



Hospital Inpatient Quality Reporting (IQR) Program

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Hospital IQR Program CY 2018 (FY 2021 Payment Determination) eCQM Validation Overview for Selected Hospitals

Presentation Transcript

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Candace Jackson: I would like to welcome everyone to today's IQR presentation titled, *Hospital IQR Program CY 2018 (FY 2021 Payment Determination) eCQM Validation Overview for Selected Hospitals*. I am Candace Jackson, the IQR Project Lead at the CMS Hospital Inpatient VIQR Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the answers to the questions asked today, will be posted to the inpatient web site, www.QualityReportingCenter.com, at a later date. If you registered for this event, a reminder email and a copy of today's slides were sent out to your email about a few hours ago. If you did not receive that email, you can download the slides again at our inpatient web site, which is www.QualityReportingCenter.com. If you have a question as we move through the webinar, please type your question into the chat window and we will answer questions as time allows at the end of the webinar. For the presenters to best answer your questions, we request, at the beginning of your question, please type the slide number associated in the chat window.

I would now like to introduce our speakers for the day. Llew Brown, Principal Program Analyst, and Alex Feilmeier, Lead Solutions Specialist for the Value, Incentives, and Quality Reporting Center Validation Support Contractor. Llew, the floor is yours.

Llew Brown: Thank you, Candace. The purpose of this webinar is to share information regarding the Centers for Medicare & Medicaid Services Hospital Inpatient Quality Reporting Program eCQM validation process for fiscal year, or FY, 2021, which evaluates CY 2018 data. Note, this webinar presentation is not related to the chart-abstracted validation program, which is a separate program with differently selected hospitals.

At the conclusion of this webinar, participants will be able to understand the Hospital IQR Program eCQM data validation processes for CY 2018 eCQM data validation impacting FY 2021 payment determination; identify the deadlines and associated required activities relating to CY 2018 data validation for FY 2021 payment determination; submit medical

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records requested by the CMS Clinical Data Abstraction Center, or CDAC; and receive and interpret validation results.

This slide displays a list of the acronyms and abbreviations that we will use throughout the presentation.

This slide provides a high-level flow chart of the eCQM validation process. At this point in the year, hospitals have already submitted their QRDA I files, part of the overall eCQM submission requirement deadline. CMS will be posting a 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 hospitals.

CMS assesses the accuracy of 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 summer in 2019, CMS will begin validation of the CY 2018 eCQM data submitted to the Clinical Warehouse. The eCQM validation program verifies that hospital eCQM data submitted to the Clinical Warehouse meets the measure's intent.

Each year, CMS will only require hospitals to participate in one of the two inpatient validation programs, chart-abstracted validation or eCQM validation. Two hundred hospitals will be randomly selected in the summer of 2019 to participate in the eCQM validation program in FY 2021. The accuracy of eCQM data assessed will not impact the pass-fail determination for eCQM validation used to determine the IQR program annual payment update. Hospitals will pass or fail validation based on the timely and completes submission of at least 75 percent of the records CMS requested.

CMS will validate up to eight cases across the four eCQMs reported for the quarter per hospital using the CY 2018 data. Cases are selected from eCQM data submitted to the Clinical Warehouse by the hospital. The

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measures available for validation across the fiscal year are displayed in the table. The eCQM measures available to be validated for fiscal year 2021 are indicated on this slide.

Hospitals selected for eCQM validation will have their data validated for the most recently submitted calendar quarter, regardless of the number of quarters submitted. The CY 2018 quarters to be validated for FY 2021 payment determination are first quarter 2018 through fourth quarter 2018, as shown within the table above on this slide.

For FY 2021 eCQM validation, CMS will randomly select 200 hospitals. Hospitals selected for eCQM validation will not be selected for chart-abstracted validation and vice versa. Hospitals are excluded from being selected for eCQM validation if they had fewer than five discharges for one eCQM, are selected for chart-abstracted data validation, or have an eCQM ECE approved waiver.

The notification of hospital selection occurs annually via a news article posted on *QualityNet*, along with a list of selected hospitals, Listserv to the community, and email communication from the VSC directly to the selected hospitals.

Hospitals that have been selected for IQR eCQM validation are notified by email communication. This communication is sent to the following hospital contact types listed within the official CMS contact database: CEO or administrator, Hospital IQR, Medical Records, or Quality Improvement contact. The VSC monitors the email communications to ensure all hospitals were notified of selection. Any bounce-backs are researched and hospital contacts are updated in the CMS system to ensure accurate delivery for future notifications.

The list of selected hospitals will be posted on *QualityNet*. It can be found on the Inpatient eCQM Data Validation page. The list is located on the upper-right side of the screen within a box titled Hospitals Selected for Inpatient eCQM Data Validation. The eCQM data validation pages on *QualityNet* contain health guides, deadline dates, and all other resources

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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 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 CMS Certification Number, or CCN, provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

CMS selects two cases at random from each of the four measures reported. If fewer than two cases are available for a given measure, more than two will be selected from another measure, not to exceed a total of eight cases selected. Case selection is limited to those that met the denominator eligibility criteria as reported by the hospital. At this point, I'm going to hand the presentation over to Alex, so he can talk to you all about the next steps within the eCQM validation process.

Alex Feilmeier:

Thanks, Llew. Once a case selection has been identified, the CDAC will FedEx hospitals a written request to "Medical Records Director" 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, those responsible for fulfilling the request, as soon as possible before the medical record submission deadline. Important to note also: The medical records request will be delivered to the address listed under the Medical Records contact type in the official CMS contact database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN provider ID to the Hospital Inpatient Support Contractor at QRSupport@hcqis.org.

Once available, the hospital list of cases selected for eCQM validation, including all 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 the report, log in to the *QualityNet Secure Portal*, select My Reports, then Run Reports. Select

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the Run Reports tab. Under Report Program, select IQR. Under Report Category, select Hospital Reporting-Data Validation Reports. Under Report Name, select Hospital Data Validation-eCQM Case Selection Report. This report will be discussed in greater detail later in this presentation.

Once the CDAC has received the record, hospitals are not allowed to send records or additional documentation. This applies even if the wrong record is sent, or if pages are missing, or pages are illegible, et cetera. 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 after they have been converted into PDFs and prior to them being sent to the CDAC. Regardless of who copies your medical records, whether that [is] hospital medical records staff, independent copying service, et cetera, all the records should be carefully reviewed prior to mailing them to the CDAC. Consider having an abstractor review your records prior to mailing, as they are most familiar with the location of the information needed for abstraction. This is especially important to include all information from an EHR. To ensure your record is successfully received by the CDAC, it is essential to use the correct naming convention when sending files to the CDAC. Files should be named using the CDAC document ID number that is printed on each individual medical record cover sheet included in the request packet that you receive. You should not use a patient name or other identifiers in the file name. One file per medical record requested is preferred but, if you must split the medical record into multiple files due to size, the file name should indicate how many parts there are to the record in addition to the document ID. For example, if you have split the record into three files, the file name should include part 1 of 3, part 2 of 3, and so on. This will assist the CDAC in combining the files for processing.

It is important to restate that the objective of measure validation is to verify that quality is provided in harmony with the measure's intent. Validation is not exclusively an analysis of your ability to extract data. Thus, when validating cases, the CDAC reviews data found in both

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discrete and non-discrete fields of the copied records provided, and both the QRDA data and the medical record data is compared to the guidance and definitions in the eCQM specifications. To improve accuracy, hospitals are encouraged to keep these validation principles in mind when reviewing data prior to submission. Hospitals are especially encouraged to review your data elements that include timestamps for clinical events, such as arrival times and medication timestamps, as well as other data elements in the measure.

Hospitals have until the date listed on their request to send their records to the CDAC. Hospitals must submit medical records in PDF format via the *QualityNet Secure Portal* Secure File Transfer application. Seventy-five percent of the inpatient records requested must be received within 30 days of the request date. For fiscal year 2021 payment determination, this criterion is 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 & eCQM) 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 Report and eCQM Validation Summary Report 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 2019.

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

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For example, if eight medical records are requested, at least six complete medical records must be submitted to meet the 75 percent requirement. If a hospital does not meet the overall validation requirement, the hospital may not be eligible to receive the full annual payment update.

Hospital IQR Program Phase 2 fiscal year 2021 annual payment update notifications are expected to be sent to those hospitals that do not meet the eCQM validation requirements in spring of 2020. At that time, such hospitals would have the opportunity to request a reconsideration.

Hospitals notified in spring 2020 through the Hospital IQR Program Phase 2 fiscal year 2021 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 a regular Hospital IQR Program reconsideration process. Additional information about reconsiderations can be found on *QualityNet* by hovering over the Hospitals-Inpatient drop-down, selecting Hospital Inpatient Quality Reporting Program and 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 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 elements extracted compared to the CDAC re-abstraction on each case. This report also becomes available after the hospital receives the results for the quarter.

The eCQM Case Selection report lists hospital cases selected for eCQM validation and all available patient identifiers. This report becomes available after the CDAC mails the records request packet. This report

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also displays the Medical Records Request Date, 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 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 by email at CDACHelpdesk@hcqis.org or by phone at (717) 718-1230, extension 201.

The eCQM Validation Summary Report lists each validation 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 differently.

The eCQM Case Detail Report provides complete information about all abstracted elements compared to the CDAC re-abstraction on each case. Mismatches and the associated educational comments from the CDAC are displayed in red font. This screenshot provides an example of the eCQM case detail report.

For fiscal year 2021 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 Report section of the *QualityNet Secure Portal*. Questions may be mailed to validation@hcqis.org or the CMS Hospital Inpatient Questions and Answers tool. To avoid a breach of protected health information, if the question is case-specific and requires the inclusion of patient information, please send your question to the validation contractor group through the *QualityNet Secure Portal* Secure File Transfer application. You cannot send PHI through regular email.

eCQM validation resources are available on *QualityNet*. To access, hover over the Hospitals-Inpatient drop-down and select Data Validation (Chart-Abstracted & eCQMs) 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 this slide. General questions may be sent to the validation support contractor email at validation@hcqis.org. When submitting a

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question, always include the hospital 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 a.m. to 7 p.m. Central Time, Monday through Friday, at (866) 288-8912 or by email at qnetssupport@hcqis.org. That's all we have. So, I'll hand it over to Candace to open up the opportunity for questions from our viewers.

Candace Jackson: Great. Thank you, Alex and Llew. I'm sure that was information that will be beneficial to all the hospitals. We do have time now for a question-and-answer session, and we'll go ahead and just get started with that. Our first question is in relation to slides 16, 17. What date will the emails notifying the select hospitals be sent? Our eCQM team would like to prepare the hospital medical records department so that we may analyze the charge prior to information being sent to CMS.

Alex Feilmeier: This is Alex. The notification of providers selected for fiscal year '21 eCQM validation should be sent out within the next several weeks.

Candace Jackson: Thank you, Alex, and our next question. Can you confirm that the eCQM validation is for PPS hospitals only? The CAHs submit eCQMs for the EHR program but not for IQR. Are they included in the validation process?

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

Candace Jackson: Our next question is around slide 12. Did they just say that we would get validated for the IQR chart or the IQR eCQM validation? We would not be validated at the same time for both. Is that correct?

Alex Feilmeier: This is Alex. That is correct. Each year, CMS will only require hospitals to participate in one of the two hospital IQR validation processes. Those being chart-abstracted validation or eCQM validation. So, if a hospital is currently selected for fiscal year 2021 chart-abstracted validation, that same six-digit CCN provider ID will not be receiving a request for eCQM validation in the same validation cycle.

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Candace Jackson: Thank you, Alex. Our next question: Why would non-discrete data fields be validated when the purpose of eCQM is to electronically capture structured EHR data?

Llew Brown: Hi. This is Llew. So, the intent of the measure, of a quality measure, is to assess the quality of care provided to a patient. Thus, when validating cases, the CDAC will review data in both discrete and non-discrete fields of the records provided and compare that to the QRDA data and then align that according to the definitions in the eCQM specifications. So, the intent is to evaluate the quality of care. As we look at the challenges that hospitals might have capturing data, if we see patterns with respect to capturing the most valid picture of care from structured fields, that's the sort of feedback that can go back to measure stewards, but some hospitals have different workflows. Those that are capturing the intent of the measure instruction fields might differ than the workflow at other hospitals. So, that's why, as the CDAC is doing the abstraction, they look throughout the entire record to determine the quality of care being met according to the measure's intent.

Candace Jackson: Thank you, Llew, and our next question: What is the process to notify CMS that there is a new health information management director in our facility?

Alex Feilmeier: This is Alex. I'm not sure if there's a particular process to notify CMS of someone at your facility changing. If you feel that your hospital, for the reason of having a change in a position, requires an Extraordinary Circumstances Exemption, hospitals may request that through the various reporting program requirements, and that could be approved by CMS. Though, I will say, it's probably unlikely. If you want further information about ECEs, that can be found on the Hospital IQR Program Extraordinary Circumstances Exemption policy page on *QualityNet*.

Candace Jackson: Thank you, Alex, and our next question: Will the validators use information in the chart, other than in the designated bills to validate the record?

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Llew Brown: This is Llew. I'll take that one. The abstractors use the eCQM specifications as a guide to where in the record to look for the information.

Candace Jackson: Thank you. Our next question: Does updating the contacts in *QualityNet* work?

Alex Feilmeier: This is Alex. Updating the contacts within the CMS official database will ensure that the correct individuals receive notifications related to eCQM validation.

Candace Jackson: Thank you, Alex, and our next question: After the hospitals have been notified that they are selected, can you tell me where I can locate the hospital list for those who are being selected?

Alex Feilmeier: This is Alex. The hospitals that will, within the next several weeks, be selected for fiscal year 2021 eCQM validation, that list will be posted on the *QualityNet* eCQM Data Validation Overview page. Just to continue on the notification itself, CMS will directly notify the hospitals of their selection via the email from the validation support contractor. They will also post a news article on the *QualityNet* web site and release a Listserv. So, if you're interested in finding out when that list is posted and when the documents are updated on *QualityNet*, those notifications will go out in a variety of ways.

Candace Jackson: Thank you, Alex, and our next question: Only one quarter of eCQM data was required for submission in calendar year 2018, which was fiscal year 2021. Correct? Is that the only quarter data that is requested to be sent to CDAC for validation?

Llew Brown: This is Llew.

Alex Feilmeier: Go ahead, Llew.

Llew Brown: Sure. The cases selected will only be from the quarter of data, of the one quarter of data submitted by the hospitals, not a different quarter.

Candace Jackson: Thank you, Llew. Another question in regard to the validation of the non-discrete fields: Are mismatches identified due to

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non-discrete documentation considered true mismatches or only educational comments?

Alex Feilmeier: This is Alex. Llew had stated earlier that the intent of validation is to ensure it meets the measure's intent. So, even if non-discrete fields are used by the CDAC to determine the outcome, it could result in a mismatch. However, remember that mismatches are not being taken into consideration for payment determination in fiscal year 2021. So, even if a mismatch occurs and you see that mismatch on your eCQM case detail report, that does not mean that the mismatch actually affects your score or payment.

Candace Jackson: Thank you, Alex. Our next question: Is calendar year 2018 considered fiscal year 2020 for validation?

Alex Feilmeier: Calendar year 2018 eCQM data is what will affect fiscal year 2021 payment determination.

Candace Jackson: Thank you. Our next question is asking for clarification in regard to verbiage in the final rule. What is meant by the statement, "As long as hospitals sent in at least 75 percent of the requested medical records within the deadline, they will meet eCQM data validation requirement."

Alex Feilmeier: This is Alex. So, CMS is going to select eight cases or individual patient-level reports from the Quality Reporting Document Architecture, QRDA, Category I file that is submitted by the hospital and selected for data validation. When the CDAC requests the copy of the medical record, the CDAC is going to review the medical records submitted for validation of the measures or measures for which the record was requested. When the hospital submits those, they must submit the entire medical record for the episode of care. When hospitals submit complete medical records within the requested timeframe for at least 75 percent of the requested records, they will receive a passing score for validation. So, for example, if eight medical records are requested, at least six medical records must be submitted to meet that 75 percent requirement. In other words, all you have to do to pass the validation requirement for fiscal year 2021 is

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adequately submit at least 75 percent of the requested records that the CDAC sends in the medical records request packet, but remember that, [for] fiscal year 2021 payment determination, the accuracy of the data itself will not affect payment.

Candace Jackson: Thank you, Alex. Our next question is actually related to chart-abstracted validation. So, I don't know if you can answer that or not today, Alex and Llew. The question is if our facility is selected for chart abstraction review, where do we find the final report after submitting to CDAC?

Alex Feilmeier: While we could answer that question on this webinar, it's probably best that the hospital reach out directly to the validation@hcqis.org email address to receive a response on that to avoid confusion.

Candace Jackson: Thank you. Our next question: Can the complete medical record be submitted to CDAC in paper form?

Alex Feilmeier: This is Alex. For eCQM data validation, only electronically-submitted PDF medical records will be accepted to be submitted. Paper and or flash drives sent directly to the CDAC will not be accepted as it is for chart-abstracted.

Candace Jackson: Thank you, Alex, and our next question: What fiscal year will the mismatched data count against the hospital for payment?

Alex Feilmeier: This is Alex. The final rule, as it comes out, will allow the community to know when eCQM validation will be scored based on the accuracy.

Candace Jackson: Thank you, Alex. Another question in regard to calendar year versus fiscal year: When I Google this, I am seeing that calendar year 2019 is applicable for fiscal year 2021. Alex, can you explain differences in the calendar year versus and fiscal year for eCQM data versus the chart-abstracted data?

Alex Feilmeier: Yes. So, it is a little confusing, I will admit, that the validation fiscal years and the reporting fiscal years may appear differently. What we're looking at is, for fiscal year 2021 payment determination, we're using calendar

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year 2018 eCQM data that was submitted by your hospital in early 2019. Hopefully, that clears it up.

Candace Jackson: Please note that that is different than maybe some of the other IQR requirements that you may be looking at. For example, this is Candace, for the submission of the chart-abstracted measures, the calendar year 2019 discharges would be affected for fiscal year 2021. So, it is different in eCQM validation.

Alex Feilmeier: Right. Thank you, Candace. If the hospital has any questions on the exact quarters being used for either chart-abstracted or eCQM validation, we would encourage them to reach out directly to us at validation@hcqis.org.

Candace Jackson: Thank you, Alex, and our next question: If a hospital submits more than the required for calendar year 2018 eCQMs, how will CMS choose which four measures to validate?

Alex Feilmeier: This is Alex. As Llew mentioned earlier, if a hospital submits more than the required four calendar year 2018 eCQMs, CMS will only select those that it stated that it will. If a hospital submits multiple quarters, the system will select the most recently submitted quarter by your hospital.

Llew Brown: Right and this is Llew. Just to add to that. It's up to eight cases across the four measures required for reporting.

Candace Jackson: Thank you, and our next question: Will all patient measures contained within a single QRDA Category I file be validated, or will only a select measure be validated? For example, within the quarter that was submitted, the patient was admitted twice. If, within that patient file, the patient qualified for the emergency department measures for both admits, will both admits require validation documentation be sent?

Alex Feilmeier: This is Alex. CMS will randomly select the cases for validation, and not all patient measures contained within a single QRDA Category I file will be validated. So, only selected measures will be validated within the requested record.

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Candace Jackson: Kind of on that same note then, Alex, within that file, if there are multiple measures included, for example the ED measure, the venous thromboembolism measure, and the stroke measure, will all measures be validated or only one measure? For example, VTE.

Alex Feilmeier: They 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 the hospital reports for no more than eight cases total across all the measures. So, for example, if a hospital report four measures, let's say ED-2, VTE-1, et cetera, CMS may randomly select two cases from each measure without exceeding eight total cases. So, if a case is selected for the ED measures, only ED measures are validated. However, it is possible for the same case to be selected for validation of multiple measures, in which case only one medical record for that episode of care would need to be submitted and, if you have more questions about this, additional information will be provided within the medical records request packet that the CDAC sends you.

Candace Jackson: Thank you and our next question: Will all eCQM validation documentation need to be contained within one document?

Alex Feilmeier: If your hospital is unable to contain everything within one document due to size limitations, for example, the instructions that the CDAC will send you will also include tips on how to submit multiple files for the same patient record. You will need to make sure you follow those instructions to ensure you're including the correct file naming convention.

Candace Jackson: Thank you, and our next question: If our eCQM vendor did not submit 100 percent of our cases for the ED-2 measure for calendar year 2018, how will failure of eCQM validation be determined, and what will be the impact?

Llew Brown: This is Llew. When every hospital signs the Data Accuracy and Completeness Acknowledgment, which they must do in order to participate in the program, they are attesting that, to the best of their

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knowledge at the time of submission of the form, all the information that has been reported for the hospital is accurate and complete. So, any time data are inaccurately reported, there is a potential for a mismatch in the data validation process. However, the accuracy of the data does not affect payment and the ultimate passing or failing the validation, just as a reminder, is based on timely submission of at least 75 percent of the records.

Candace Jackson: Thank you, Llew, and our next question: Will calendar year 2018 eCQM validation results be posted on the *Hospital Compare* web site?

Llew Brown: This is Llew.

Alex Feilmeier: Go ahead.

Llew Brown: CMS has no plans at this time for eCQM data validation hospital-specific results to be posted, - to be publicly posted on the *Hospital Compare* web site.

Candace Jackson: Thank you, Llew, and our next question: How will cases be selected if one or more of our eCQMs had zero cases reported?

Alex Feilmeier: It might be best for the hospital to reach out directly to the validation@hcqis.org address so we have time to investigate this question. I don't know that we have the resources to answer it on the phone right now.

Candace Jackson: Our next question: What is meant by "all information from an electronic health record"? Could you give some general examples or an example of a piece of information that may be overlooked?

Alex Feilmeier: This is Alex. So, ultimately, it's the hospital's responsibility to ensure that all the necessary information is present in order for the proper and complete abstraction to be possible. So, this is why it is strongly recommended that a trained abstractor at your hospital review each record after it's been converted to PDF and before it's sent to the CDAC, and,

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long story short, for further direction, it will be in the request for the medical record sent by the CDAC.

Candace Jackson: Thank you, and our next question: Do you anticipate any difficulty submitting PDFs of these records through the Secure File Transfer in *QualityNet* due to the size of each record from greater than 1,000 pages? Are there instructions on how to put such large documents into PDF to be submitted?

Alex Feilmeier: This is Alex. For chart-abstracted validation, which has been going on for several years using the Secure File Transfer system, even with very large medical records in PDF format, it has been possible, and, last year, in the first year of eCQM validation, all hospitals selected were able to send their records via the Secure File Transfer system. So, we do not anticipate any issues that will stop you from submitting.

Candace Jackson: Thank you, and our next question: Even though the records are not being scored for accuracy, will the Case Detail Report still provide hospitals information about accuracy of the measures?

Llew Brown: This is Llew.

Alex Feilmeier: Go ahead.

Llew Brown: The Case Detail Report will provide information at a data-element level of what was submitted in the QRDA file, compared to what the abstractors captured for that data element for that measure.

Candace Jackson: Our next question: Records are required to be submitted as PDFs through *QualityNet*, but our medical records department does not have access to the Secure File Transfer application. Do we need to add medical records to this role?

Alex Feilmeier: It would likely be beneficial for whomever at your hospital is deemed responsible for submitting the medical records to have access and an active *QualityNet* account. If you have questions about how to do that, you'll need to contact the *QualityNet* Help Desk. The *QualityNet* Help

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Desk information is included on the resources page or slide of the webinar presentation that we just went over.

Candace Jackson: Thank you, Alex, and one last question for today: We have a hybrid EHR with some documentation scanned, non-electronic. Should we submit the entire record, including the scanned documentation?

Alex Feilmeier: This is Alex. Again, I'll just say it's ultimately the hospital's responsibility to ensure all the necessary information is present, and that's why we strongly recommend a trained abstractor review each record before it has been sent to the CDAC. Ensure all information is present within the record before sending.

Candace Jackson: Again, I'd like to thank Llew and Alex for presenting the information on today's webinar. If we could go to the next slide please.

We are offering continuing education for this webinar. Next slide please.

Information regarding the CEU process can be found on the link on the slide, and, again, I'd like to thank everyone for joining us today, and I hope that the rest of your day goes well. Thank you, again.