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

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Purpose

The purpose of this webinar is to educate and share information regarding the CMS Hospital Inpatient Quality Reporting (IQR) Program chart-abstracted data validation process for Fiscal Year (FY) 2022.

Acronyms

Objectives

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.

- Understand changes to the validation process related to 2019 Novel Coronavirus (COVID-19) exceptions.

- Submit healthcare-associated infection. (HAI) validation templates through the *QualityNet Secure Portal* Secure File Transfer application.

- Submit medical records requested by the Centers for Medicare & Medicaid Services (CMS) Clinical Data Abstraction Center (CDAC).

- Receive and interpret validation results.

Acronyms and Abbreviations

APU	annual payment update	**ID**	identification
CAUTI	Catheter-Associated Urinary Tract Infection	**IPF**	inpatient psychiatric facility
CCN	CMS Certification Number	**IPPS**	inpatient prospective payment system
CDAC	Clinical Data Abstraction Center	**IQR**	Inpatient Quality Reporting
CDC	Centers for Disease Control and Prevention	**IRF**	inpatient rehabilitation facility
CDI	*Clostridium difficile* Infection	**LabID**	Laboratory Identified
CI	confidence interval	**LTCH**	long-term care hospital
CLABSI	Central Line-Associated Blood Stream Infection	**MRSA**	Methicillin-Resistant *Staphylococcus aureus*
CMS	Centers for Medicare & Medicaid Services	**NHSN**	National Healthcare Safety Network
COVID-19	2019 Novel Coronavirus	**PHI**	Protected Health Information
ECE	Extraordinary Circumstance Exception	**PII**	Personally Identified Information
ED	emergency department	**PPS**	prospective payment system
EHR	electronic health record	**Q**	quarter
FR	Federal Register	**SEP**	sepsis
FY	Fiscal Year	**SSI**	Surgical Site Infection
HACRP	Hospital-Acquired Condition Reporting Program	**VIQRC**	Value, Incentives, and Quality Reporting Center
HAI	healthcare-associated infections	**VSC**	Validation Support Contractor
ICU	intensive care unit		

Background

- CMS assesses the accuracy of chart-abstracted and HAI data submitted to the Hospital IQR Program through the validation process. Quarterly, CMS verifies that hospital-abstracted data submitted to the clinical warehouse and data submitted to the National Healthcare Safety Network (NHSN) can be reproduced by a trained abstractor using a standardized protocol.

- CMS performs a random and targeted selection of inpatient prospective payment system (IPPS) hospitals 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.

Chart-Abstracted Validation Quarters for FY 2022

Chart-Abstracted Validation Quarters for FY 2022
Third quarter 2019 (3Q 2019)
Fourth quarter 2019 (4Q 2019)
First quarter 2020 (1Q 2020)
Second quarter 2020 (2Q 2020)

2019 Novel Coronavirus (COVID-19)

CMS has granted exceptions in response to COVID-19 to assist health care providers while they direct resources toward caring for their patients and ensuring the health and safety of patients and staff.

Specific details regarding these exceptions were communicated in the Guidance Memo released by CMS on March 27, 2020: https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf.

Hospitals have been granted exceptions without having to submit an Extraordinary Circumstances Exceptions (ECE) request form and are not required to submit data for quarters covered by the exception; however, CMS understands that some hospitals that have been granted an ECE for one or more quarters of data validation may voluntarily choose to submit data for periods covered by the exception.

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 choose _not_ to submit requested data, for the purposes of final Annual Payment Update (APU) determination, CMS will evaluate the final confidence interval (CI) _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 CI both _with_ and _without_ the 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.

Note: Your hospital may still receive additional requests and email reminders up until the deadline.

Clinical Process of Care Measures for FY 2022

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. Emergency Department (ED) and Sepsis (SEP) measures are the clinical process of care measures available for validation in FY 2022. Below is a list of measures available to be validated in each quarter of FY 2022.

Clinical Process of Care Measures Validated in Each Quarter of FY 2022	
3Q 2019	ED, SEP
4Q 2019	ED, SEP
1Q 2020	SEP
2Q 2020	SEP

Acronyms

HAI Validation Measures for FY 2022

HAI Measures for FY 2022
Central Line-Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory Identified (LabID) Events
Clostridium difficile Infection (CDI) Laboratory Identified (LabID) Events
Surgical Site Infection (SSI)

- Hospitals will be randomly assigned to submit **quarterly** either:
  - CLABSI **AND** CAUTI validation templates

    OR

  - MRSA **AND** CDI validation templates
- All hospitals selected will be validated for SSI.
  - SSI cases are not submitted using validation templates, but are selected from Medicare claims-based data submitted to CMS.

Acronyms

Hospital Selection

- Random hospital selection

  - In January 2020, 400 hospitals were selected.

- Targeted hospital selection

  - The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals are outlined in the FY 2014 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (78 FR 50833–50834).

  - In June of 2020, 200 additional hospitals were selected.

Notification of Hospital Selection

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.

- An email communication from the VSC is sent directly to the hospitals selected.

Acronyms

Notification of Selection

- Hospitals selected for validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database:
    - o Chief Executive Officer / Administrator
    - o Hospital IQR
    - o Infection Control
    - o CDAC Medical Records
    - o Quality Improvement
- The VSC monitors email communications to ensure 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 ensure future notifications are received.

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Selected Hospital List

An updated list of the selected hospitals is available on *QualityNet* by clicking on **[Hospitals – Inpatient**, **Data Management]**, then **[Chart-Abstracted Data Validation]**.

Update Contact Information

- Regularly update hospital contact information to ensure receipt of validation-related communications and reminders.

- Hospitals may check and update contacts by sending an email with their six-digit CMS Certification Number (CCN)/Provider ID number to the Hospital Inpatient Support Contractor at QRFormsSubmission@hsag.com

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General Overview of Validation Process

Quarterly, hospitals fill out HAI validation templates and submit the templates to the VSC via *QualityNet Secure Portal* Secure File Transfer.

- Hospitals must 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.

  o If you are unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* Security Administrator/Official.

  o If your Security Administrator/Official is unable to reestablish your access, contact the *QualityNet* Help Desk at (866) 288-8912.

General Overview of Validation Process

- After the cases for validation have been selected for the quarter (based on information submitted on the templates), the hospital receives a medical records request 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.
  - o It typically takes 10 or more days after the quarter's submission deadline for this sample of cases to be selected and sent out.
  - o The list of cases selected that 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 its records to the CDAC.
- Quarterly, hospitals deliver requested medical records to the CDAC, and the CDAC then reabstracts and adjudicates the selected cases.

General Overview of Validation Process

- It typically takes approximately four months after the quarter's submission deadline for hospitals to receive their validation results for the quarter.

- Hospitals may submit an educational review request within 30 days of receiving quarterly 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.*

General Overview of Validation Process

At the end of each fiscal year, APU results are expected to be released in late April or early May. At that 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-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 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 inpatient chart-abstracted data validation resources page of *QualityNet*.

FY 2022 Validation Template Submission Deadlines

- 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.

- For the entire validation fiscal year, hospitals selected **randomly** in January 2020 should follow the deadlines associated with the random hospitals **only**, and the hospitals selected as **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 NHSN (FY 2019 IPPS/LTCH PPS [83 FR 41475–41484]). HAI Validation Templates will be requested through the recently adopted HAC Reduction Program validation process beginning with 3Q 2020 discharges (FY 2020 IPPS/LTCH PPS [84 FR 41483]).

Targeted Selected Hospital HAI Validation Template Due Dates	
Discharge Quarters	**HAI Validation Template Deadline**
3Q 2019 (July 1–September 30)	08/03/2020
4Q 2019 (October 1–December 31)	08/20/2020
1Q 2020 (January 1–March 31)	Will not be requested
2Q 2020 (April 1–June 30)	Will not be requested

Validation Template Version and Location

- **Use** the **current template** version for each fiscal year **only.**
  - Templates from previous years will be rejected.
  - Do not save validation templates with a password and do not lock them.
- Current/correct validation template versions for the fiscal year being validated are available on the chart-abstracted data validation resources page of *QualityNet*.
  - Validation templates are located towards the bottom of the page under "Healthcare Associated Infection (HAI) Validation Templates": https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/resources

Acronyms

Validation Template Tabs

- There are four tabs on each validation template:
  1. Definitions
  2. Template
  3. NHSN intensive care unit (ICU) Location
     - For CLABSI and CAUTI NHSN ICU location
  4. FY 2022 Submission Instructions
- **Do not** alter or change the original format of the validation templates.
- Do **not** delete, rename, or change the order of the tabs.
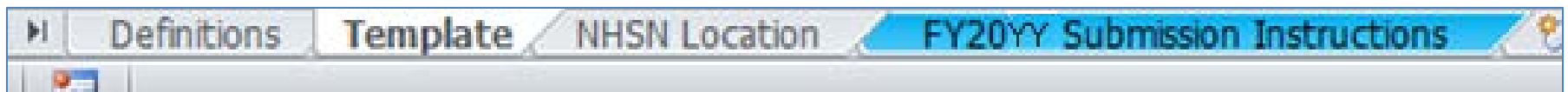
Validation Template Completion Tips

- **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* at this direct link: https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/resources

- **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 Protected Health Information (PHI) and **cannot** be sent via email.

Validation Template Completion Tips

- **Verify** the accuracy of the calendar quarter listed on each validation template.

- **Review** all formats and dates for accuracy as specified on the **[Definitions]** tab.

- **Perform** a quality check of data entered into this template against data entered into NHSN; stay mindful of differing CMS and NHSN deadlines.

- **Check** to ensure any cases with a separate Inpatient Rehabilitation Facility (IRF) or Inpatient Psychiatric Facility (IPF) CCN are not included on the template.

Validation Template Processing

- Feedback regarding the status of validation templates is typically received within two business days of initial submission.

- If a processing confirmation is not received, email the VSC at validation@telligen.com.

  - Include the hospital six-digit CCN/Provider ID.

- After validation templates are 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:

  1. Successful submission

     OR

  2. Errors have occurred that require attention and resubmission

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If Validation Template Submission Contains Errors

A hospital submitting a validation template with processing errors will receive an email notification, which includes the errors to be corrected.

- Make the corrections specified in the email.

- Resubmit the file via the *QualityNet Secure Portal* Secure File Transfer application by the submission deadline.

  - 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 a revised template is being submitted.

  - Include the word *Revised* or *Resubmitted* in the file name.

    - 012345_3QYY_FYXX_CAUTI_ValidationTemplate_Revised.xlsx

Acronyms

Validation Templates Not Received

- At predetermined points up until the validation template deadline each quarter, the VSC 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 10 placeholder cases can be assigned.
  - All assigned placeholder cases are scored 0/1.

- If a hospital submits a validation template and receives an error-notification email but does not make corrections and resubmit by the template submission deadline, placeholder cases will also be assigned and scored 0/1.

Acronyms

VSC Data
Courtesy Checks

- The VSC 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, they **could** result in mismatches.

- If a hospital receives an email from the VSC asking for review of a validation template due to a possible discrepancy, reply and indicate one of the following:
  - A new validation template has been submitted.
        OR
  - The data are accurate as submitted and no changes are needed.

- The following are examples of discrepancy checks:
  - Listed CAUTI/CLABSI culture dates are not between the admit/discharge date.
  - Differences in data exist on multiple rows of the template that appear to be the same patient and same episode of care.
  - Discrepancies between the two assigned template types exist where a patient is listed on both templates, but the birth/admit date/discharge dates are different from what appears to be the same episode of care.

Validation Templates Used to Select HAI Cases for Validation

- 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.

- Hospitals do not submit validation templates for SSI cases.

- After a template submission deadline has passed, data submitted on validation templates cannot be changed.
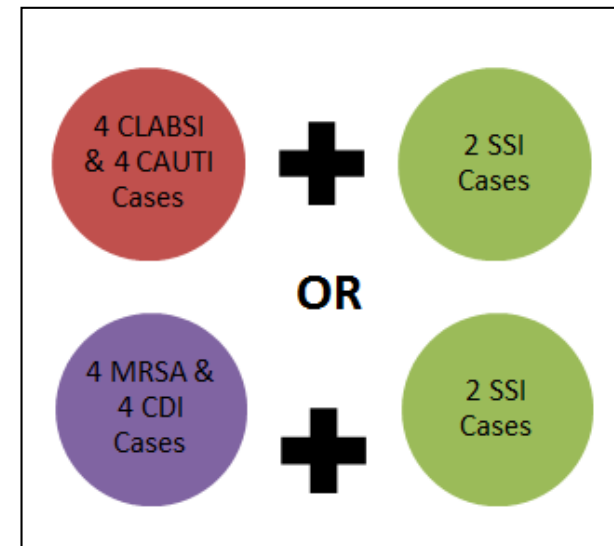
HAI Sample Selection

- The HAI validation sample selection includes **up to 10** cases per quarter.

- **Up to four CLABSI** cases from data on validation templates
  AND
- **Up to four CAUTI** cases from data on validation templates
  AND
- **Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies

OR

- **Up to four MRSA** cases from data on validation templates
  AND
- **Up to four CDI** cases from data on validation templates
  AND
- **Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies

4 CLABSI & 4 CAUTI Cases **+** 2 SSI Cases

OR

4 MRSA & 4 CDI Cases **+** 2 SSI Cases

- 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.

Medical Record Request

TIME SENSITIVE
Clinical Data Abstraction Center (CDAC) Medical Record Request for Validation

- 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 as soon as possible to the correct individual(s) responsible for fulfilling the request.

  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 QRFormsSubmission@hsag.com.

Medical Record Request

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. 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. Under Report Name, select **Hospital Data Validation – Case Selection Report**.

Acronyms

Medical Record Request

- 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 illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital **originally** sent.

- It is critical that hospitals have a process for reviewing each of their records after they have been copied and before they are sent to the CDAC.

- All 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 if printing records from an Electronic Health Record (EHR) to ensure all necessary information is present.**

Medical Record Request

- Hospitals have until the date listed on the request to send their records to the CDAC.

  o Inpatient medical records must be received within 30 days of the request date.

- Hospitals may submit medical records on paper copy, on removable media (CD/DVD/flash drive), or via *the QualityNet Secure Portal* Secure File Transfer application. Detailed instructions on how to submit medical records via any of these 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: https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/cdac-info

Proposed Change to Medical Records Submission Options

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:

- 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 change would go into affect beginning with Q1 of CY 2021 for validation affecting the FY 2024 payment determination and subsequent years.

Medical Record Submission "Do's and Don'ts"

- 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.*

  - Direct link: https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/cdac-info.

- This document provides specific and general tips for avoiding medical record submission errors to the CDAC.

Quarterly Validation Reports

- Case Selection Report
- Validation Summary
- Validation Case Detail

Case Selection Report

- The 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 CDAC.

- The report displays the **Medical Record Request Date**, the **Due to CDAC Date**, and the **Record Received Date** (after CDAC has received the hospital's records).

- **Note:** It could take up to 24 hours for the Record Received Date to populate.
  To verify receipt of records, contact the CDAC directly via email at
  CDACHelpDesk@hcqis.org or by phone at (717) 718-1230, ext. 201.

Hospital Reporting - Data Validation: Case Selection Report – Inpatient
Provider: ▉▉▉
Discharge Quarter: 07/01/2015 - 09/30/2015

Clinical Process of Care Selections

Patient Identifier	Patient Name[1]	DOB	Admit Date	Discharge Date	Measure Set[2]	Abstraction Control Number	Medical Record Request Date	Due to CDAC Date[3]	Record Received Date
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016

HAI Case Selections

Patient HIC Number	Patient Identifier	Patient Name[1]	DOB	Admit Date	Discharge Date	Measure Set[2]	Abstraction Control Number	Medical Record Request Date	Due to CDAC Date[3]	Record Received Date
								08/05/2016	09/06/2016	08/25/2016
								08/05/2016	09/06/2016	08/25/2016
								08/05/2016	09/06/2016	08/25/2016

Note: A blank space in this example indicates an area of possible Personally Identified Information (PII)/PHI, which could be found on actual report.

Validation Summary Report

This report provides a high-level summary of the validation-reliability rate for each abstracted case, organized by measure set, and becomes available after the hospital receives results for the quarter.

Hospital Data Validation: Validation Summary Report – Inpatient
Provider: ▮▮▮▮
Discharge Quarter: 07/01/2015 – 09/30/2015

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Measure Set	Abstraction Control Number	Patient Identifier	Admit Date	Discharge Date	Case Reliability
					0/2
					0/2
					0/2
					1/1
					1/1
					3/4
					5/5
					3/5

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Measure Set	Abstraction Control Number	Patient Identifier	Admit Date	Discharge Date	Case Reliability
					1/1
					1/1
					1/1

Note: A blank space in this example indicates an area of possible PII/PHI, which could be found on actual report.

Case Detail Report

- This report provides a list of all elements abstracted compared to the CDAC reabstraction on each case and becomes available after the hospital receives results for the quarter.

- Mismatches and the associated educational comments from CDAC are displayed in red font.

Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: ▮▮▮▮▮▮
Discharge Quarter: 07/01/2015 - 09/30/2015

Other Clinical Process of Care
Reliability Rate: (18 / 19)

Abstraction Control Number: ▮▮▮▮▮▮▮▮	**Case Status:** Complete
Patient ID:[2] ▮▮▮▮▮▮	**Comments:**
Measure Set: IQR-ED	
Admit Date: ▮▮▮▮▮	
Discharge Date: ▮▮▮▮▮	

Individual Case Reliability Rate: (1 / 2)

Measure:	Original Outcome*	Validated Outcome*	Result
ED-1a	D /332 Min	D /332 Min	Match
ED-2a	D /108 Min	D /77 Min	**Mismatch**

# of Measures Matched: 1
# of Measures Validated: 2

Note: A blank space in this example indicates an area of possible PII/PHI, which could be found on actual report.

Educational Reviews

- Within 30 days of validation results 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 educational review process and educational review forms can be found on *QualityNet* by clicking on the **[Educational Reviews]** tab on the **Chart Abstracted Data Validation** page:

  https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/educational-reviews

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.

  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 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.

Acronyms

Confidence Interval Report

- After the educational review results are taken into consideration and all quarterly results of the fiscal year have been completed, a confidence interval is 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 75 percent threshold requirement, the hospital will not receive full APU.

- A detailed FY 2022 confidence interval document is posted on the inpatient chart-abstracted data validation resources page of *QualityNet*.
  Direct link: https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/resources

Hospital Reporting - Confidence Interval Report - Inpatient

State: ▮
Provider: ▮
Fiscal Year: ▮

Confidence Interval Fiscal Year: ▮
**Final Confidence Interval for Fiscal Year ▮ **
*Estimated Reliability[1] 98%
*Confidence Interval Upper Bound:[2] 99%
*Confidence Interval Lower Bound:[3] 98%
Quarterly Confidence Interval for Fiscal Year: ▮

Quarter(s)	Calculation Date	Estimated Reliability
3Q 2014	04/26/2016	97%
4Q 2014	04/26/2016	94%
1Q 2015	04/26/2016	100%
2Q 2015	04/26/2016	99%

Note: A blank space in this example indicates an area of possible PII/PHI, which could be found on actual report.

Acronyms

Reconsiderations

- If a hospital does not meet the confidence interval requirement, the hospital receives a letter in late spring indicating they have failed to meet the validation requirement of the Hospital IQR Program and will be subject to a one-fourth reduction of the APU.

  o 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, as well as the reconsideration request form, can be found on *QualityNet*:

  o Select **[Hospitals – Inpatient]**

  o Select **[Hospital Inpatient Quality Reporting (IQR) Program]**

  o Select the **[APU]** tab

  o Select **[APU Reconsideration]** from the left-side navigation pane

  o Direct link: https://www.qualitynet.org/inpatient/iqr/apu

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Resources

- *QualityNet* **validation resources:**
  - Validation fact sheet
  - Most current validation templates
  - Validation Template User Guide and Submission Instructions
  - Confidence interval document
  - HAI abstraction manuals & Tool display documents
  - Educational Review information
- **To access these resources from www.QualityNet.org:**
  - Click on **[Hospitals – Inpatient]**, **[Data Management]**, **[Chart Abstracted Data Validation]**, and **[Resources]**.
  - https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/resources
- **For assistance with *QualityNet* (including logging in), contact the *QualityNet* Help Desk:**
  - Call (866) 288-8912 from 7 a.m. to 7 p.m. Central Time, Monday through Friday.
  - Email qnetsupport@hcqis.org

Acronyms

Validation Questions

- Validation Support Contractor (VSC) email:
  - o validation@telligen.com
- CMS Hospital Inpatient Questions and Answers Tool:
  - o https://cmsqualitysupport.servicenowservices.com/qnet_qa
  - o When submitting a question, include the hospital six-digit CCN/Provider ID to expedite a reply with information specific to your hospital.