Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program
CY 2019 (FY 2022 Payment Determination)
eCQM Validation Overview for Selected Hospitals

Presentation Transcript

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Candace Jackson:	Hello and thank you for tuning into the *Hospital IQR Program CY 2019 (FY 2022 Payment Determination) eCQM Validation Overview for Selected Hospitals* On Demand webinar. My name is Candace Jackson, and I am the Inpatient Quality Reporting Program Lead at CMS's Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host for the webinar.
	I would like to welcome our speakers for this webinar: Llew Brown, the Senior Clinical Program Lead, and Alex Feilmeier, the Lead Solutions Specialist. Both are with the Value, Incentives, and Quality Reporting Center (VIQRC) Validation Support Contractor. That concludes our introduction. I will now turn the presentation over to Llew. Llew, the floor is yours.
Llew Brown:	The purpose of this webinar is to share information regarding the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Program eCQM validation process for fiscal year (FY) 2022, which validates calendar year (CY) 2019 data. Please 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 process for CY 2019 eCQM data validation, impacting FY 2022 payment determination; identify the deadlines and associated required activities relating to CY 2019 data validation for FY 2022 payment determination; submit medical 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.
	CMS has granted exceptions to hospitals in response to the 2019 Novel Coronavirus, or COVID-19. Hospitals have automatically been granted an exception from eCQM data validation without having to submit an Extraordinary Circumstances Exceptions (ECE) request form and are not

required to submit data related to the current FY 2022 (CY 2019) eCQM validation efforts. However, CMS understands that some hospitals that have been granted an ECE for eCQM data validation may voluntarily choose to submit the medical record requests voluntarily. To ensure these hospitals receive key feedback based on the data they have submitted, CMS will evaluate all submitted data per the normal validation process. For those hospitals that choose not to submit requested medical record requests for the purposes of final annual payment update, or APU, determination, hospitals will not be penalized in any way. For those hospitals that choose to submit requested data despite the exception, for the purposes of final APU determination, hospitals will not be penalized in any way, regardless of performance. In summary, your hospital may choose to comply with validation requests and subsequently receive detailed individual case feedback per the normal validation process, or you may choose to ignore these requests entirely. Neither option will negatively affect your eCQM validation requirements for APU determination. Please note, your hospital may still receive additional requests and email reminders up until the deadline.

This slide provides a high-level flowchart of the eCQM validation process. At this point in the year, hospitals have already submitted their QRDA I files, per the overall eCQM submission requirement deadline. CMS has posted the list of selected hospitals for the eCQM data validation program and has contacted the selected hospitals with medical records requests. Hospitals that have been contacted should 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 [Hospital] IQR Program through the annual validation process. This process has been ongoing for many years for chart-abstracted measures. CMS has begun the validation process of the CY 2019 eCQM data submitted to the clinical warehouse. The eCQM validation program verifies that hospital eCQM data submitted to the clinical warehouse meet 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. Up to 200 hospitals were randomly selected in June 2020 to participate in validation of CY 2019 eCQM data for FY 2022 payment determination. The accuracy of eCQM data assessed will not impact the pass/fail determination for eCQM validation used to determine the [Hospital] IQR Program annual payment update. Hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the records CMS requested.

CMS will validate up to eight cases across the four eCQMs for the quarter reported, per hospital using the CY 2019 data. Cases are selected from eCQM data submitted to the clinical warehouse by the hospital. The measures available for validation across the fiscal year are displayed in the table above. The eCQM measures available to be validated for fiscal year 2022 are indicated on the 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 2019 quarters to be validated for FY 2022 payment determination are first quarter 2019 through fourth quarter 2019, as shown within the table on this slide.

For FY 2022 eCQM validation, CMS randomly selected up to 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 news articles posted on *QualityNet*, along with the list of selected hospitals; Listserves 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/Administrator, Hospital IQR representative, CDAC Medical Records, or Quality Improvement. 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 of future notifications.

The list of selected hospitals for FY 2022 eCQM validation is posted on *QualityNet*. To access, select Hospitals–Inpatient, then Data Management, followed by eCQM Data Validation. A direct link is provided on this slide. The eCQM Data Validation pages on *QualityNet* contain help guides, deadline dates, and all other resources related to eCQM data validation. Some of these resources will be covered in more detail later in this presentation.

Keeping hospital contacts up to date is necessary to ensure validation-related 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 (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. Now, 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 the 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(s) (those responsible for fulfilling the request) as soon as

possible before the medical record submission deadline. It's important to note that the medical records request will be delivered to the address listed under the Medical Records contact type in the official CMS contact database. Hospitals may check the address and make updates to 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.

Once available, a hospital's 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:

1. Log in to the *QualityNet Secure Portal*.

2. Select My Reports, then Run Reports.

3. Select the Run Reports tab.

4. Under Report Program, select Inpatient.

5. Under Report Category, select Hospital Reporting – Data Validation Reports.

6. Click the View Reports box.

7. 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 submitted, 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 after they have been converted into PDFs but prior to them being submitted to the CDAC. Regardless of who copies your medical records (whether that be hospital medical records staff, independent copying services, etc.), all records should be carefully

reviewed prior to mailing them to the CDAC. Consider having an abstractor review your records prior to submission, as they are most familiar with the location of the information needed for abstraction. It is especially important to include all information from an EHR used for abstraction in the PDF file submitted to the CDAC. To ensure your record is successfully received by the CDAC, it is essential to use the correct naming convention when submitting files to the CDAC. Files should be named using the CDAC document ID number that is printed on each individual medical record coversheet included in the request packet that you received. You should not use the patient name or other identifiers as the file name. One file per medical record requested is preferred, but, if you must split the medical record into multiple files due to the 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. All of this information is included in the packet of information that you will receive from the CDAC.

It's 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 discrete and non-discrete fields of the copied records provided, and both the QRDA data and the medical record data are 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 data elements that include time stamps for clinical events, such as arrival times and medication time stamps, as well as other data elements in the measure.

Hospitals have until the date listed on the 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. Please note the COVID-19 exemption mentioned earlier in this presentation renders this

submission requirement as voluntary. Remember that FY 2022 payment determination will not be affected in any way if a hospital chooses to ignore the CY 2019 eCQM medical records request. 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*. To access, select Hospitals–Inpatient, then Data Management, followed by eCQM Data Validation, and lastly 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 2020.

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 payment determination. Again, please note, the FY 2022 payment determination will not be affected if a hospital chooses to ignore CY 2019 eCQM medical record requests due to the COVID-19 exemption.

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

The eCQM Case Selection Report lists hospital cases selected for eCQM validation and all available patient identifiers. This report becomes available when the CDAC mails the medical records request packet. The cases on this report are the same cases as outlined within that 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 at the information provided on this slide.

The eCQM Validation Summary Report lists each validated case with its score, organized by measure. The report becomes available after all the CDAC validation processes have completed. The screenshot provides an example of the eCQM Validation Summary Report. The actual report provided to the hospital may appear slightly differently.

The eCQM Case Detail Report provides complete information of all abstracted elements compared to the CDAC re-abstraction on each case. This report becomes available after all the CDAC validation processes have completed. Mismatches and associated educational comments from the CDAC are displayed in red font. The screenshot provides an example of the eCQM Case Detail Report. Again, the actual report provided to the hospital may appear slightly differently.

For FY 2022 eCQM validation, there will not be a formal Educational Review process; however, result-specific inquires must be submitted within 30 days of the validation results being posted on the My Reports section of the *QualityNet Secure Portal*. Questions may be emailed to the Validation Support Contractor directly at validation@telligen.com or submitted via the CMS Questions and Answers tool. Direct links are provided on this slide. To avoid a breach of Protected Health Information (PHI), 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.

eCQM resources are available on *QualityNet*. To access, select Hospitals–Inpatient, then Data Management, followed by eCQM Data Validation, and, lastly, Resources. A direct link is provided on the slide.

Questions may be asked by directly emailing the Validation Support Contractor at validation@telligen.com 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 Validation Support Contractor through email, or via 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 we have, so I'll hand it back to Candace to close out. Thank you.

Candace Jackson   Thank you, Alex and Llew. That concludes our presentation. Thank you for watching our On Demand webinar. We hope you have a great day.