



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program FY 2022 Chart-Abstracted Validation Overview for Randomly Selected Hospitals

Presentation Transcript

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Candace Jackson: Hello, and welcome to the *Hospital IQR Program Fiscal Year 2022 Chart-Abstracted Validation Overview for Randomly Selected Hospitals* webinar. My name is Candace Jackson and I am the Hospital Inpatient Quality Reporting Program Support Contactor Lead from 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 will be posted to the inpatient website, www.QualityReportingCenter.com, in the future. You can also download the webinar slides at the inpatient website. Again, that is www.QualityReportingCenter.com. For this webinar, we ask that all questions be submitted to either the validation email address or through the question-and-answer tool located on the *QualityNet* website. These addresses will be provided at the end of the webinar. I would now like to welcome and introduce our guest speaker for today, Alex Feilmeier, who is the Lead Solutions Specialist from the Value, Incentives, and Quality Reporting Center Validation Support Contractor. Alex, the floor is yours.

Alex Feilmeier: Thanks, Candace. The purpose of this webinar is to educate and share information regarding the Centers for Medicare & Medicaid Services Hospital Inpatient Quality Reporting Program chart-abstracted data validation process for fiscal year 2022. Please note, this webinar is not related to the eCQM validation program, which is a separate program with differently selected hospitals. Hospitals selected for chart-abstracted validation will not be selected for eCQM validation, and vice versa.

At the conclusion of this webinar, participants will be able to understand the fiscal year 2022 hospital IQR chart-abstracted data validation process, identify the deadlines and associated required activities related to data validation for fiscal year 2022; submit fiscal year 2022 healthcare-associated infection (HAI) validation templates through the *QualityNet Secure Portal* Secure File Transfer application, submit medical records requested by the Clinical Data Abstraction Center (CDAC), receive and interpret validation results.

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

CMS assesses the accuracy of chart-abstracted and HAI data submitted to the Hospital IQR Program through the validation process. CMS verifies on a quarterly basis that hospital-abstracted data submitted to the clinical warehouse, and data submitted to the National Healthcare Safety Network, can be reproduced by a trained abstractor using standardized protocol. CMS performs a random and targeted selection of inpatient prospective payment system hospitals on an annual basis. Currently, 400 hospitals are randomly selected in late fall, and up to 200 additional targeted hospitals are selected in the spring.

IQR fiscal year 2022 chart-abstracted data validation consists of the following quarters: third quarter 2019, fourth quarter 2019, first quarter 2020, and second quarter 2020.

CMS will validate up to eight cases for clinical process of care measures per quarter, per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The measures available for validation across the entire validation fiscal year are Emergency Department and Sepsis. The clinical process of care measures available to be validated in each quarter of the fiscal year 2022 are indicated on this slide.

CMS will validate up to ten candidate HAI cases total per quarter, per hospital. 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 events, *Clostridium difficile* Infection (CDI) LabID Events, or Surgical Site Infection (SSI). All hospitals selected are required to provide two quarterly lists of positive cultures. Hospitals will be randomly assigned to submit either CAUTI and CLABSI **or** MRSA and CDI validation templates, but not all four types. Hospitals will be required to submit both assigned validation templates to CMS for each of the four

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quarters of the fiscal year that they have been selected to be validated. All hospitals will be validated for SSI. Data for the SSI sample selection will not come from validation templates, but they will rather come from claims-based data submitted by hospitals to CMS for patients who had colon surgeries or abdominal hysterectomies. CMS will select up to two candidate SSI cases.

This year, the 400 random hospitals were selected in January of 2020 and up to 200 additional targeted hospitals are anticipated to be selected in Spring of 2020. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS final rule.

Annually, for both the random and targeted hospital selections, a news article, along with the list of selected hospitals is posted on *QualityNet*; a Listserve is released to notify the community that the selection has occurred; and the Validation Support Contractor sends an email communication directly to those 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 update the CMS system to ensure future notifications are received.

A list of the selected hospitals is available on *QualityNet*. To access, select Hospitals–Inpatient, then Data Management, followed by Chart-Abstracted Data Validation, and lastly Resources. The Data Validation pages on *QualityNet* contain help guides, deadline dates, and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

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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 emailing the Validation Support Contractor.

The next four slides should help provide a high-level, general overview of the validation process. More specific information will follow. Hospitals will start the entire process by filling out the validation templates for the types for which they have been selected and then submit the templates to the Validation Contractor via the *QualityNet Secure Portal* Secure File Transfer application. The templates contain Protected Health Information (PHI) and may only be submitted using the *QualityNet Secure Portal* Secure File Transfer application. Templates sent via any other method will be rejected and considered a security breach. Hospitals will submit templates before they receive a medical records request packet. The individual submitting the templates must be registered on *QualityNet*. It is strongly recommended that each hospital have at least two active Security Administrators at all times. If you are unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* Security Administrator. If your Security Administrator is unable to reestablish your access, contact the *QualityNet* Help Desk at (866) 288-8912.

After the cases for validation have been selected for the quarter, based on information submitted on the templates, the hospital receives a case selection packet from the CDAC. The CDAC will mail a medical records request packet to the attention of “Medical Records Director,” which contains detailed instructions and case listings. It typically takes ten or more days after the quarter’s submission deadline for this sample of cases to be selected and sent out. The case selection list hospitals receive from the CDAC will contain requests for clinical process of care measures and HAI measures, including SSI, to be validated. The hospital has until the date listed on the quarter’s request to send their records to the CDAC. The CDAC then re-abstracts and adjudicates the selected cases.

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It typically takes approximately four months after the quarter's submission deadline for hospitals to receive their validation results for the quarter. Educational reviews are offered quarterly, based on the release of each quarter's validation results. Completed educational review forms must be submitted within 30 days of the validation results being posted on the My Reports section of the *QualityNet Secure Portal*.

At the end of the fiscal year, annual payment update (APU) results are expected to be released in late April or early May, at which point hospitals will be notified of their validation pass or fail status. For fiscal year 2022, this is anticipated to be April or May 2021. To determine the pass or fail status, CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. Hospitals may run their end-of-year Confidence Interval Report, which determines pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. A detailed fiscal year 2022 confidence interval document is posted on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

This slide shows the discharge quarters and associated HAI validation template deadlines for the fiscal year 2022 randomly selected hospitals that were notified of selection in January of 2020. 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. Please note, that for the randomly selected hospitals, it is possible for the validation templates to be due before the IQR clinical warehouse submission deadline and NHSN submission deadline each quarter. For the entire fiscal year, hospitals selected randomly in January of 2020 should follow the deadlines associated with the random hospitals only. The hospitals selected as targeted in the future should follow the deadlines for targeted hospitals only.

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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. Download the correct version of the validation template needed to save to a location of your choice on a computer. Do not save the validation template 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.

The current and correct validation template versions for the fiscal year being validated are always available on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*. To access, select Hospitals–Inpatient. Then, select Data Management, followed by Chart-Abstracted Data Validation, and lastly Resources. A direct link is provided on this slide.

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; the Template tab, where hospitals actually 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 the Fiscal Year 2022 Submission Instructions tab, which provides step-by-step detail on how to submit validation templates using the *QualityNet Secure Portal* Secure 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 *FY 2022 Validation Template User Guide and Submission Instructions* document posted on the [Inpatient] Chart-Abstracted Data Validation Resources page of *QualityNet*. A direct link is provided on the slide. Verify the correct fiscal year of template is being used. Do not alter the original format of the validation templates. Review the Definitions tab on each template before filling out specific fields. Fill in all required fields denoted with an

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asterisk. Use the drop-downs provided in templates to select valid values. Check all dates for accuracy. Submit ONLY via the *QualityNet Secure Portal* Secure File Transfer application, as validation templates contain PHI and cannot be sent via email.

Some additional template completion tips to avoid potential mismatches are as follows. Verify the calendar quarter listed on each template is correct. Review all dates for accuracy and correct format as specified on the Definitions tab. Perform a quality check of data entered into this template against what was entered into NHSN. Stay mindful of differing CMS and NHSN deadlines. Check to ensure any cases with a separate Inpatient Rehabilitation Facility or Inpatient Psychiatric Facility CCN are not included on the template.

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 a hospital six-digit CCN/Provider ID in an email addressed to validation@hcqis.org. [Editor's note: The correct email address is now 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, either successful submission or errors have occurred that require your attention and re-submission.

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 *QualityNet Secure Portal* Secure File Transfer application. Do not attach a template to the error email as this will be considered a breach of PHI. 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. When resubmitting a revised validation template, include a note in the *QualityNet Secure Portal* Secure File Transfer message indicating that a revised template has been submitted. Please also include the word

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“Revised” or “Resubmitted” in the file name because this will assist the Validation Support Contractor in processing.

At predetermined points up until the validation template deadline 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 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 10 placeholder cases can be assigned, and all 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 the validation template [by the] deadline, placeholder cases will be also assigned and scored 0/1.

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 mismatches. 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 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 and discharge date; differences in data that are listed on multiple rows of the template appear to be the same patient and same episode of care; or discrepancies between the two assigned validation types exist 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.

Validation templates are not validated; 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.

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This slide provides a more visual representation of what is included on the HAI sample selection. As explained, CMS will validate up to ten candidate HAI cases total per quarter, per hospital. CMS will select up to four candidate HAI cases from each of the assigned validation templates. CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies, and which appear suspicious of infection. When there are not enough candidate cases for one specific infection to meet the target number of cases, CMS will select the candidate cases from other infection types to meet sample size targets. 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.

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

A hospital’s list of cases selected for validation each quarter, including all available patient identifiers, can 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 becomes available. To access the report, log in to the *QualityNet Secure Portal*. Select My Reports, then Run Reports. Select Run Reports tab. Under Report Program, select Inpatient. Under Report Category, select Hospital Reporting – Data Validation Reports. Under Report Name, select Hospital Data Validation – Case Selection Report. This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to send records or additional documentation after the record has been received by the CDAC; this applies even if the wrong record is sent, or if pages are missing or are illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital originally sent. For these reasons, it is recommended that hospitals have a process for reviewing each of their records after they have

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been copied and prior to them being sent to the CDAC. Regardless of who copies your medical records (whether that be hospital medical records staff, independent copying services, etc.), consider having an abstractor review your records prior to sending, as they are most familiar with the location of the information needed for abstraction. This is especially important if printing records from an electronic health record to ensure all necessary information is present.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient records must be received within 30 days of the request date. Hospitals may submit medical records on paper copy, removable media like CD/DVD/flash drives, or via the *QualityNet Secure Portal* Secure File Transfer application. Detailed instructions on how to submit medical records via any of those three methods are provided within the packet delivered by CDAC. Additional information regarding medical records requested by the CDAC can be found on *QualityNet* by selecting Hospitals – Inpatient, then Data Management, then Chart-Abstracted Data Validation, followed by CDAC Information.

A helpful document titled *Record Submission Do's and Don'ts* can be found on the Chart-Abstracted Data Validation CDAC Information page of *QualityNet*. This document provides general, as well as specific, tips for avoiding medical record submission errors to the CDAC.

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

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CDAC re-abstraction on each case. This report also becomes available after the hospital receives results for the quarter.

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 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 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 email or the phone number provided on this slide.

The Validation Summary Report lists each validated case with its score, organized by measure set.

The 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.

Within 30 days of validation results being posted on the My Reports section of *QualityNet*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. The information requested in a review can be found on *QualityNet* by selecting Hospitals – Inpatient, Data Management, followed by Learn More under Data Validation (Chart-Abstracted Data Validation), then Educational Reviews.

If a hospital requests an educational review for any of the first three quarters of validation and this review yields incorrect CMS validation results for chart-abstracted measures, the corrected quarterly score will be used to compute the final confidence interval. Please note, the quarterly validation reports issued to hospitals will not be changed to reflect the updated score due to the burden associated with reissuing corrected reports. Due to the need to calculate the confidence interval in a timely

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manner, and the insufficient time available to conduct educational reviews, the existing reconsideration process will be used to dispute an unsatisfactory validation result for the last quarter of validation. If a hospital does not fail validation, the hospital would still have the opportunity to request an educational review within 30 days of receiving the results.

One other validation-related report, the Confidence Interval Report, becomes available after all quarterly results for the fiscal year have been completed and a confidence interval has been calculated based on the cumulative results. To pass validation, a hospital must receive equal to, or greater than, a 75 percent upper bound confidence interval score. If a hospital does not meet the overall validation requirement, the hospital will not receive full APU. A detailed fiscal year 2022 confidence interval document is posted on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in late spring indicating they have failed APU. At that time, a hospital may request a reconsideration of their validation results. The hospital would then provide information on why they are asking CMS to reconsider their results. Additional information about reconsiderations can be found on *QualityNet* by selecting Hospitals – Inpatient, then Learn More under the Hospital Inpatient Quality Reporting Program, followed by APU. A direct link is provided on this slide.

Validation resources are available on *QualityNet*. To access, select Hospitals – Inpatient, then Data Management, then Learn More under the Data Validation Chart-Abstracted Data Validation link, followed by Resources. A direct link is provided on this slide. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk at the information provided on this slide.

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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 through the CMS question-and-answer tool or directly to the Validation Support Contractor email, 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, handing it back to Candace.

Candace Jackson: Thank you, Alex. Next slide.

That concludes our webinar. Again, I would like to thank Alex for presenting today. We thank you for joining us today, and we hope you have a great rest of your day.