



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
Question and Answer Summary Document**

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

Notifications and Medical Record Submissions

Question 1: **Is it possible to send electronic notifications for data validation? So many colleagues work from home, and it is difficult to locate the packets when they are mailed to a hospital.**

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 would prefer the request be delivered electronically, and CMS is investigating this possibility for the future.

Of note, CMS releases a Case Selection Report on the *Hospital Quality Reporting (HQR) Secure Portal* to supplement medical records request packet. The Case Selection Report lists the cases selected for validation. Note: To view this report, a user must have the Validation role in the *HQR Secure Portal*.

Question 2: **Will we receive emails to notify us when the Managed File Transfer (MFT) is open for submission of validation templates? Will we receive emails to notify us of upcoming deadlines?**

The Validation Support Contractor will send email notifications related to healthcare-associated infection (HAI) Validation Templates and medical record submission deadlines as they approach. The MFT application is available for use at this time.

Question 3: **Can you explain the CMS MFT application and how we get it?**

Please reference **Section 3: Submitting Validation Templates** within the HAI Validation Template User Guide & Submission Instructions manual. This is on the on the [Inpatient Data Validation Resources](#) page of QualityNet.

Question 4: **Did you say that medical record submissions are accepted through the portal only?**

That is correct. As finalized in the Fiscal Year (FY) 2021 Inpatient Prospective Payment System/Long Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) final rule (85 FR 58864 through 58865), beginning with record requests of quarter (Q)1 2021 discharge

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data, paper copies and removable media are no longer submission options for medical records submitted to the CMS Data Abstraction Center (CDAC); hospitals will be required to submit portable document format (PDF) copies of medical records electronically via the CMS MFT web-based application. Records not received by the specified due date are not eligible for abstraction and will be scored a 0.

Question 5: What should we do if we do not receive our FedEx packet within two weeks of its mailing?

Contact the CDAC help desk at [CDAC Provider Helpdesk@tistatech.com](mailto:CDAC_Provider_Helpdesk@tistatech.com) with questions regarding the initial request or receipt of your medical records. Please include your six-digit CMS Certification Number (CCN)/Provider Identification (ID) when inquiring so they can assure they are providing information specific to your facility.

Question 6: Which department within our facility receives the FedEx package?

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

The medical records request will be delivered to the address listed under the CDAC MEDICAL RECORDS contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the Inpatient VIQR Support Contractor at QRFormsSubmission@hsag.com.

Question 7: When emails regarding validation are sent to facilities, could you include the CCN? It would be especially helpful when covering multiple facilities.

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

Question 8: Are there any mechanisms to update data submissions from prior periods?

All submissions must be made prior to the identified deadlines. Submitting data after a submission deadline has passed is not permissible.

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Question 9: For the electronic clinical quality measure (eCQM) medical records, do we send the Quality Reporting Document Architecture (QRDA) files that were submitted to HQR, or do we send a PDF file of the actual medical record?

The request for eCQM medical records requires the sending of a PDF file of the actual medical record. Detailed submission instructions will be included within the eCQM medical record request packet.

Question 10: Is there any consideration of extending the medical record due date to 45 days from the request date?

The Hospital IQR Program has had a 30-day medical record submission timeframe for many years and based on the submission data from the CDAC, and that timeframe has not been shown to be problematic. Furthermore, to maintain the timeline needed to complete validation efforts within the payment determination/payment adjustment timeline, as well as provide hospitals with feedback on their abstraction accuracy in a timelier manner, CMS believes 30 days is sufficient and necessary.

Question 11: Will there be an element of on-site or virtual chart review of the selected medical records?

The CDAC does not perform physical on-site or virtual review of the medical records/charts. All requested medical records should be submitted to the CDAC in PDF file format through the CMS MFT application. Detailed submission instructions will be included within the medical record request packet.

Hospital Selection

Question 12: Where can I find the random and targeted validation lists?

The list of hospitals selected for FY 2025 inpatient data validation efforts can be found on CMS's QualityNet website (direct link): <https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>.

The posted list of selected hospitals does not indicate which are randomly selected and which are targeted hospitals. If you have questions regarding your hospital's group, please contact validation@telligen.com.

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Question 13: 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 (CI)?

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

Question 14: Does CMS provide the reason a hospital was targeted?

If you would like to find out why your hospital was targeted, please email validation@telligen.com. Please be sure to include your six-digit CCN/Provider ID.

Question 15: Is there a list of hospitals selected for eCQM validation on QualityNet? I only see a list that includes hospitals for HAI validation.

As finalized in the FY 2021 IPPS/ LTCH PPS final rule, CMS will select one single sample of IPPS hospitals annually through random selection and one sample of hospitals annually using targeting criteria for both chart-abstracted measures and eCQMs (85 FR 58944–58945). Under the validation process, any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care measures, HAI measures, and eCQMs.

The list posted on QualityNet only indicates the HAI template type for which each hospital is selected because *all* hospitals are selected for eCQM and clinical process of care measures.

Question 16: If a hospital was selected for *Methicillin-Resistant Staphylococcus aureus* (MRSA) and *Clostridium difficile* Infection (CDI) validation, will they also have eCQMs validated?

Yes. For FY 2025 inpatient data validation efforts, selected hospitals will receive five total medical record requests from the CDAC (four quarterly requests containing clinical process of care and HAI selected cases and one annual request containing eCQM selected cases).

Question 17: Will a list of the selected targeted hospitals post to a website like the Randomly Selected Hospitals list?

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The list posted on QualityNet contains both random and targeted selected providers, but it does not publicly indicate which hospitals were selected randomly or which were targeted.

Educational Reviews

Question 18: If educational requests are submitted and the facility still disagrees with the response, what recourse do we have to request a re-review?

Within the Hospital IQR Program, after the educational review results are taken into consideration, CMS computes a CI around the score. If the upper bound of this confidence interval (ERUB) is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement and may not receive full Annual Payment Update (APU). If a hospital receives an APU letter indicating failure of the validation requirement, the hospital may request a reconsideration of their failure at that time. The hospital would then provide the reason they are asking CMS to reconsider their results. The Hospital-Acquired Condition (HAC) Reduction Program does not have a reconsideration process.

Question 19: After receiving results with educational comments, what is the timeframe to appeal any mismatches?

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

Confidence Interval

Question 20: If the lower CI is less than 75 percent, are you automatically selected for targeted validation, or is the hospital just in the sample for selection for targeted validation?

If a hospital passes the 75 percent CI *upper bound* validation requirement but passes with a CI *lower bound* score that does not exceed 75 percent, the hospital will not be automatically selected. However, they are placed in the sample and have the potential to be selected in the following fiscal year's validation effort.

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Question 21: **Is the CI calculated for each submitted quarter? To pass the validation does the CI have to be above 75 percent for each quarter or just the total of the four quarters? For example: Q1 74 percent; Q2 80 percent; Q3 85 percent; and Q4 90 percent.**

The final CI will be calculated after each quarter of validation has been completed. For further information on how it is calculated, please review *FY 2025 Confidence Interval* on the Inpatient Data Validation Resources page on QualityNet: <https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>

Question 22: **If a facility passed the Hospital IQR Program validation but failed the HAI validation, will the facility be targeted for both Hospital IQR Program validation and HAI or just HAI validation?**

If a hospital fails to meet the 75 percent CI upper bound validation requirement in *either* the Hospital IQR Program *or* the HAC Reduction Program, the hospital may automatically be targeted for inpatient data validation efforts in the next fiscal year for *both* the Hospital IQR Program *and* the HAC Reduction Program. Any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care measures, HAI measures, and eCQMs.

Question 23: **Is having two separate CI reports new? We underwent the inpatient validation process in FY 2020, and I don't remember two different CI reports.**

As described in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41478 through 41484), because the Hospital IQR Program finalized the removal of the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) HAI measures from its program, CMS adopted processes to validate the CDC NHSN HAI measure data used in the HAC Reduction Program. One hospital sample is now selected and used for validation for the clinical process of care measures and eCQMs under the Hospital IQR Program, as well as the HAI measures under the HAC Reduction Program. This change occurred beginning with FY 2023 data validation efforts. Hospitals now receive a separate confidence interval report for each program.

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Question 24: Can you clarify how the eCQM data rolls into the CI report for the Hospital IQR Program? If it's weighted 0, but you need to ensure all reports are there at 100 percent, how does this factor in the CI report for validation results?

With a weight of 0 percent on the validation reliability of eCQMs, the results of eCQM data validation don't technically impact the CI calculation at this time. However, there are two separate sub-requirements that must be met: 1) Chart-abstracted measures are weighted at 100 percent. Hospitals must attain at least a 75 percent CI Upper Bound score to pass the validation requirement. 2) For eCQMs, successful submission of 100 percent of requested medical records is required. In the CI report, the Met eCQM Medical Record Submission Requirement column will contain a Y (Yes) or N (No), indicating whether your hospital met or did not meet this eCQM requirement.

Question 25: Have the results or CI reports for Q1 2022 been released for most hospitals? Our hospital has not received an email indicating our results are ready. I looked in HQR for our CI report for Q1 2022, but no data populated for that report.

A CI report is not released for each individual quarter; the final CI score will be calculated, and a report released after all four quarters of validation will be completed at the end of the year.

A hospital's Case Detail Report includes feedback on clinical process of care and HAI measure results at the end of each quarter. Also, a separate eCQM Case Detail Report will provide feedback on eCQM data validation results. Registered users at hospitals with the Validation role will receive an email notification when they can view results on the *HQR Secure Portal*.

Validation Calculations and Outcomes

Question 26: eCQM validation is pass/fail based on whether 100 percent of requested medical records were successfully submitted. Will they look at the electronic health record (EHR) PDF for information based on the measure specifications like they do with chart abstracted measures?

CMS will review the PDF medical records to review and provide feedback; however, since eCQMs are not currently validated 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 (85 FR 58952).

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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 successful submission of the eCQM records CMS requests.

Question 27: **Regardless of whether we pass or fail validation, our reimbursement is not impacted as long as we provide all of the requested eCQM records. Is that true?**

Specific only to the eCQM data validation requirement, eCQMs are not currently validated 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 (85 FR 58952). 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 successful submission of the eCQM records CMS requests.

Question 28: **Can you clarify how Sepsis (SEP)-1 cases are validated? Is it at the data element level? How does a case match? Is there additional information on this available?**

Validation is not scored at the element level; it is scored at the outcome level. As long as the end result, or the measure outcome, is the same between a CDAC abstractor and what the hospital originally submitted, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatches on one element and that one element doesn't change the outcome of the measure, then that doesn't constitute a mismatch in terms of the validation efforts. Individual elements are not validated in and of themselves; validation occurs at the outcome level.

Question 29: **What if the validation team chooses an element from the patient chart that is incorrect, and the element is located in the chart in a different place? If this caused a mismatch, how do we resolve this?**

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

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<https://qualitynet.cms.gov/inpatient/data-management/data-validation/educational-reviews>

If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected scores will be used to compute the final confidence interval.

Question 30: How is HAI validated?

As this question is quite broad, please review the FY 2025 Validation Fact Sheet document on the Inpatient Data Validation Resources page of QualityNet. If you still have questions after reviewing, feel free to reach out to us directly at validation@telligen.com.

Validation Reports

Question 31: Are quarterly validation results provided for the HAI measures?

A hospital's Case Detail Report includes feedback on clinical process of care measures and HAI measure results. Also, a separate eCQM Case Detail Report will provide feedback on eCQM data validation results.

Question 32: 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 lag could last from 6 to 10 days. If this occurs and it impacts the time allotted to submit an education 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?

CMS has been working to update the new *HQR Secure Portal* with reports for data validation. Some results for selected cases have been delayed during these modernization efforts. Currently the opportunity to request an educational review is within 30-days after the Validation Support Contractor sends hospitals the email notification indicating that their results are available, not from the report's posted date. This is to the hospital's benefit. Once modernization of the reports is complete, CMS does not anticipate lag time in the delivery of the email notification.

Question 33: We submitted Q1 2022 data in September 2022. We still have not received our results. When can we expect our results?

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Data validation results for Q1 2022 for the randomly selected hospitals are behind the typical schedule. Registered users at hospitals with the Validation role will receive email notification when their results become available to view on the *HQR Secure Portal*.

Validation Impact on Payment

Question 34: If the hospital receives the maximum Winsorized z-score for CDI, MRSA, and surgical site infection (SSI), is it possible not to be penalized financially in the HAC Reduction Program?

Additional information regarding the HAC Reduction Program payment adjustment process can be found on <https://qualitynet.cms.gov>. To access, select Hospitals–Inpatient. Then, select Hospital-Acquired Condition (HAC) Reduction Program, followed by Payment.

Question 35: What kind of monetary penalty is applied to hospitals that fail validation?

Per Section 1886(b)(3)(B) of the Social Security Act, failure to meet requirements of the Hospital IQR Program will result in a reduction to a hospital's APU by one-fourth of such applicable percentage increase. Also, hospitals that are subject to a payment reduction under the Hospital IQR Program are not eligible to participate in the Hospital Value-Based Purchasing (VBP) Program.

Question 36: If the facility fails HAC validation, will they automatically receive the worst score for the HAC Reduction Program?

As described in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41481 through 41482), 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 on central line-associated blood stream infection (CLABSI), catheter-associated urinary tract infection (CAUTI), and SSI, but failed validation, that hospital will receive the maximum Winsorized z-score (worst score) for CLABSI, CAUTI, and SSI.

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Miscellaneous Questions

Question 37: What's the main difference, if any, between the outpatient and inpatient data validation for hospitals selected?

The method by which validation occurs is the same. You may review the inpatient and outpatient data validation overview pages on the CMS QualityNet website for a description of each program.

Inpatient:

<https://qualitynet.cms.gov/inpatient/data-management/data-validation>

Outpatient:

<https://qualitynet.cms.gov/outpatient/data-management/data-validation>

Question 38: The last time we submitted, we received quite a few “NO EVENTS” statements. Any tips on the data we submit?

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

Question 39: In HQR there is no Provider tab to select. Please advise.

Contact: Center for Clinical Standards & Quality (CCSQ) Service Center at https://cmsqualitysupport.servicenow.com/ccsq_support_central Monday through Friday 8 a.m. to 8 p.m. ET. E-mail is QNetSupport@cms.hhs.gov. Phone is (866) 288-8912.