to be publicly posted on the *Hospital Compare* website.

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- Artrina Sturges:** Great, thank you, Michael. The next question: What is an example of an extraordinary circumstances exception?
- Alex Feilmeier:** This is Alex. I think the best answer to this question would be just to say information about ECEs can be found on the Hospital Inpatient Quality Reporting Program page of *QualityNet* or to ask a question via the Inpatient Question and Answer tool.
- Artrina Sturges:** Great, thank you, Alex. What is meant by “all information from an EHR”? Could you provide some general examples or an example of a piece of information that may be overlooked?
- Michael Sinclair:** This is Michael. It is the hospital’s responsibility to ensure that all necessary information is present in order for the proper and complete abstraction to be possible. That is why we strongly recommend that a trained abstractor at your hospital review each record after it has been converted to a PDF and before it is sent to the CDAC. Further direction about this can be found in a request for the medical record sent by the CDAC.
- Artrina Sturges:** Great, thank you, Michael. I think for today that is going to conclude our question-and-answer session. Again, as we discussed earlier, any questions that may come in as we conclude would still be addressed in the question-and-answer transcript that will be posted to the *Quality Reporting Center* and the *QualityNet* websites in the coming weeks. We want to thank our speakers and we want to thank all of you for joining us today. Thank you so much for being here and have a great rest of your afternoon.