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

**Overview of FY 2025 Inpatient Data Validation Efforts  
for Hospitals Selected As Targeted  
Presentation Transcript**

**Speakers**

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Inpatient VIQR Outreach and Education Support Contractor

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**Donna Bullock:** Good afternoon. Welcome to the *Overview of Fiscal Year 2025 Inpatient Data Validation Efforts for Hospitals Selected as Targeted* webinar. My name is Donna Bullock, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with a question-and-answer summary, will be posted to the inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com), in the upcoming weeks. If you are registered for this event, a link to the slides was sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that is [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com). This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing education. The survey will no longer be available if you leave the event early. So, if you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary email one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask a Question window with the slide number associated, 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 this webinar is to educate and share information regarding the Centers for Medicare & Medicaid Services, or CMS, inpatient data validation process as part of the Hospital Inpatient Quality Reporting Program fiscal year 2025 payment determination and the Hospital-Acquired Condition Reduction Program fiscal year 2025 program year, which validates calendar year 2022 data.

At the conclusion of this webinar, participants will be able to understand the inpatient data validation process for fiscal year 2025 data validation efforts, identify the deadlines and associated required activities relating to data validation, submit healthcare-associated infection validation

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templates through the CMS Managed File Transfer web-based application, submit medical records requested by the CMS Clinical Data Abstraction Center, and receive and interpret validation results.

This slide displays a list of the acronyms and abbreviations that we will use throughout 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 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 National Healthcare Safety Network can be reproduced by a trained abstractor using a standardized protocol. For CMS data validation efforts, CMS verifies on an annual basis that eCQM data submitted to the CMS *HQR Secure Portal* aligns with the measure specifications. CMS performs a random and targeted selection of inpatient prospective payment system hospitals on an annual basis.

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

HAC Reduction Program and 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 2022 for the fiscal year 2025 data validation efforts.

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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.

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 2025, the eCQM portion of the combined agreement rate will be multiplied by a weight of 0 percent, and the chart-abstracted measure agreement rate will be weighted at 100 percent. With the release of the Fiscal Year 2023 IPPS Final Rule, CMS has finalized a change to the data submission threshold by increasing the eCQM medical record submission requirement from 75 percent to 100 percent of requested medical records, beginning with calendar year 2022 data, affecting fiscal year 2025 payment determination and subsequent years. 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 100 percent of the records CMS requests. For example, if 24 medical records are requested, all 24 eCQM medical records must be submitted to meet the 100 percent requirement. Note: HAIs will continue to be scored separately, under the HAC Reduction Program.

As a part of the Hospital IQR Program, for fiscal year 2025, 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 2025 data validation, CMS will only validate the Sepsis measure within the clinical process of care measure type, as shown here.

Also, as part of inpatient data validation in the Hospital IQR Program affecting the FY 2025 payment determination, CMS will validate up to 24 cases from three calendar quarters of calendar year 2022 eCQM data (up to 8 cases per quarter x 3 quarters). From each quarter, CMS will

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randomly select one to eight cases per measure, depending on how many measures a hospital reported to 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 eQMs across the quarter. This process will ensure CMS evaluates a mix of eQMs, rather than those eQMs reported with the greatest frequency. CMS may group eQMs prior to selection to support this strategy.

The eQMs available for validation across the fiscal year are displayed in the table on this slide.

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, laboratory-identified (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 are selected from Medicare claims-based data submitted to CMS. Requests identified from Medicare claims data may include a request for an index admission and readmission record. 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 the sample sizes.

Now, we will go over the hospital selection process.

For fiscal year 2025, up to 200 randomly selected hospitals were notified in June of 2022, and up to 200 targeted hospitals were notified in January

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2023. 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 selection list posted on QualityNet does not publicly indicate which hospitals were selected randomly versus targeted.

CMS targets hospitals for validation based on multiple criteria outlined in the fiscal year 2014 and fiscal year 2019 IPPS final rules. The targeting criteria as outlined in the rule, with relevant dates for fiscal year 2025 targeting, are summarized as failure to meet validation requirements for fiscal year 2024; 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 FY 2024; and/or failure to report at least half of the HAI events detected during fiscal year 2024 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 Listserv 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 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](mailto:validation@telligen.com) to their Safe Senders List to ensure validation-related email notifications are received.

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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.

A list of the selected hospitals is available on the CMS QualityNet website by clicking on Hospitals – Inpatient, then 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 will cover results and scores.

All selected hospitals will submit HAI Validation Templates for each quarter of the validation year. Selected hospitals will receive five total medical record requests from CMS' Clinical Data Abstraction Center. Four of those quarterly requests will contain clinical process of care and HAI selected cases, and one annual request will contain 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 and could change. Note: 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.

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. Hospitals deliver requested medical records to the CDAC in the order they are requested, based on the deadline, and the CDAC then abstracts and adjudicates the selected cases.

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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. CMS data validation is at the measure level; it is not scored at the individual question/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. When validating cases, the CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted as PDF files.

It typically takes approximately three to four months after each medical record submission deadline for hospitals to see their validation results for the quarter or reporting period. The results will show the outcomes of abstraction determined by the CDAC on each selected case. Hospital registered users with the Validation permission will receive email notification when their results become available to view on the *HQR Secure Portal*. It is strongly recommended that hospitals have multiple active users with the Validation role in the *HQR Secure Portal* to ensure validation result notifications are received and reviewed timely. Hospitals may submit an educational review request within 30 days of receiving quarterly results. Completed educational review forms must be submitted within 30 days of the validation results being posted on *HQR Secure Portal*.

After all quarters and reporting periods of the validation fiscal year have been completed and all results have been received, CMS calculates a total score reflecting the reliability of the measures validated. After the educational review results are taken into consideration, CMS computes a confidence interval around the score. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the validation requirement; if the upper bound is below 75 percent, the hospital will fail the validation requirement. Hospitals that fail validation requirements will also automatically be selected for validation in the next fiscal year. The Hospital IQR Program will calculate a confidence interval using the clinical process of care and eCQM measures.



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The HAC Reduction Program will calculate a separate confidence interval using only the HAI measures. Additional information on how this may affect payment determination/adjustment will be described in greater detail later in this presentation.

Now, we will go over the HAI template validation 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 they 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 CCSQ Service Center. Validation templates are not validated, remember; 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 a validation template cannot be changed.

This slide shows the discharge quarters and associated HAI validation template deadlines for the fiscal year 2025 targeted selected hospitals that were notified of their selection in January 2023. 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, which provides directions specific to the submission of the template's HAI type; a Template tab, where hospitals enter their data; an NHSN Location or NHSN ICU Location tab, depending on the template type, which lists all acceptable locations for the respective HAI type; and a Fiscal Year Submission Instructions tab, which 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 direction on filling out specific fields. Do not alter the original format of the validation templates. Use the dropdowns provided in the templates to select valid values. Check all dates for accuracy. Ensure any cases with a separate IPF or IRF 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 six-digit CCN/Provider ID in an email addressed to [validation@telligen.com](mailto: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: 1) Successful submission, or 2) Errors have occurred that require your attention and re-submission.

At predetermined points up until the validation template deadlines 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 ten placeholder cases can be assigned, all of which would be scored 0/1. If a hospital submits a validation template and receives an error notification email but does not make corrections and resubmit 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.

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When resubmitting a revised validation template, include a note in the CMS Managed File Transfer message indicating that a revised template is being submitted. 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 a mismatch. 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 listed CAUTI/CLABSI culture dates 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 exists 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 will cover medical record requests and submission.

The CDAC will send hospitals a written request addressed to “Medical Records Director,” using FedEx, to submit 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.

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CMS will release a Case Selection Report to supplement this medical records request, which will also list the cases selected for validation as well as receipt status. This report can be accessed via the *Hospital Quality Reporting Secure Portal* by a registered user. To access the report, log in to the *HQR Secure Portal* at the link provided on this slide. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select the applicable Case Selection. Under Period, select the applicable quarter/reporting period. Under Provider(s), select the applicable hospital. This report will be discussed in greater detail later in this presentation.

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 is 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 be hospital medical records staff, independent delivery services, 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 Quality Reporting Document Architecture QRDA submissions report quality in alignment with the measure specifications specific for eCQMs. Closely examine the accuracy of timestamps, 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 or medical records or copies on digital portable media such as CD, DVD, or flash drive are 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 will go over validation reports, education reviews, and reconsiderations.

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

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 indicated on this slide.

Below are instructions on how to access the Case Selection Report in the *HQR Secure Portal*. Log in to the *HQR Secure Portal* at the link provided on this slide. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select the applicable Case Selection. Under Period, select the applicable quarter/reporting period. Under Provider(s), select the applicable hospital.

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The Case Detail Report provides complete information about all abstracted elements compared to the CDAC re-abstraction on each case. Below are instructions on how to access the Case Detail Report in the new *HQR Secure Portal*. Log in to the *HQR Secure Portal*. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select the applicable Case Detail Report. Under Period, select the applicable quarter/reporting period. Under Provider(s), select the applicable hospitals.

Within 30 days of validation results being posted 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. The information needed to request a review can be found on the QualityNet website by navigating to the Educational Review page 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.

Hospital Case Detail Reports will not be changed to reflect updated results. For the Hospital IQR Program, the annual confidence interval will include the updated scores for any applicable quarters of clinical process of care and/or eCQM measures. For the HAC Reduction Program, the annual confidence interval will include the updated scores for any applicable quarters of HAI measures. Note: The HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit educational reviews within the 30-day timeframe of receiving their quarterly results.

The Confidence Interval Report becomes available after all quarterly/reporting period results of the fiscal year have been completed and a confidence interval has been calculated based on those cumulative results. Hospitals will receive two separate Confidence Interval Reports:

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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 notification from the Validation Support Contractor when the Confidence Interval Reports become available. A detailed fiscal year 2025 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 100 percent of the eCQM records CMS requests. For example, if 24 eCQM medical records are requested, all 24 eCQM medical records must be submitted to meet the 100 percent requirement.

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 requirement; if the upper bound is below 75 percent, the hospital will fail the Hospital IQR [Program] validation requirement and may not receive full annual payment update. Hospitals that fail inpatient validation will also automatically be selected for inpatient validation in the next fiscal year. For fiscal year 2025 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2024, and the APU results are expected to be released around March 2024.



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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 IPPS 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 2025 program year, the HAC Reduction Program validation Confidence Interval Report is expected to be released around January 2024, and the notification to hospitals regarding payment adjustment via the HAC Reduction Program Hospital-Specific Report is expected to be released around July 2024. 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.

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 late spring indicating they have not met the validation requirement for the Hospital IQR Program and may be subject to a reduction of their APU. At that time, a hospital may request reconsideration. The hospital will then 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 Hospital Inpatient Support Contractor at the following email: [IQR@HSAG.com](mailto:IQR@HSAG.com)

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Currently the HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit education reviews within the 30 day timeframe of receiving their quarterly results.

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

Validation resources are available on the CMS QualityNet website. To access, click on Hospitals-Inpatient. Then, select Data Management and Data Validation. Lastly, choose 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. Whether asking a question directly to the CMS Validation Support Contractor email or through the CMS question-and-answer tool, please include the hospital six-digit CCN/Provider ID. This will expedite a reply with information specific to your hospital. That's all I have, So, I'll hand it back to Donna for a question-and-answer session. Thank you.

**Donna Bullock:** Our first question: Is it possible to send any notifications for data validation electronically? So, many colleagues work from home. It has been difficult to locate the packets when mailed to a hospital.

**Alex Feilmeier:** At this time, the initial request for medical records for CMS data validation purposes will continue to be delivered to a physical location. CMS is aware that some hospitals will prefer their request to be delivered electronically, and they are investigating this possibility for the future. Of note, CMS releases the Case Selection Report on the *Hospital Quality Reporting Secure Portal* to supplement the medical records request packet. The Case Selection Report does list the cases selected for validation. Remember, to view that report, you have to have a Validation role in the *HQR Secure Portal*.

## **Hospital Inpatient Quality Reporting (IQR) Program**

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### **Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**

**Donna Bullock:** Thank you. Our next question is, “Will we receive reminder e-mails to notify us when MFT is open for submission of validation templates for upcoming deadlines?”

**Alex Feilmeier:** We at the Validation Support Contractor will send e-mail notification related to HAI validation templates and medical record submission deadlines as they approach. For example, the hospital has not yet sent in their templates or medical records, but, as soon as a quarter has ended, you can begin submitting those HAI templates. So, you don't have to wait for us to know it's time to do that, especially for targeted providers at this point. All of those quarters have now passed, so you may begin submitting validation templates for all quarters.

**Donna Bullock:** Thanks, Alex. Here is our next question: If educational requests are submitted and the facility still disagrees with the response, what recourse do we have to request a rereview?

**Alex Feilmeier:** Within the Hospital IQR Program, after the education review results are taken into consideration, CMS does compute a confidence interval based on the results for the year. If the upper bound of that is below 75 percent, as you heard in the presentation, the hospital would fail the validation requirement and may not receive APU. When they get a notice from CMS that they have not met an APU requirement, at that point, they would be able to request a reconsideration of their failure. The hospital would then provide the reason that they are asking CMS to reconsider the results. The HAC Reduction Program, on the other hand, does not have a reconsideration process. It is important that you follow through with those educational review requests.

**Donna Bullock:** Thanks, Alex. Here is another question: Are there any mechanisms to update data submission from prior periods?

**Alex Feilmeier:** No. All submissions must be made prior to the identified deadlines for any quarter or reporting period. Submitting data after a submission deadline has passed is not permissible.

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**Donna Bullock:** Okay, thank you. The next question: Is there any consideration of extending the medical record due date to 45 days from the request date?

**Alex Feilmeier:** The Hospital IQR Program has had the 30-day medical records submission timeframe for many, many years. Based on the submission of data from the CDAC and everything that we have seen that timeframe has not been shown to be problematic. Also, in order to maintain the timeline needed to complete validation efforts within the payment determination or payment adjustment timeline, we have to maintain a 30-day submission timeframe.

**Donna Bullock:** Thank you. Our next question: Can you please explain the CMS MFT application, and how do we get to the CMS MFT application?

**Alex Feilmeier:** The CMS MFT application, MFT stands for Managed File Transfer, is a secure encrypted email delivery that has been approved by CMS for protective health information. To find out more information about how get there and how to use it, I would suggest you go to the HAI validation template user guide and submission instruction manual that can be found on the Inpatient Data Validation Resources page of QualityNet.

**Donna Bullock:** Thanks, Alex. The next question: For the eCQM medical records, do we send the Quality Reporting Document Architecture, QRDA, files that were submitted to HQR or a PDF file of the actual medical record?

**Alex Feilmeier:** The request for eCQM medical records requires you to send a PDF file of the actual medical record. So, your hospital already submitted the QRDA file via the *Hospital Quality Reporting Secure Portal* earlier in the year. When you get the medical request, it's not the QRDA file you will be sending. It's a PDF copy of the actual medical record that the CDAC will review.

**Donna Bullock:** Thanks, Alex. Next question: Will there be an element of onsite or virtual chart review of the selected medical records?

**Alex Feilmeier:** No, not in the inpatient data validation efforts. The CDAC does not perform onsite or virtual reviews of medical records or charts.

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All the requested medical records will be submitted to the CDAC in PDF form through this CMS Managed File Transfer application.

**Donna Bullock:** Thank you. Here is our next question; Are quarterly validation results provided for the HAI measures?

**Alex Feilmeier:** Yes. A hospital's Case Detail Report that they receive will include feedback on the clinical process of care measures as well as the HAI measures all on the same report. Also, a separate eCQM Case Detail Report provides feedback on the eCQM data validation reports. Yes, all results will be displayed a Case Detail Report for your review after abstraction and adjudication are completed.

**Donna Bullock:** Thanks very much. Okay. Here is our next question. There seems to be a lag time from the date when the Case Detail Reports are posted and when they are available on the QualityNet website. This has been anywhere from six to ten days. If this occurs, and it impacts the time allotted to submit an educational review, which is 30 days, what is our recourse? Are we held firmly to the 30 days from the report posted date, even if it is not available on QualityNet on the same date as posted on the report?

**Alex Feilmeier:** We understand what you are saying. It is something we are aware of. CMS has been working to update the new *HQR Secure Portal* with reports for data validation. Currently, the opportunity to request an educational review is within 30 days after we at the Validation Support Contractor send hospital the e-mail notification indicating that the reports are available, not from the report's posted date. This is to the hospital's benefit. Once modernization of the report is complete, CMS does not anticipate the lag time of receiving notification in the delivery of it. You are correct. At this point, sometimes you see a report posted date that is a few days or even a couple of weeks ahead of when you are actually notified via e-mail that the report is available. Rest assured; you do have 30 days from the date upon which we at the Validation Support Contractor send an e-mail notification indicating that the reports are available.

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**Donna Bullock:** Thank you. Next question: What should we do if we do not receive our FedEx packet within two weeks of it being sent?

**Alex Feilmeier:** I would say questions about the initial request or receipt of your medical records need to be confirmed by contacting the CDAC help desk directly. That CDAC help desk e-mail is within this presentation. If you have questions, or can't find the e-mail, you can reach out to us directly at the Validation Support Contractor.

**Donna Bullock:** Thanks, Alex. Where can I find the random and targeted validation lists?

**Alex Feilmeier:** The list of the hospitals selected for 2025 validation can be found on the CMS QualityNet website on the Inpatient Data Validation Resources page. Do remember, as mentioned in the presentation, the list of hospitals does not indicate or differentiate randomly selected hospitals versus targeted hospitals. When you look at the list that's out there now, it includes all up to 400 hospitals that have been selected for this fiscal year validation effort. If you have questions regarding which group your hospital was selected for, that being random or targeted, you can reach out to us at [validation@telligen.com](mailto:validation@telligen.com), and we would be happy to provide that information for you.

**Donna Bullock:** Great. Thanks, Alex. Here is our next question. If the lower confidence interval is less than 75 percent, are you automatically selected for targeted validation, or is the hospital just in the sample to be selected for targeted validation?

**Alex Feilmeier:** That's a good question. I think the key word that I heard was the lower bound confidence interval less than 75. As discussed in the presentation, a hospital passes the data validation requirement by having an upper bound confidence interval score 75 percent or above, but you could technically pass the upper bound threshold of 75 percent but have a lower bound score that is lower than 75, and that is one of the targeting criteria that CMS uses to place a hospital in the targeting pool to be selected.

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So, to answer your question, if your lower bound score is less than 75, it doesn't automatically indicate that you will be selected as a targeted provider. It means that you could be selected for the next year.

**Donna Bullock:** If a hospital was selected for MRSA and CDI validation, will they also have electronic clinical quality measures validated?

**Alex Feilmeier:** Yes. For fiscal year 2025 inpatient data efforts, all selected hospitals will receive five total medical record requests from the CDAC. Four of those will have clinical process of care and HAI, and one of those will have eCQM cases. You are selected in inpatient data validation nowadays for all measure types at the same time. I know in the past eCQMs used to be separated. Now, they have combined it.

**Donna Bullock:** Thank you very much. Here is another question: If a facility passed the IQR validation but failed the HAI validation, will the facility be targeted for both IQR and HAI or just HAI validation?

**Alex Feilmeier:** That is a good question. It was a perfect question to follow the one previously because, as mentioned in the last question, the hospitals that are selected are selected for all measure types, and, if you fail to meet the validation requirement in the IQR program or the HAC Reduction Program, regardless, you will still be selected the following year for all measure types again.

**Donna Bullock:** Thank you very much. I know we are running out of time. I think we have time for another few questions. Here is the next one. For the random selection, 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?

**Alex Feilmeier:** The random hospital selection process is entirely randomized across all eligible hospitals. It is possible for hospitals to be selected across consecutive years regardless of confidence interval results.

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It should be noted, however, that you can be targeted for one of those targeting reasons that I laid out in the presentation earlier, and, by meeting one or more of those targeting reasons, you could be selected as a targeted provider even if you didn't fail the confidence interval threshold in the previous year.

**Donna Bullock:** Thank you, Alex. We have time for one more question. This is the last one that we can cover today. Did you say that medical record submissions will be accepted through the portal only?

**Alex Feilmeier:** That is correct. As finalized in the rule, I think it was beginning with first quarter 2021 discharge data, the paper copies and removable media became no longer options for submission of medical records submitted to CDAC. Now, hospitals are required to submit PDF copies electronically via the CMS Managed File Transfer web-based application. Records not received via that method or not received by the deadline date will be scored a 0.

**Donna Bullock:** Okay. Thank you, Alex. That is all the time we have for questions.

This is the slide that has information about the continuing information credit. Thank you for joining us today. The slides are posted on the Quality Reporting Center website. In the near future, the questions and answers that we did not get to today will also be posted there. Again, thank you for attending.