Hospital Inpatient Quality Reporting (IQR) Program

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

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

Questions and Answers

Speaker

Alex Feilmeier, MHA
Program Manager, Value, Incentives, and Quality Reporting Center (VIQRC)
Validation Support Contractor (VSC)

Moderator

Candace Jackson, ADN
Project Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 1: **When will fiscal year (FY) 2022 Confidence Interval (CI) results be available?**

The FY 2022 CI is inclusive of quarters (Q)3 2019, Q4 2019, Q1 2020, and Q2 2020. CMS anticipates the CI report will be available on the Hospital Quality Reporting (HQR) Secure Portal in May or June of 2021. Hospitals will be notified when that report becomes available in the HQR Secure Portal.

Question 2: **How is the CI determined if no Hospital-Associated Infections (HAIs) are reported?**

As the HAIs have moved to the Hospital-Acquired Condition (HAC) Reduction Program, there will be two separate CI reports. One CI report will be specific to the HAC Reduction Program and it will include only the HAI score for the FY. Hospitals will not be penalized through the data validation efforts if there are no HAIs to validate.

The other CI report is for the Hospital IQR Program. It will only include the clinical process of care measures that are available to be validated in that program. In this case, only sepsis is included in the CI calculation for the Hospital IQR program.

Question 3: **When will the results of the Q1 2020 inpatient validation be available (for FY 2022 payment)?**

CMS is updating the entire HQR platform, including the reports for data validation. Modernizing the system has contributed to delays of validation efforts. There are delays to hospitals receiving Q1 2020 and Q2 2020 results. At this time, we hope Q1 2020 Case Detail Reports will be available to run in mid-to-late April 2021. Hospitals will be notified once those reports become available. Users do not need to repeatedly log in to view reports that are not available. CMS does thank hospitals for their patience as work to modernize the HQR platform continues.

Question 4: **Has CMS set a time to select the 200 hospitals?**

CMS anticipates selecting and notifying the 200 targeted hospitals for FY 2023 around May or June 2021.

Question 5: **When will the FY 2024 random hospital selection take place, and when will CMS post the list of selected hospitals?**

The FY 2024 inpatient data validation selection, for the randomly selected hospitals, is anticipated to occur sometime around June 2021. For those that have been validated before, this is a change, as noted in the presentation. There are several changes that have occurred to the timeline of the validation efforts to better align the electronic clinical quality measures (eCQMs) and chart-abstracted measures.

Question 6: **After the submission of the validation template, how soon can a hospital expect to receive the packet listing the patients selected for validation?**

It typically can take between two to four weeks after the HAI validation template deadline for the CMS Clinical Data Abstraction Center (CDAC) to send the medical records request packet. Please note that the case selection can sometimes take longer than four weeks, depending on the quarter, whether the selection is for randomly or targeted hospitals, and/or other factors. Hospitals will receive notification when case selection packets have been sent by the CDAC.

Question 7: **I already submitted my Q4 validation charts. Did I do this too early? Will that overwrite my Q3 submissions?**

No, submitting the Q4 HAI validation templates at or near the time of submitting the Q3 HAI validation templates does not overwrite the Q3 templates. The HAI template submissions are specific to the quarter. However, if you submitted *another* Q3 HAI validation template, then the most recent HAI validation template submission for a quarter is the version that we will set as active for case selection.

Question 8: **If there are mismatches between individual data elements, in the validation of the sepsis measure, but the original abstractor <u>and</u> the validator came up with the same end result or outcome, could this scenario still be considered a mismatched case and lower the validation score? Could this be considered a match, with an educational comment?**

As long as the end result, or the measure outcome, is the same between a CMS CDAC abstractor and the hospital's original submission, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatches on one element and that one element doesn't change the outcome of the measure, then that doesn't constitute a mismatch in terms of the validation efforts. Individual elements are not validated in and of themselves, rather validation occurs at the outcome level.

Question 9: **Are we allowed to highlight the data points that the CDAC will be looking for in the chart? Are there any other high-level tips that you can provide to ensure a smooth validation process?**

The CDAC abstractors are trained to ignore highlighting, notes, or things that are placed on a medical record after it's been sent to them.

Question 10: **When is FY 2023?**

FY 2023 inpatient data validation quarters include Q3 2020 and Q4 2020.

Question 11: **Are HAI validation templates submitted only if a hospital is chosen for validation, or are they submitted in any case?**

HAI validation templates are only submitted if a hospital has been selected for validation; if a hospital is not selected for validation, it does not submit HAI validation templates.

Question 12: **Our hospital submitted two files with different data, but they had the same file name. We then received an email stating it was a successful submission. How do we know which file was accepted? Is it the first one or the second one?**

It is okay if your hospital did not change the file name upon resubmission. The validation support contractor (VSC) will still process files in the order they are received; however, sometimes the VSC may need to confirm that you did not send duplicates by accident. If you are unsure, reach out to the VSC ahead of the HAI validation template deadline at validation@telligen.com to confirm.

Question 13: **Do the HAI cases count toward the Hospital IQR Program validation score, or only for HAC Reduction Program validation?**

Beginning with FY 2023, HAI cases will not be included in the Hospital IQR Program validation CI score; the HAI cases will only be used to calculate the HAC Reduction Program validation CI score.

Question 14: **Does the case selection report have the identification (ID) number as well as the patient identified account number?**

The Case Selection Report will contain the Patient ID as it was submitted to the CMS Clinical Data Warehouse.

Question 15: **Is there a limit to the size of the PDF for calendar year (CY) 2021?**

There are file size limits for submitting via the CMS Managed File Transfer (MFT) application, but the size limit has been expanded significantly from the previous Secure File Transfer (SFT) application of past submissions. These limitations will be outlined in the medical records request documentation.

Question 16: **Can you clarify the validation requirement when the score is above 75 percent and not part of HAC Reduction Program? Is the HAC Reduction Program required in the future?**

Beginning with FY 2023, the HAI measures will only be scored as part of the HAC Reduction Program CI. For FY 2023, the Hospital IQR Program will not include HAI measures in the calculation of the CI. Both the Hospital IQR Program and the HAC Reduction Program will continue with the 75 percent upper bound CI threshold for passing the validation requirement.

Question 17: **We were selected for FY 2022 and FY 2023 validation; however, we still have not received our results from FY 2022. Do you have any suggestions as to how we can obtain our results?**

CMS is updating the entire HQR platform, including the reports for data validation. Modernizing the system has contributed to delays of validation efforts. There are delays to hospitals receiving Q1 2020 and Q2 2020 results. At this time, we hope Q1 2020 Case Detail Reports will be available to run in mid-to-late April 2021. Hospitals will be notified once those reports become available. Users do not need to repeatedly log in to view reports that are not available. CMS does thank hospitals for their patience as work to modernize the HQR platform continues.

Question 18: **Slide 55. Will the requested eCQM medical records be the same as the chart-abstracted medical records or will there be separate patient lists?**

The eCQM case selection will continue to be a separate medical records request. Hospitals will receive four quarterly chart-abstracted requests and one eCQM request for a total of five requests across the fiscal year.

Question 19: **Slide 26. Where do we locate the SFT or MFT in the HQR Secure Portal?**

MFT replaced the old SFT application. MFT can be accessed at the following link: https://qnetmft.cms.gov/mft-signin/login

Question 20: **Does this reporting and validation process apply to critical access hospitals (CAHs)?**

CAHs are not included in CMS inpatient data validation efforts.

Question 21: **Since there was a submission extension for Q3 2020 chart-abstracted cases, when do you anticipate requesting medical records for Q3 2020 cases and Q4 2020 cases?**

Requests for Q3 2020 and Q4 2020 medical records will likely occur a few weeks after the respective extended data submission deadlines.

Question 22: **I thought validation was moving away from using HAI templates and CMS would sample from HAC Reduction Program cases. Correct?**

At this time there are no plans to remove the use of HAI validation templates in CMS data validation efforts. If any changes to the CMS data validation process do occur, the changes will be communicated in future rulemaking.

Question 23: **For FY 2024, will CMS weight eCQMs at 0 percent and not calculate them into payment?**

Beginning with FY 2024 validation efforts, CMS has finalized a combined validation score for eCQMs and clinical process of care measure types. This single score will reflect a weighted combination of a hospital's validation performance for chart-abstracted, clinical process of care measures *and* eCQMs. The eCQM portion of the combined agreement rate will be multiplied by a weight of 0 percent, and the chart-abstracted measure agreement rate will be weighted at 100 percent.

Although the accuracy of eCQM data and the validation of measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on the timely and complete submission of at least 75 percent of the records CMS requests. For example, if 8 medical records are requested, at least 6 complete medical records must be submitted to meet the 75 percent requirement.

HAIs will continue to be scored separately, under the HAC Reduction Program.

Question 24: **What is the surgical site infection (SSI) claims-based measure?**

All selected hospitals will be validated for SSI. Data for the SSI sample selection will not come from Validation Templates. Data will 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.

Question 25: **Are there predetermined dates or time periods to receive emails related to HAI validation templates if templates have not been submitted?**

The VSC typically sends HAI validation template submission reminders on or around 45 days, 30 days, 15 days, and 7 days from the deadline. Moreover, within a few days of the deadline, we often call hospital contacts to ensure awareness.

Question 26: **Is CMS considering re-evaluating the validation process for the sepsis measure due to its complicated and complex nature and its impact on the annual payment update if failed?**

Validation is at the measure level, but scoring is not at the individual question or data-element level. Questions are answered to determine the outcome at the measure level for each measure set. Answering a question or data element determines which way that measure algorithm flows. Some questions will stop the algorithm, others will lead to the next data element; where the algorithm stops determines the final outcome. For example, it determines whether a case is in a measure category of B (not included in the measure) or E (included in the numerator). Some general data elements are not used in determining the outcome, and the list of these general data elements can be found in the specification manual in the Introduction to the Data Dictionary. Clinical process of care cases, such as sepsis, are scored 0/1, or 1/1, depending on the match/mismatch status.

Question 27: **Should we already know if SSI cases will be required or does that come after the HAC Reduction Program validation templates are submitted?**

The SSI cases are selected based on claims that your hospital submits to CMS. The SSI case selection process occurs at the same time as the other HAI measures, after the HAI validation template deadline each quarter.

Question 28: **How will the CI be calculated for FY 2022 if hospitals chose not to submit validation records due to the COVID-19 pandemic exceptions?**

Under the Hospital IQR Program, CMS granted exceptions in response to the COVID-19 public health emergency to assist health care providers as they

directed their resources toward caring for their patients and ensuring the health and safety of staff. Specific details regarding these exceptions were communicated in the
March 27, 2020, CMS Guidance Memo:
https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf

Since these exceptions cover all four quarters of the FY 2022 data validation efforts, hospitals that did not submit medical records will not be penalized and will receive a 100 percent CI score by default. Note: The score of 100 percent should not be used as an indicator of true hospital performance in reporting.

Question 29:	**How does a hospital know if it has been selected to validate the sepsis measure for Q3 2020 and Q4 2020? Our hospital was assigned to submit MRSA and CDI validation templates.**

CMS assesses the accuracy of chart-abstracted clinical process of care data in the Hospital IQR Program through the validation process. Also, CMS assesses the accuracy of healthcare-associated infection (HAI) data in the HAC Reduction Program through the validation process.

On a quarterly basis (i.e., four times a year), CMS verifies that hospital-abstracted data submitted to the CMS Clinical Data Warehouse and data submitted to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) can be reproduced by a trained abstractor using a standardized protocol.

All selected hospitals will be validated on HAI cases. Additionally, for all hospitals with an active Notice of Participation in 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 the hospital submitted to the CMS Clinical Data Warehouse. The medical records request packet sent by the CDAC is for clinical process of care and HAI cases.

Question 30:	**Are the sepsis scores weighted or will one mismatch make the entire review a 0?**

Validation is at the measure level, but scoring is not at the individual question or data-element level. Questions are answered to determine the outcome at the measure level for each measure set. Answering a question or data element determines which way that measure algorithm flows. Some questions will stop the algorithm, others will lead to the next data element; where the algorithm stops determines the final outcome. For example, it determines whether a case is in a measure category of B (not included in the measure) or

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