



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program Fiscal Year 2022 Chart-Abstracted Validation Overview for Targeted Selected Hospitals

Presentation Transcript

Speaker

Alex Feilmeier, MHA

Lead Solutions Specialist

Value, Incentives, and Quality Reporting Center (VIQRC) Validation Support Contractor (VSC)

June 24, 2020

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Candace Jackson: Hello and thank you for tuning into the *Hospital IQR Program Fiscal Year 2022 Chart-Abstracted Validation Overview for Targeted 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 speaker for this webinar, Alex Feilmeier. Alex is the Lead Solutions Specialist with the Value, Incentives, and Quality Reporting Center (VIQRC) Validation Support Contractor. That concludes our introduction. I will now turn the presentation over to Alex. 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 (CMS) Hospital Inpatient Quality Reporting (IQR) Program Chart-Abstracted Data Validation process for Fiscal Year (FY) 2022. Please note, this webinar presentation 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 FY 2022 Hospital IQR [Program] chart-abstracted data validation process; identify the deadlines and associated required activities relating to data validation; submit 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); and receive and interpret validation results.

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

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

(NHSN) can be reproduced by a trained abstractor using a standardized protocol. CMS performs a random and targeted selection of hospitals selected on an annual basis. Currently, 400 hospitals are randomly selected in the fall, and up to 200 additional targeted hospitals are selected in the spring or summer.

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

CMS has granted exceptions in response to COVID-19 to assist healthcare providers while they direct resources towards caring for their patients and ensuring the health and safety of patients and staff. Specific details regarding these exemptions were communicated in the guidance memo released by CMS on March 27, 2020. A direct link is provided on this slide. Hospitals have been granted exceptions without having to submit an Extraordinary Circumstances Exemption (ECE) request and are not required to submit data for quarters covered by that exemption. However, CMS does understand that some hospitals granted this ECE for one or more quarters of data validation may voluntarily choose to submit data for periods covered by the exemption. To ensure these hospitals receive key feedback based on the data they submitted, CMS will evaluate all submitted data per the normal validation process. For those hospitals that chose not to submit requested data for the purposes of final annual payment update determination, CMS will evaluate the final confidence interval without penalizing hospitals for choosing not to submit data. For those hospitals that choose to submit requested data despite the exception for the purposes of final APU determination, CMS will evaluate the final confidence interval both with and without this submitted data, ultimately applying whichever method is in the hospital's favor. 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 end-of-year confidence interval score. Please note that your hospital may still receive additional requests and email reminders up until the deadlines for each quarter.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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 (ED) and Sepsis (SEP). The clinical process of care measures available to be validated in each quarter of fiscal year are indicated on the 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 (LabID) 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 quarters for the fiscal year that they have been selected to be validated. All selected hospitals will be validated for SSI. Data for the SSI sample selection will not come from validation templates, but 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 targeted hospitals were selected in June of 2020. The targeted hospital selection is identified after the confidence interval is calculated for the previous year. The criteria for targeting hospitals is outlined in the IPPS final rule.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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 the hospitals selected.

Hospitals that have been selected for validation are notified by email; this communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, Hospital IQR, Infection Control, CDAC Medical Records, and Quality Improvement. The Validation Support Contractor monitors email communications to ensure that all hospitals are notified of selection. Any emails that bounce-back are researched, and hospital contacts are asked to be updated in the CMS system, to assure that future notifications are received.

An updated list of the selected hospitals is available on *QualityNet* by clicking on **Hospitals – Inpatient**, and then **Data Management**, followed by **Chart-Abstracted Data Validation**. The Validation pages on *QualityNet* contain help guides, deadline dates, and all other resources related to 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 CCN/Provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

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 validation 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

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Protected Health Information (PHI) and may only be submitted using the *QualityNet Secure Portal* Secure File Transfer. 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/Officers at all times. If you are unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* Security Administrator/Official. If your Security Administrator/Official is unable to reestablish your access, contact the *QualityNet* Help Desk the number indicated on this slide.

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 record request to send their records to the CDAC. The CDAC then re-abstracts and adjudicates the selected cases.

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 each 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 FY 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

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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 validation 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 FY 2022 confidence interval document is posted on the Chart-Abstracted Data Validation [Resources page](#) of *QualityNet*.

This slide shows the discharge quarters and associated HAI validation template deadlines for the FY 2022 targeted selected hospitals that were notified of selection in June 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. For the entire validation fiscal year, hospitals selected randomly in January 2020 should follow the deadlines associated only with the random hospitals, and the hospitals selected as a targeted in June 2020 should follow the deadlines for targeted hospitals only. Note, CMS HAI validation templates will not be requested through the Hospital IQR Program for Q1 2020 or Q2 2020; however, hospitals are still responsible for appropriately reporting their HAI data to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN) [FY 2019 IPPS/LTCH PPS Final Rule] [83 FR 41475–41484]. HAI validation templates will be requested through the recently adopted HACRP validation process beginning with 3Q 2020 discharges [FY 2020 IPPS/LTCH PPS Final Rule] [84 FR 41483].

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 validation version. The correct, most recent versions of the validation templates for the fiscal year being validated are available on the Chart-Abstracted Data Validation [Resources page](#) of *QualityNet*. The validation templates are located in the center of the [Resources page](#). A direct link is provided on this slide. Download the correct version of the validation

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

templates needed and save to a location of choice on a computer. Do not save the validation templates with a password, and do not lock them. Files with passwords or that are locked will be rejected and corrected files will need to be resubmitted.

There are four tabs on each validation template. The tabs are as follows: a Definitions tab, which provides directions specific to the submission of the template's HAI type; a Template tab, where hospitals enter their data; an NHSN Location or NHSN ICU Location tab (depending on the template type), which lists all acceptable locations for the respective HAI type; and the FY 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 Chart-Abstracted Data Validation [Resources page](#) of *QualityNet*. A direct link is provided on the slide. Verify the correct fiscal year of the validation template is being used. Do not alter the original format of the validation templates. Review the **Definitions** tab on each validation template for direction on filling out specific fields. Fill in all required fields denoted with an asterisk. Use the drop downs provided in the 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 validation 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

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

separate inpatient rehabilitation facility (IRF) or inpatient psychiatric facility (IPF) [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 the hospital six-digit CCN/Provider ID in an email addressed to 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: 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 or 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 is being submitted. Please also include the word "Revised" or "Resubmitted" in the file name. 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 as submitted. If a hospital does not submit the required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases. Up to ten placeholder cases can be assigned, and all would be scored 0/1. If a hospital submits a validation template and receives an email notification, but does not make corrections and resubmit by the validation template deadline, placeholder cases will also be assigned and scored 0/1.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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 validation template has been submitted or the data are accurate as submitted and no changes are needed. Some examples of discrepancy checks are listed CAUTI/CLABSI culture dates that are not between the admit/discharge date; differences in data that are listed on multiple rows of the template that appear to be the same patient and same episode of care; or discrepancies between the two assigned template types exists where a patient is listed on both templates, but the date of birth, admit date, or discharge date are different from what appears to be the same episode of care.

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 the templates cannot be changed.

This slide provides a more visual representation of what is included in 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 for patients who had colon surgeries or abdominal hysterectomies. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet 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.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

The CDAC will send hospitals a written request to “Medical Records Director,” using FedEx, to submit a patient medical record for each case and candidate case that CMS selected for validation. It is important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. Important note: The medical records request will be delivered to the address listed under the MEDICAL RECORDS contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

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 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. 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 critical that hospitals have a process for reviewing each of their records after they have been turned into PDFs or copied and prior to them being sent to the CDAC. Regardless of who copies your medical records (whether that be hospital medical records request staff, independent copying services, etc.), all records should be carefully reviewed prior to mailing them to the CDAC.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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 if printing or exporting records from an Electronic Health Record (EHR) to ensure all necessary information is present.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient medical records must be received within 30 days of the request date. Hospitals may submit medical records on paper copy, removable media, such as CD, DVD, or flash drive, 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 clicking on the **CDAC Information** tab on the [Chart-Abstracted Data Validation page](#). A direct link is provided on this slide.

The following information does not apply to your current validation efforts; it is included here to make you aware of a proposal to change future fiscal year validation processes. CMS has released a proposed rule which includes a proposal to require the use of electronic file submissions via a CMS-approved secure file transmission process. They will no longer allow the submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive. Hospitals would be required to submit PDF copies of medical records using direct electronic file submission via a CMS-approved secure file transmission process. If finalized, this process would go into effect beginning with Q1 of CY 2021 for the validation affecting the FY 2024 payment determination and subsequent years.

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. A direct link is provided on this slide.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

There are three different quarterly validation reports available to be 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 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 the CDAC. Please note: It could take up to 24 hours for the Record Received Date to populate. To verify receipt of your records, contact the CDAC directly via the email or phone indicated on this slide.

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 the *QualityNet Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. The information needed to request a review can be found on *QualityNet* by navigating to the **Educational Reviews** tab of the [Chart-Abstracted Data Validation pages](#). A direct link is provided on this slide.

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. Note: The quarterly validation reports issued to hospitals will not be changed to reflect the

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

updated score due to the burden associated with reissuing corrected reports. Due to the need to calculate the confidence interval in a timely 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 still would 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 may not receive full APU. A detailed FY 2022 confidence interval document is posted on the inpatient Chart-Abstracted Data Validation [Resources page](#) of *QualityNet*. A direct link is provided on this slide.

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 its validation results. The hospital would then provide information on the reason they are asking CMS to reconsider their results. Additional information about reconsiderations can be found on *QualityNet* by selecting the **Hospitals – Inpatient** link, then **Hospital Inpatient Quality Reporting (IQR) Program**, then APU tab, and finally **APU Reconsiderations**. A direct link is provided on the slide.

Validation resources are available on *QualityNet*. To access, click on **Hospitals – Inpatient**, then **Data Management**, followed by **Chart Abstracted Data Validation**, and lastly [Resources](#). A direct link is provided on the slide. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk at the information provided on this slide.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Questions may be asked by directly emailing the Validation Support Contractor, or by using the [Inpatient 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, please include the hospital six-digit CCN/Provider ID. This will expedite a reply with information specific to your hospital. That's all I have, so I'll hand it over to Candace to close us out. Thank you.

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