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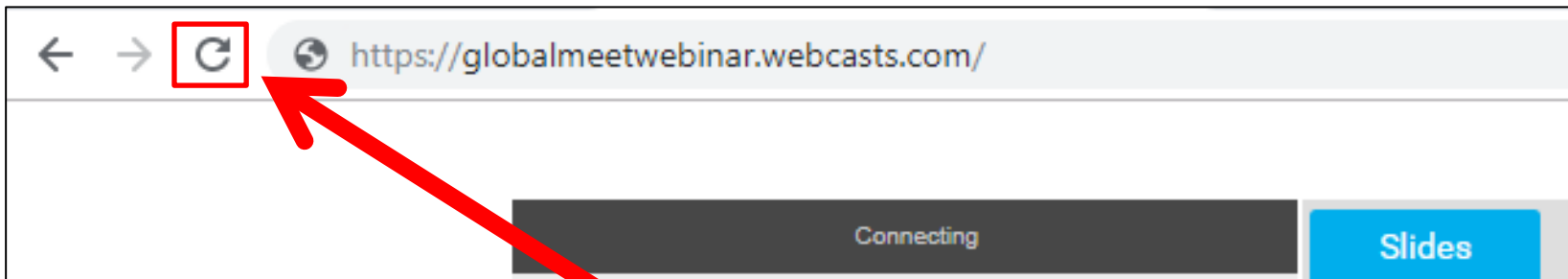
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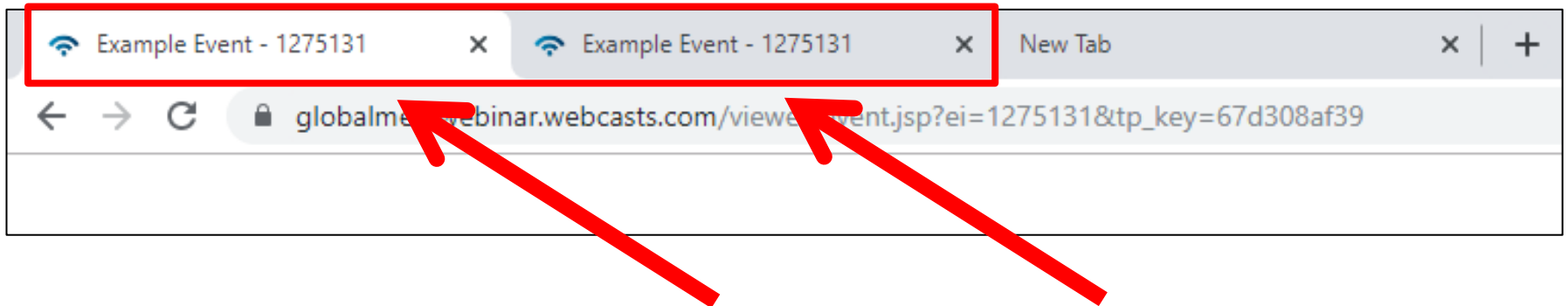
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# Troubleshooting Echo

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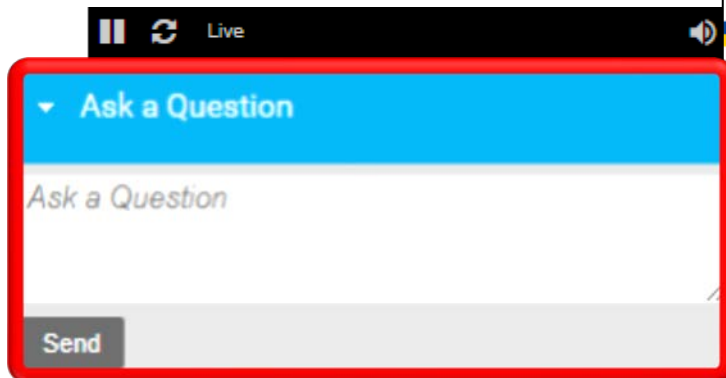
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**Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor**



**Today's Presentation**



# **Overview of FY 2023 Inpatient Data Validation Efforts for Randomly Selected Hospitals**

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Center (VIQRC) Validation Support Contractor (VSC)

**March 16, 2021**

# Purpose

The purpose of this webinar is to share information regarding the Centers for Medicare & Medicaid Services (CMS) inpatient chart-abstracted data validation process for the Hospital Inpatient Quality Reporting (IQR) Program fiscal year (FY) 2023 payment determination and the Hospital-Acquired Condition (HAC) Reduction Program FY 2023 Program Year.

# Objectives

Participants will be able to:

- Understand the inpatient chart-abstracted data validation process for FY 2023 data validation efforts.
- Identify the deadlines and associated required activities relating to data validation.
- Submit healthcare-associated infection (HAI) validation templates through the CMS Managed File Transfer (MFT) application.
- Submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC).
- Receive and interpret validation results.

# Acronyms and Abbreviations

<b>APU</b>	annual payment update	<b>IPF</b>	inpatient psychiatric facility
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>IPPS</b>	inpatient prospective payment system
<b>CCN</b>	CMS Certification Number	<b>IQR</b>	Inpatient Quality Reporting
<b>CD</b>	compact disc	<b>IRF</b>	inpatient rehabilitation facility
<b>CDAC</b>	Clinical Data Abstraction Center	<b>LabID</b>	Laboratory Identified
<b>CDC</b>	Centers for Disease Control and Prevention	<b>LTCH</b>	long-term care hospital
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>MFT</b>	Managed File Transfer
<b>CLABSI</b>	Central Line-Associated Blood Stream Infection	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CPOC</b>	clinical process of care	<b>PDF</b>	portable document format
<b>eCQM</b>	electronic clinical quality measure	<b>PHI</b>	Protected Health Information
<b>EHR</b>	electronic health record	<b>PPS</b>	prospective payment system
<b>ERUB</b>	upper bound of the confidence interval	<b>Q</b>	quarter
<b>FY</b>	Fiscal Year	<b>SA/O</b>	Security Administrator/Official
<b>HAC</b>	Hospital-Acquired Condition	<b>SEP</b>	sepsis
<b>HAI</b>	healthcare-associated infections	<b>SSI</b>	Surgical Site Infection
<b>HQR</b>	Hospital Quality Reporting	<b>VIQRC</b>	Value, Incentives, and Quality Reporting Center
<b>ICU</b>	intensive care unit	<b>VSC</b>	Validation Support Contractor



# Background

- Through the validation process, CMS assesses the accuracy of chart-abstracted clinical process of care data in the Hospital IQR Program and HAI data in the HAC Reduction Program. On a quarterly basis, CMS verifies that hospital-abstracted data submitted to the CMS Clinical Data Warehouse and data submitted to the Centers for Disease Control and Prevention (CDC) 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.

# Inpatient Chart-Abstracted Validation Quarters for FY 2023

## Inpatient Chart-Abstracted Validation Quarters for FY 2023

Third quarter 2020 (3Q 2020)

Fourth quarter 2020 (4Q 2020)

Note: As described in the FY 2021 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (85 FR 58863 through 58864), in order to align the quarters used for HAC Reduction Program and Hospital IQR Program data validation, CMS finalized the use of measure data from only the third and fourth quarters of 2020 for the FY 2023 program year. Therefore, for FY 2023 validation efforts, CMS will use measure data from only these two quarters for both the random and targeted validation pools.

For the FY 2024 program year and subsequent years, CMS finalized the use of measure data from all of CY 2021 for both the HAC Reduction Program and the Hospital IQR Program.

# Clinical Process of Care Measures for FY 2023

As a part of the Hospital IQR Program, CMS will validate up to eight cases for clinical process of care measure(s) per quarter per hospital. Cases are randomly selected from data submitted to the CMS Clinical Data Warehouse by the hospital. For both applicable quarters of FY 2023 data validation, CMS will only validate the Sepsis (SEP) measure, as shown below.

Clinical Process of Care Measures Validated in Each Quarter of FY 2023	
<b>3Q 2020</b>	Sepsis (SEP)
<b>4Q 2020</b>	Sepsis (SEP)

# HAI Validation Measures for FY 2023

## HAI Measures for FY 2023

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)

As a part of the HAC Reduction Program, CMS will validate up to ten candidate HAI cases total per quarter per hospital. As described in the FY 2021 IPPS/LTCH PPS Final Rule (85 FR 58863 through 58864), for FY 2023 validation efforts, CMS will only validate HAI data for 3Q 2020 and 4Q 2020.

- 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.

# Changes to Hospital Selection Process for FY 2023 Data Validation Efforts

- As described in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41478 through 41484), because the Hospital IQR Program finalized the removal of the CDC NHSN HAI measures from its program, CMS adopted processes to validate the CDC NHSN HAI measure data used in the HAC Reduction Program.
- One hospital sample will be selected and used for validation for both the clinical process of care measures under the Hospital IQR Program, as well as the HAI measures under the HAC Reduction Program. The sample will be randomly selected from the sampling frame that includes all subsection (d) hospitals, but hospitals without an active notice of participation will only be validated under the HAC Reduction Program (83 FR 41479).
- The validation processes are intended to reflect, to the greatest extent possible, the processes previously established for the Hospital IQR Program to aid continued hospital reporting through clear and consistent requirements.

# Hospital Selection

- Random hospital selection
  - In January 2021, 400 hospitals were selected.
- Targeted hospital selection
  - The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year validation effort. The criteria for targeting hospitals are outlined in the FY 2014 IPPS/LTCH PPS Final Rule (78 FR 50833–50834).
  - In spring of 2021, up to 200 additional hospitals are anticipated to be 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 the CMS *QualityNet* website: <https://qualitynet.cms.gov>.
- A Listserve is released to notify the community that the selection has occurred.
- An email communication from the Validation Support Contractor (VSC) is sent directly to the hospitals selected.

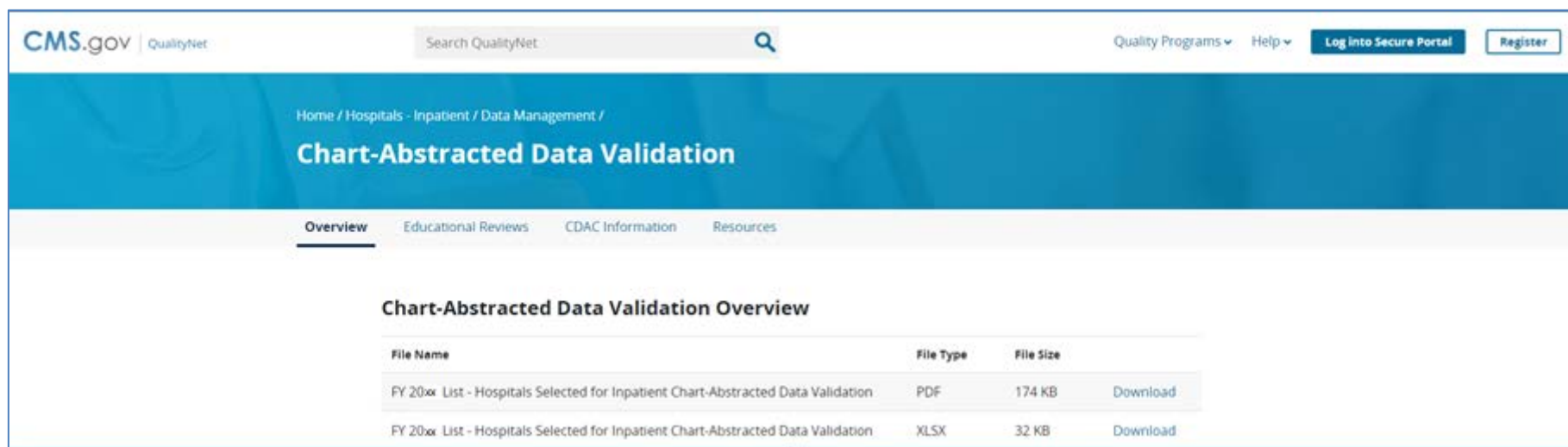
# Notification of Selection

- 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:
  - Chief Executive Officer (CEO) / Administrator
  - Hospital IQR
  - Infection Control
  - CDAC Medical Records
  - 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.



# Selected Hospital List

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



The screenshot shows the CMS.gov QualityNet website interface. The header includes the CMS.gov logo, a search bar, and navigation links for Quality Programs, Help, Log into Secure Portal, and Register. The main content area is titled "Chart-Abstracted Data Validation" and features a navigation menu with "Overview", "Educational Reviews", "CDAC Information", and "Resources". The "Overview" section is active, displaying a table of files for download.

File Name	File Type	File Size	
FY 20xx List - Hospitals Selected for Inpatient Chart-Abstracted Data Validation	PDF	174 KB	<a href="#">Download</a>
FY 20xx List - Hospitals Selected for Inpatient Chart-Abstracted Data Validation	XLSX	32 KB	<a href="#">Download</a>

# 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](mailto:QRFormsSubmission@hsag.com)

# General Overview of Validation Process

Hospitals fill out HAI validation templates for each quarter of the fiscal year and submit those templates to the VSC via the CMS Managed File Transfer application.

- Hospitals must submit HAI validation templates **before** they receive a medical records request packet.
- It is strongly recommended that each hospital **always** have at least two active Security Administrators/Officials (SAs/Os).
  - If you are unable to log in to the Hospital Quality Reporting (HQR) Secure Portal, contact your hospital's SA/O.
  - If your SA/O is unable to reestablish your access, contact the *QualityNet* Help Desk.

# General Overview of Validation Process

- After the cases for validation have been selected for the quarter (based on HAI cases submitted on HAI validation templates, SSI cases submitted to CMS via claims data, and clinical process of care data submitted to the CMS Clinical Data Warehouse), the hospital will receive a medical records request packet from the CDAC. The request packet will be sent to the attention of “Medical Records Director,” which will contain detailed instructions and case listings.
  - 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.
  - It typically takes a few weeks after the quarter’s HAI Validation Template deadline for the entire sample of cases to be selected and sent out.
- 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 HQR Secure Portal.

# General Overview of Validation Process

- After all quarters of the validation fiscal year have been completed and all results have been received, CMS calculates a total score reflecting the reliability of the measures validated.

After the educational review results are taken into consideration, CMS computes a confidence interval around the score. If the upper bound of this confidence interval (ERUB) is 75 percent or higher, the hospital will pass the validation requirement; if the ERUB is below 75 percent, the hospital will fail the validation requirement.

Hospitals that fail chart-abstracted validation will also automatically be selected for chart-abstracted validation in the next fiscal year.

- For the first time with FY 2023 data validation efforts, the Hospital IQR Program will calculate a confidence interval using *only* the clinical process of care measure(s), and the HAC Reduction Program will calculate a *separate* confidence interval using *only* the HAI measure(s). Additional information on how this may affect payment determination/adjustment will be described in greater detail later in this presentation.

# FY 2023 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 2021 should follow the deadlines associated with the random hospitals **only**, and the hospitals selected as **targeted** in spring 2021 should follow the deadlines for targeted hospitals **only**.

Note: As described in the FY 2021 IPPS/LTCH PPS Final Rule (85 FR 58863 through 58864), for FY 2023 validation efforts, CMS will only validate HAI data for 3Q 2020 and 4Q 2020.

## Randomly Selected Hospital HAI Validation Template Due Dates

Discharge Quarters	HAI Validation Template Deadline
<b>3Q 2020</b> (July 1–September 30)	March 18, 2021
<b>4Q 2020</b> (October 1–December 31)	May 3, 2021

# 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 inpatient chart-abstracted data validation resources page of *QualityNet*.

Direct link: <https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation/resources>.



# Validation Template Tabs

- There are four tabs on each validation template:
  1. Definitions
  2. Template
  3. NHSN intensive care unit (ICU) Location
    - NHSN ICU location for CLABSI and CAUTI
  4. FY 2023 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 2023 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://qualitynet.cms.gov/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 CMS MFT 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 in 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](mailto: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

# 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 CMS Managed 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 CMS Managed File Transfer application message indicating a revised template is being submitted.
  - Include the word *Revised* or *Resubmission* in the file name.
    - 012345\_3QYY\_FYXX\_CAUTI\_ValTemp\_**Revised**.xlsx

# 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.

# 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.



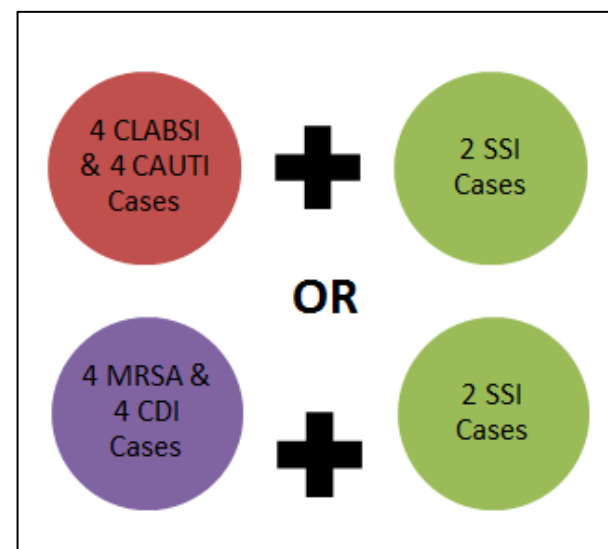
# HAI Sample Selection

- 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



- 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



- 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.

Note: The medical records request will be delivered to the address listed under the CDAC 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](mailto:QRFormsSubmission@hsag.com).

# Medical Record Request

CMS will release a Case Selection Report to supplement this medical records request, which will also list the cases selected for validation as well as receipt status. This report can be accessed via the HQR Secure Portal by a registered user. The report can take several business days after the original request date to become available.

To access the report:

1. Log in to the HQR Secure Portal at <https://hqr.cms.gov/hqrng/login>.
2. From the left-side navigation dashboard, select **Program Reporting**, then **Validation**.
3. Under Program, select **Inpatient**.
4. Under Report, select **Case Selection**.
5. Under Period, select the applicable quarter.
6. Under Provider(s), select the applicable hospital(s).

# Medical Record Request

- Hospitals are not allowed to submit 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 before they are submitted to the CDAC.
- All records should be carefully reviewed prior to submitting 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.
  - **This is especially important if exporting 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.
  - Inpatient medical records must be received within 30 days of the request date.
- For FY 2023 validation efforts, hospitals may submit medical records on paper copy, on removable media (CD/DVD/flash drive), or via the CMS Managed 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 Inpatient Chart-Abstracted Data Validation page: <https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation/cdac-info>.

# Future Change to Medical Record Submission Options

The following information does not apply to your current validation efforts; it is included here to make you aware of a change to future fiscal year validation processes:

CMS has finalized policy which will require the use of electronic file submissions via the CMS MFT application:

- 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 will be required to submit PDF copies of medical records using direct electronic file submission via the CMS MFT application.

This process change will go into affect beginning with Q1 of CY 2021 for validation affecting the FY 2024 validation efforts and subsequent years.

# The “Do and Do Not” of Medical Record Submission

Helpful documents with tips to avoid medical record submission errors to the CDAC can be found on the Inpatient Chart-Abstracted Data Validation CDAC Information page of *QualityNet*.

<https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation/cdac-info>

# Quarterly Validation Reports

Three quarterly validation-related reports available on the HQR Secure Portal:

- Case Selection Report
- Validation Summary (not yet available)
- Validation Case Detail (not yet available)

Note: CMS is working to update the new HQR platform with these additional reports for data validation. Thank you for your patience as CMS works to modernize the HQR platform.



# 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).
- 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](mailto:CDACHelpDesk@hcqis.org) or by phone at (717) 718-1230, ext. 201.

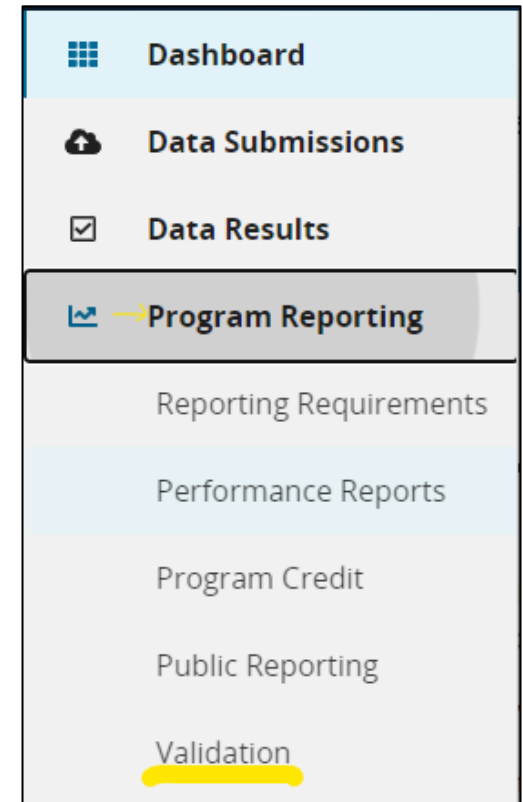
Patient Identifier	Patient Last Name	Patient First Name	DOB	Admit Date	Discharge Date	Measure Set	Abstraction Control Number	Medical Record Request Date	Due to CDAC By	Record Received
Patient1	Doe	John1	1/1/2020	1/1/2020	1/2/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient2	Doe	John2	1/2/2020	1/2/2020	1/3/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient3	Doe	John3	1/3/2020	1/3/2020	1/4/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient4	Doe	John4	1/4/2020	1/4/2020	1/5/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient5	Doe	John5	1/5/2020	1/5/2020	1/6/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient6	Doe	John6	1/6/2020	1/6/2020	1/7/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient7	Doe	John7	1/7/2020	1/7/2020	1/8/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient8	Doe	John8	1/8/2020	1/8/2020	1/9/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	

Note: The report may appear differently than shown here.

# Case Selection Report

To access the Case Selection Report in the new HQR Secure Portal:

1. Log in to the Hospital Quality Reporting (HQR) Secure Portal at <https://hqr.cms.gov/>.
2. From the left-side navigation dashboard, select **Program Reporting**, then **Validation**.
3. Under Program, select **Inpatient**.
4. Under Report, select **Validation Case Selection**.
5. Under Period, select the applicable quarter.
6. Under Provider(s), select the applicable hospital(s).



# 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.

- Validation Summary Reports are not yet available for viewing. CMS is working to update the new HQR platform with reports for data validation. You will receive communication from the Validation Support Contractor when these reports become available. Thank you for your patience as CMS works to modernize the HQR platform.
- To access the Validation Summary Report in the new HQR Secure Portal (once it becomes available):
  1. Log in to the HQR Secure Portal at <https://hqr.cms.gov/>.
  2. From the left-side navigation dashboard, select **Program Reporting**, then **Validation**.
  3. Under Program, select **Inpatient**.
  4. Under Report, select **Validation Summary Report**.
  5. Under Period, select the applicable quarter.
  6. Under Provider(s), select the applicable hospital(s).

# 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.
  - Case Detail Reports are not yet available. CMS is working to update the new HQR platform with reports for data validation. You will receive communication from the Validation Support Contractor when these reports become available.
  - To access the Case Detail Report in the new HQR Secure Portal (once it becomes available):
    1. Log in to the HQR Secure Portal at <https://hqr.cms.gov/>.
    2. From the left-side navigation dashboard, select **Program Reporting**, then **Validation**.
    3. Under Program, select **Inpatient**.
    4. Under Report, select **Validation Case Detail Report**.
    5. Under Period, select the applicable quarter.
    6. Under Provider(s), select the applicable hospital(s).

# Educational Reviews

- Within 30 days of validation results posted on the My Reports section of the *QualityNet Secure Portal*, hospital staff may request an educational review if there is a question or need for further clarification on a particular outcome.
- The educational review process and forms are on the **[Educational Reviews]** tab on the Inpatient **Chart-Abstracted Data Validation** page of *QualityNet* :  
<https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation/educational-reviews>.

The screenshot displays the QualityNet website interface. At the top left, the CMS.gov logo and QualityNet text are visible. A search bar labeled 'Search QualityNet' is positioned in the center. On the right side, there are links for 'Quality Programs', 'Help', 'Log into Secure Portal', and 'Register'. Below the navigation bar, a breadcrumb trail reads 'Home / Hospitals - Inpatient / Data Management / Chart-Abstracted Data Validation / Educational Reviews'. The main heading 'Educational Reviews' is prominently displayed. A secondary navigation bar at the bottom of the page includes links for 'Overview', 'Educational Reviews' (which is underlined), 'CDAC Information', and 'Resources'.

# Educational Reviews

- Within 30 days of validation results being posted on the HQR Secure Portal, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. If a hospital requests an educational review 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.
- 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.

# 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.
- For the first time in FY 2023 validation, there will be *two separate* Confidence Interval Reports:
  - One is for the clinical process of care cases validated under the Hospital IQR Program.
  - One is for the HAI cases validated under the HAC Reduction Program.
    - Confidence Interval Reports are not yet available for viewing. CMS is working to update the new HQR platform with reports for data validation. You will receive communication from the Validation Support Contractor when these reports become available. Thank you for your patience as CMS modernizes the platform.
- A detailed FY 2023 confidence interval document will be posted on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*: <https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation/resources>

# Confidence Interval Report: Hospital IQR Program

- For the Hospital IQR Program, if the ERUB is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the ERUB is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement and may not receive full APU.
- Hospitals that fail chart-abstracted validation will also automatically be selected for chart-abstracted validation in the next fiscal year.
- For FY 2023 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2022, and the APU results are expected to be released around May 2022.
- Additional information regarding APU can be found on the APU page of the Hospital Inpatient Quality Reporting Program page of *QualityNet* at this direct link: <https://qualitynet.cms.gov/inpatient/iqr/apu>



# Confidence Interval Report: HAC Reduction Program

- For the HAC Reduction Program, if the ERUB is 75 percent or higher, the hospital will pass the HAC Reduction Program validation requirement; if the ERUB is below 75 percent, the hospital will fail the HAC Reduction Program validation requirement.
- Hospitals that fail chart-abstracted validation will also automatically be selected for chart-abstracted validation in the next fiscal year.
- As described in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41481 through 41482), for hospitals that fail validation, CMS will assign the maximum Winsorized z-score only for the set of measures validated. For example, if a hospital was selected to submit CLABSI and CAUTI Validation Templates but failed validation, that hospital will receive the maximum Winsorized z-score for CLABSI, CAUTI, and SSI.
- For the FY 2023 program year, the HAC Reduction Program validation Confidence Interval Report is expected to be released around January 2022, and the notification to hospitals regarding payment adjustment via the HAC Reduction Program Hospital-Specific Report is expected to be released around July 2022.
- Additional information regarding HAC Reduction Program payment adjustment can be found on the Payment page of the Hospital-Acquired Condition Reduction Program page of *QualityNet* (direct link): <https://qualitynet.cms.gov/inpatient/hac/payment>.

# Reconsiderations

- Within the Hospital IQR Program, if a hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital will receive a letter in late spring indicating it has failed to meet the validation requirement of the Hospital IQR Program and will be subject to a reduction of their 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, as well as the reconsideration request form, can be found on *QualityNet* here: <https://qualitynet.cms.gov/inpatient/iqr/apu>
  - Select **[Hospitals – Inpatient]**.
  - Select **[Hospital Inpatient Quality Reporting (IQR) Program]**.
  - Select the **[APU]** tab.
  - Select **[APU Reconsideration]** from the left-side navigation pane.
- The HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit Educational Reviews within the 30-day timeframe of receiving their quarterly results.

# Validation Changes Affecting FY 2024 Validation Efforts

The following four slides include information that does **NOT** affect your current FY 2023 validation efforts; it is included here to make you aware of a change to future fiscal year validation processes.

# Validation Changes Affecting FY 2024 Validation Efforts

To align data submission quarters, CMS will use Q1–Q4 data of the applicable calendar year for validation of both chart-abstracted measures and electronic Clinical Quality Measures (eCQMs).

## Example: Quarter Alignment Used for Validation Affecting the FY 2024 Validation Efforts

Measures Submitted	Required Quarters of Data for Validation
Chart-Abstracted Measures	Q1 2021
	Q2 2021
	Q3 2021
	Q4 2021
eCQMs	Q1 2021–Q4 2021

# Validation Changes Affecting FY 2024 Validation Efforts

Finalized proposals affecting hospital selection:

- Use one single sample of hospitals selected through random selection and one sample of hospitals selected using targeting criteria, for both chart-abstracted measures and eCQMs.
- Expand targeted validation to include eCQMs, not just chart-abstracted measures.
- Reduce number of randomly selected hospitals from 400 to up to 200.

# Validation Changes Affecting FY 2024 Validation Efforts

Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for both chart-abstracted clinical process of care (CPOC) measures, HAIs, and eCQMs.

## Validation Process Beginning with FY 2024 Validation Efforts

Selection Process	Number of Hospitals	Measure type
Random Selection	Up to 200	Chart-Abstracted CPOC, HAI, and eCQM
Targeted Selection	Up to 200	Chart-Abstracted CPOC, HAI, and eCQM
Total:	Up to 400	Chart-Abstracted CPOC, HAI, and eCQM

# Validation Changes Affecting FY 2024 Validation Efforts

Combining scoring processes:

- Under the Hospital IQR Program, there will be a combined score for the validation of chart-abstracted clinical process of care and eCQM measure types, with the eCQM portion of the combined score weighted at zero.
- HAIs will continue to be scored separately, under the HAC Reduction Program.

## Finalized Process for FY 2024 Validation Efforts and Subsequent Years

	Quarters of Data Required for Validation	Validation Pass/Fail Criteria
COMBINED Process (Chart-abstracted and eCQM Validation): Up to 200 Random Hospitals + Up to 200 Targeted Hospitals	1Q 2021–4Q 2021	Chart-abstracted Measures: At least 75% validation score (weighted at 100%) <b>AND</b> eCQM: Successful submission of at least 75% of requested medical records

# Resources

- **QualityNet validation resources:**
  - Validation fact sheet
  - Current validation template versions
  - Validation Template User Guide and Submission Instructions
  - Confidence Interval document
  - HAI abstraction manuals and tool display documents
  - Educational Review information
- **To access these resources from <https://qualitynet.cms.gov>:**
  - Click on **[Hospitals – Inpatient]**, **[Data Management]**, **[Chart Abstracted Data Validation]**, and **[Resources]**
  - <https://qualitynet.cms.gov/inpatient/data-management/chart-abstracted-data-validation/resources>
- **For assistance with QualityNet (including logging into the HQR Secure Portal), 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](mailto:qnetsupport@hcqis.org)



# Validation Questions

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

## Overview of FY 2023 Inpatient Data Validation Efforts for Randomly Selected Hospitals

### **Question & Answer Session**

# Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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