# 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

### Presentation Transcript

### Speaker

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### Moderator

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**Candace Jackson**: Good afternoon and welcome to the *Overview of Fiscal Year 2023 Inpatient Data Validation Efforts for Randomly Selected Hospitals* webinar. My name is Candace Jackson, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the question-and-answer (Q&A) summary, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks.

If you are registered for this event, the link to the slides was sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that it is at www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing credit. The survey will no longer be available if you leave the event early. If you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary email one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask a Question window with the slide number associated and we will answer as many questions as time allows after the event.

I would now like to welcome our speaker for this webinar. Alex Feilmeier is the program manager for the Value, Incentives, and Quality Reporting Center Validation Support Contractor.

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 Program fiscal year 2023 payment determination and the Hospital-Acquired Condition (HAC) Reduction Program fiscal year 2023 program year.

At the end of this presentation, participants will be able to understand the inpatient chart-abstracted data validation process for fiscal year 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, or CDAC, and receive and interpret validation results.

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

I will now turn the presentation over to Alex. The floor is yours.

**Alex Feilmeier:** Thanks, Candace. CMS assesses the accuracy of chart-abstracted, clinical process of care data in the Hospital Inpatient Quality Reporting Program as well as the healthcare-associated infection data in the Hospital-Acquired Condition Reduction Program through the validation process. CMS verifies on a quarterly basis 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 obstructor using a standardized protocol. CMS performs a random and targeted selection of inpatient prospective payment system (IPPS) hospitals on an annual basis.

The quarters included in the fiscal year 2023 data validation efforts are third quarter 2020 and fourth quarter 2020. Note, as described in the fiscal year 2021 IPPS final rule, 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 fiscal year 2023 program year; therefore, for fiscal year 2023 validation efforts, CMS will use measure data from only these two quarters for both the random and targeted validation pools. For the fiscal year 2024 program year and subsequent years, CMS finalized the use of measure data from all of calendar year 2021 for both the HAC Reduction Program and the Hospital IQR Program.

As part of the Hospital IQR Program, 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 CMS Clinical Data Warehouse by the hospital. For both applicable quarters of fiscal year 2023 data validation, CMS will only validate the sepsis measure as shown on this slide.

As part of the HAC Reduction Program, CMS will validate up to 10 HAI cases total per quarter per hospital as described in the fiscal year 2021 IPPS final rule. For fiscal year 2023 validation efforts, CMS will only validate HAI data for third quarter 2020 and fourth quarter 2020. CMS will validate candidate cases sampled for the following HAI measures: Central-line Associated Bloodstream Infection (CLABSI), Catheter-associated Urinary Tract Infection (CAUTI), Methicillin-Resistant *Staphylococcus aureus* (MRSA), Laboratory Identified (LabID) Events, *Clostridium difficile* Infection (CDI), and Surgical Site Infections (SSI). All hospitals selected are required to provide two quarterly lists of positive cultures. Hospitals will be randomly assigned to submit either CAUTI and CLABSI or MRSA and CDI validation templates, but not all four types. Hospitals will be required to submit both assigned validation templates to CMS for each of the four quarters of the fiscal year that they have been selected to be validated. All hospitals will be validated for SSI. Data for the SSI sample selection will not come from validation templates, but it will rather come from claims-based data submitted by hospitals to CMS for patients who had colon surgeries or abdominal hysterectomies. CMS will select up to two candidate HAI cases.

As described in the fiscal year 2019 inpatient prospective payment system final rule, 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 (NOP) will only be validated under the HAC Reduction Program. The validation processes are intended to reflect to the greatest extent possible the processes previously established for the Hospital IQR Program to aid continue hospital reporting through clear and consistent requirements.

This year, the 400 random hospitals were selected in January of 2021 and up to 200 additional targeted hospitals are anticipated to be selected in spring of 2021. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year's validation effort. The criteria for targeting hospitals is outlined in the IPPS final rule.

Annually, for both the random and targeted hospital selections, a news article, along with a list of selected hospitals, is posted on the CMS *QualityNet* website. A Listserve is released to notify the community the selection has occurred, and the validation support contractor sends an email communication directly to the hospitals selected.

Hospitals that have been selected for validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, hospital IQR, infection control, CDAC medical records, and quality improvement. The validation support contractor monitors email communications to ensure that all hospitals are notified of selection, and any emails that bounce back are researched and hospital contacts are asked to be updated within the CMS system to ensure that future notifications are received.

An updated list of the selected hospitals is available on the CMS *QualityNet* website by clicking on Hospitals-Inpatient and then Data Management followed by Chart-Abstracted Data Validation. The data validation pages on *QualityNet* contain help guides, deadline dates, and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Keeping hospital contacts up to date is necessary to ensure validation related communications and submission deadline email reminders reach appropriate staff at your hospital. Hospitals may check who is listed and make updates to their contacts by sending an email with the six-digit CCN (CMS Certification Number) provider ID to the hospital inpatient support contractor at the email indicated on this slide.

The next four slides should help provide a high-level, general overview of the validation process. More specific information will follow. Hospitals will start the entire process by filling out HAI validation templates for the types for which they have been selected and then submit those templates to the validation contractor via the CMS Managed File Transfer application. The templates contain protected health information (PHI) and may only be submitted using the CMS Managed File Transfer application. Validation templates sent via any other method will be rejected and considered a security breach. Hospitals will submit templates before they receive a medical records request packet. It is strongly recommended that each hospital have at least two active Security Administrators/Officials (SAs/Os) at all times. If you're unable to log into the Hospital Quality Reporting Secure Portal, contact your hospital Security Administrator or Official. If your Security Administrator/Official is unable to re-establish your access, contact the *QualityNet* Help Desk.

After the cases for validation have been selected for the quarter, based on the HAI cases submitted on the HAI validation templates, SSI cases submitted to the CMS via claims data and clinical process of care data submitted to CMS Clinical Data Warehouse, the hospital received 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 their records to CDAC. The CDAC then re-abstracts and adjudicates the selected cases.

It typically takes approximately four months after the quarter submission deadline for hospitals to receive their validation results for the quarter. Educational reviews are offered quarterly based on the release of each quarter's validation results. Completed educational review forms must be submitted within 30 days of the validation results being posted on the Hospital Quality Reporting Secure Portal.

After the 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 reviews are taken into consideration, CMS computes a confidence interval around the score. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the validation requirement. If the upper bound is below 75 percent, the hospital will fail the validation requirement. Hospitals that fail chart-abstracted validation will also be selected for chart-abstracted validation in the next fiscal year. For the first time in fiscal year 2023 data validation efforts, the Hospital IQR Program will calculate a confidence interval using only clinical process of care measures, and the HAC Reduction Program will calculate a separate confidence interval using only the HAI measures. Additional information on how this may affect the payment termination or adjustment will be described later in this presentation.

This slide shows the discharge quarters and associated HAI validation template deadlines for the fiscal year 2023 randomly selected hospitals that were notified of selection in January of 2021. Validation templates are due no later than 11:59 p.m. Pacific Time on each associated deadline date. Validation templates may be submitted immediately following the last day of each quarter period. One template is required for each quarter of data for each type of validation template assigned. For the entire validation fiscal year, hospitals selected randomly in January 2021 should follow the deadlines associated with the random hospitals only.

The hospital selected as targeted in the spring will follow the deadlines for targeted hospitals only. Note, for fiscal year 2023 validation efforts, CMS will only validate HAI data for third quarter 2020 and fourth quarter 2020.

CMS will accept the current validation template version only for each fiscal year. When a template version from a previous fiscal year is submitted, the template will be rejected and the hospital will need to submit a correct validation template version. The correct most recent versions of the template for the fiscal year being validated are available on the Inpatient Chart-Abstracted Data Resources page of *QualityNet.* A direct link is provided on this slide. Download the correct version of the validation template received and save to a location of choice on the computer. Do not save the validation templates with the password. Do not lock them. Files with passwords or those that are locked will be rejected and corrected files will need to be resubmitted.

There are four tabs on each validation template. The tabs are as follows. A Definitions tab provides direct specific instructions for the submission of the template's HAI type. The Template tab is where hospitals enter their data. There's an NHSN location or NHSN ICU location tab depending on the template type which lists all acceptable locations for the respective HAI type. The FY 2023 Submission Instructions tab provides step-by-step details on how to submit validation templates using the CMS Managed File Transfer application. Do not alter or change the original format of the validation templates. Do not delete, rename, or change the order of the tabs. If any format changes are made, the template will be rejected. Some template completion tips for avoiding validation template submission errors are as follows: Refer to the fiscal year 2023 validation template user guide and submission instructions document posted on the chart-abstracted inpatient data validation resources page of *QualityNet.* A direct link is provided on this slide. Verify the correct fiscal year of the validation template is being used. Do not alter the original format of the validation template. 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 template to select valid values. Check all dates for accuracy and submit only via the CMS Managed File Transfer application as validation templates contain PHI and cannot be emailed.

Some additional template completion tips to avoid potential mismatches are as follows: Verify the calendar quarter listed on each validation template is correct. Review all dates for accuracy and correct format as specified on the Definitions tab. Perform quality checks of data entered in this template against what was entered in NHSN. Stay mindful of differing CMS and NHSN deadlines, and check to ensure any cases with separate inpatient rehabilitation facility or inpatient psychiatric facility CCNs are not included on the template.

Feedback regarding the status of validation templates is typically received within two business days of initial submission. If the submitter does not receive a processing confirmation email, please include the hospital's six digit CCN provider ID and an email addressed to validation@telegen.com. After validation templates have been processed, the submitter of the template and the contact listed in the templates first row will receive a confirmation receipt email indicating one of two things: successful submission or errors have occurred that require your attention and resubmission.

A hospital submitting validation templates with processing errors will receive an email notification which includes the errors to be corrected. Please make the correction specified in email and resubmit the file via the CMS Managed File Transfer application. Do not attach a template to the error email or this will be considered a security incident. 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 Manage File Transfer message indicating that a revised template is being submitted. Please also include the word "revised" or "resubmission" in the file name as this will insist assist the validation support contractor in processing.

At predetermined points up until the validation template deadline each quarter, the validation support contractor will send emails and attempt to contact any hospitals that have not yet submitted. Validation templates with errors are not considered as submitted. If a hospital does not submit the required quarterly validation template to CMS by the deadline, they will be assigned placeholder cases. Up to 10 placeholder cases can be assigned and all would be 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 validation template deadline, placeholder cases will also be assigned and scored 0/1. Again, this is not applicable if hospitals submit their HAI validation templates by the deadline.

The validation support contractor provides 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 data are incorrect on the template it could result in mismatches. If the hospital receives an email from the validation support contractor asking for review of the validation due to a possible discrepancy, please reply to the email indicating either a new validation template has been submitted or the data are accurate as submitted and no changes will be needed. Some examples of discrepancy checks are listed CAUTI/CLABSI culture dates not between the admit and discharge date, differences in data that are listed on multiple rows of the template that appear to be the same page yet and same episode of care, or discrepancies between two assigned template types exist where a patient is listed for both templates but the date of birth or admit or discharge date are different from what appears to be the same episode of care.

Validation templates are not validated. They are used to select HAI cases to be validated each quarter. CMS performs a random selection of cases submitted from each validation template type submitted per hospital being validated. Remember, there are not validation templates for SSI cases. After a validation template submission deadline is passed, data submitted on the validation template cannot be changed.

This slide provides a more visual representation of what is included on the HAI sample selection. As explained, CMS will validate up to 10 candidate HAI cases total per quarter per hospital. CMS will select up to four candidate HAI cases from each of the assigned validation templates. CMS will also select up to two candidate SSI cases from Medicare claims for data patients who had colon surgeries or abdominal hysterectomies. When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet the sample size targets. Requests identified from Medicare claims data may include requests for an index admission and readmission record. When both types are requested both records should be submitted.

The CDAC will send hospitals a written request to "Medical Records Director" using FedEx to submit a patient medical record for each case and candidate case CMS selected for validation. It is important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. Important note: The medical records request will be delivered to the address listed under the 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 the six-digit CCN provider ID to the hospital inpatient support contractor at the email indicated on this slide.

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 Hospital Quality Reporting 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, log into the HQR Secure Portal at the link provided on this slide. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select Case Selection. Under Period, select the applicable quarter. Under Provider(s), select the applicable hospital(s). This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to submit medical records or additional documentation after the record has been received by the CDAC. This applies even if the wrong record was sent, or pages are missing, or are illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital originally sent. For these reasons, it is critical that hospitals have a process for reviewing each of their records prior to them being sent to the CDAC. Regardless of who submits your medical records, whether that be a hospital medical record staff, independent delivery services, etc., 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.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient records must be received within 30 days of the request date. For fiscal year 2023 validation efforts, hospitals may submit medical records on paper copy, removable media (CD, DVD, flash drive), or via the CMS Manage File Transfer application. Detailed instructions on how to submit medical records via any of those three methods are provided within the packet delivered by CDAC. Additional information regarding medical records requested by CDAC can be found on the CMS *QualityNet* website by clicking on the CDAC Information tab on the Inpatient Chart-Abstracted Data Validation page. A direct link is provided on this slide.

The following information does not apply to your current validation efforts: It is included here to make you aware of a change to future fiscal year validation processes. CMS has finalized policy which will require the use of electronic file submission via the CMS Managed Transfer Application. CMS will no longer allow the submission of paper copies of medical records or copies on digital portable media (CD, DVD, or flash drive).

Hospitals will be required to submit PDF copies of medical records using direct electronic submission via CMS Managed File Transfer application. This process change will go into effect beginning with quarter one of calendar year 2021 for validation affecting fiscal year 2024 validation efforts and subsequent years.

A helpful document titled *Record Submission Do's and Don'ts* can be found on the Inpatient Chart-Abstracted Data Validation page of *QualityNet.* This document provides tips for avoiding medical record submission errors to the CDAC. A direct link is provided on this slide.

There are three different quarterly validation reports that can be run through the HQR Secure Portal. The three quarterly validation reports are the Case Selection report, the Validation Summary report, and the Validation Case Detail report. Please note that the Validation Summary report and the Validation Case Detail report are not yet available in the new HQR Secure Portal. CMS is working to update the new HQR Secure Portal platform with these additional reports for data validation. Thank you for your patience as CMS works to modernize the HQR platform.

The Case Selection report, which we touched on briefly earlier in this presentation, lists the hospitals cases selected for validation each quarter including all available patient identifiers. This report becomes available after the CDAC mails the records request packet. This report also displays the Medical Record Request Date, the Due to CDAC Date, and each Medical Record Received Date. The Record Received Date remains blank until a record is received by the CDAC. Please note: It could take up to 24 hours for the Record Received Date to populate. To verify receipt of your records, contact the CDAC directly via the email or phone indicated on this slide. This report may appear differently than what is shown on this slide.

Below are instructions on how to access the Case Selection Report in the new HQR Secure Portal. Log into the HQR Secure Portal at the link provided on this slide. From the left-side navigation dashboard, select Program Reporting, then Validation.

Under Program, select Inpatient. Under Report, select Validation Case Selection. Under Period, select the applicable quarter. Under Provider(s), select the applicable hospital(s).

The Validation Summary Report lists each validated case with its score organized by measure set. Note, Validation Summary Reports are not yet available for viewing. CMS is working to update the new HQR platform. with reports for data validation. You'll receive communication from the validation support contractor when these reports become available. Thanks for your patience as CMS works to modernize the HQR platform. Our instructions on how to access the Validation Summary Report in the new secure portal, once it becomes available, are: Log into the HQR Secure Portal. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select Validation Summary Report. Under Period, select the applicable quarter. Under Provider(s), select the applicable hospital(s).

The Case Detail Report provides complete information on all abstracted elements compared to the CDAC abstraction on each case. Mismatches and the associated educational comments from the CDAC are displayed in red font. Note again that Case Detail Reports are not yet available for viewing. You will be notified when it becomes available. Instructions to navigate to the Case Detail Report, once it becomes available, are indicated on this slide.

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. The information needed to request a review can be found on the *QualityNet* website by navigating to the Educational Reviews tab on the Inpatient Chart-Abstracted Data Validation page. A direct link is provided on this slide. If a hospital requests an educational review for any of the first three quarters of validation and the review yields incorrect CMS validation results for chart-abstracted measures, their 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.

One other type of validation report, the Confidence Interval Report, becomes available after all quarterly results of the fiscal year have been completed and a confidence interval has been calculated based on the cumulative results. For the first time in fiscal year 2023 validation, there will be two separate Confidence Interval Reports. One for the clinical process of care cases validated under the Hospital IQR Program and one for the HAI cases validated under the HAC Reduction Program. I'll explain each of these in the next two slides. Note that the Confidence Interval Report is not available for viewing at this point either. You will be notified when it becomes available. Also, a detailed confidence interval fiscal year 2023 document is posted on the Inpatient Chart-Abstracted Data Validation page of *QualityNet*. A direct link is provided on this slide.

For the Hospital IQR Program, if the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. If the upper bound 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 fiscal year 2023 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2022 and 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 or program page of *QualityNet.* A direct link is provided on this slide.

For the HAC Reduction Program, if the upper bound is 75 percent or higher the hospital will pass the HAC Reduction Program validation requirement. If the upper bound is below 75 percent, the hospital will fail the HAC Reduction Program validation requirement. Hospitals that fail chart-abstracted validation will also be automatically selected for chart-abstracted validation in the next fiscal year.

As described in the fiscal year 2019 IPPS final rule, the hospitals that fail validation CMS will assign a maximum Windsorized 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, the hospital will receive the maximum Windsorized z-score for CLABSI and CAUTI and SSI. For the fiscal year 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 (HSR) 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 HAC Reduction Program page of *QualityNet.* A direct link is provided on this slide.

Reconsiderations: Within the Hospital IQR Program, if the hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital received a letter in late spring indicating they have failed to meet the validation requirement of the Hospital IQR Program and will be subject to 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 for Request Form can be found on *QualityNet.* Instructions are provided on this slide. Note: The HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit educational reviews within the 30-day time frame of receiving their quarterly results.

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

Again, this slide does not affect your current fiscal year 2023 validation efforts. For fiscal year 2024 validation efforts, because we will only utilize two quarters in the current fiscal year 2023 validation cycle, we will then align data submission quarters between chart abstracted and eCQM validation, all associated with a full calendar year instead of crossing

calendar your quarters like it has historically occurred under the chart-abstracted validation process. So, as you can see in the table on this slide, we will use quarter one through quarter four of calendar year 2021 for the fiscal year 2024 data validation efforts.

Again, the slide does not affect your current fiscal year 2023 validation efforts. The reason for the stepwise alignment of the quarters used in validation is twofold. CMS has finalized one single sample of hospitals to be selected through random selection and one sample of hospitals to be selected using targeted criteria for both chart-abstracted measures and eCQMs. What this means is there would not be two separate groups of hospitals selected for chart-abstracted validation and eCQM validation but rather one sample of hospitals selected for both types. When aligning the two samples, chart-abstracted and eCQM, into one sample this will naturally mean that all random selection and, more specifically, targeted selection processes would go into effect for eCQMs as well, not just chart-abstracted measures. Lastly, one of the biggest reasons for this alignment of the two samples, CMS has finalized a reduction in the total number of randomly selected hospitals from 400 to up to 200.

Again, this slide does not affect your current fiscal year 2023 validation efforts. To provide a visual of the finalized changes to combine the validation samples as well as reduce the total number of hospitals selected for inpatient data validation efforts, you can see on this slide a table which displays a random selection of up to 200 hospitals and a targeted selection of up to 200 hospitals, totaling up to 400 selected for validation of chart-abstracted clinical processes of care, HAI, and eCQM measure types. Under the aligned validation process for fiscal year 2024, any hospital selected for validation will be expected to submit data to be validated for chart-abstracted clinical process of care measures, HAIs, and eCQMs.

Again, this slide does not affect current fiscal year 2023 validation efforts but, with the alignment of the two samples, comes a combining of scoring processes under the Hospital IQR Program. Beginning with fiscal year 2024 validation efforts, CMS has finalized a combined validation score for the clinical process of care and eCQM measure types.

This single score will reflect a weighted combination of hospital 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 at this time and the chart-abstracted measure agreement rate will be weighted at 100 percent. So, 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 record CMS requests. For example, if eight medical records are requested for eCQM validation, at least six complete medical records must be submitted to meet the 75 percent eCQM portion of the requirement. Note, HAIs will continue to be scored under the HAC Reduction Program.

Validation resources are available on the CMS *QualityNet* website. To access, click on Hospital-Inpatient, then Data Management, followed by Chart-Abstracted Data Validation and, lastly Resources. The direct link is provided on this slide. For assistance with *QualityNet,* including logging in to the HQR Secure Portal, contact the *QualityNet* Help Desk via the information provided on this slide.

Questions may be asked directly by emailing the validation support contractor or by using the CMS Questions and Answers Tool on *QualityNet.* Direct links are provided on this slide. Whether asking a question directly to the validation support contractor email or through the CMS Questions and Answers Tool, please include the hospital's six-digit CCN provider ID. This will expedite or reply with information specific to your hospital. That's all I have. So, I'll hand it back to Candace to close out with questions.

**Candace Jackson:** Thank you, Alex. As Alex said, we will go into a brief question-and-answer session. We'll try to answer as many questions as time allows. If we do not get to your questions today, it will be researched and a response will be provided at a later date on the Quality Reporting Center Website.

So, we will go ahead and get started with our first question. This question is related to the confidence interval. When will fiscal year 2022 confidence interval results be available?

**Alex Feilmeier:** Hey, Candace. So, the fiscal year 2022 confidence interval is inclusive of third quarter 2019, fourth quarter 2019, first quarter 2020, and second quarter 2020. That Confidence Interval Report is anticipated to be available to run on the new HQR Secure Portal in May or June 2021. Hospitals will be notified when that report becomes available in that new HQR Secure Portal.

**Candace Jackson:** Thank you. On that same topic: How is the confidence interval determined if there are no HAIs reported?

**Alex Feilmeier:** It's a good question. I think a lot of people are wondering this. As the HAIs move over to the HAC Reduction Program, there will be two separate Confidence Interval Reports. One Confidence Interval Report will be specific to the HAC Reduction Program, and it will include only the HAI score for the fiscal year. The Hospital IQR Program Confidence Interval Report will only be inclusive of the clinical process of care measures that are available to be validated in the program. In this case, it is only sepsis that is being included in the confidence interval calculation for the Hospital IQR Program.

**Candace Jackson:** Thank you, Alex. When will the result of the quarter one 2020 inpatient validation be available? That would be for fiscal year 2022 payment.

**Alex Feilmeier:** We have been receiving a lot of questions about this, and I'm glad it did come up on this webinar. There are delays to the first quarter 2020 and second quarter 2020 results being received by hospitals. The reason for this delay is because CMS is working to update the new Hospital Quality Reporting platform with reports for data validation but not only data validations. As a lot of you I'm sure are aware, there are massive changes to the entire HQR platform. As a result of those changes, in order to modernize the system, there have also been delays to the validation efforts.

I cannot be certain, but I can predict that the first quarter 2020 Case Detail Reports likely won't be available to run until mid to late April 2021. Again, that's just a guess. That could be later than that. I'm not sure, but we will notify hospitals once those reports become available. So, you don't have to keep logging in and attempting to view reports that aren't there for you yet. CMS does thank you for your patience as they work to modernize the HQR platform.

**Candace Jackson:** Thank you, Alex. On that same topic: Has a time been set when the 200 hospitals will be selected?

**Alex Feilmeier:** The 200 hospitals, I assume they mean the 200 targeted hospitals for this fiscal year 2023. We expect the list of those 200 targeted hospitals for fiscal year 2023 to be selected and notified sometime around May maybe June 2021.

**Candace Jackson:** Thank you, Alex. We have a few providers that are really thinking ahead and wanting to know when will fiscal year 2024 random hospital selections take place and when will the hospital selection be posted.

**Alex Feilmeier:** Another good question! The fiscal year 2024 inpatient data validation selection for the randomly selected hospitals is anticipated to occur sometime around June 2021, as well. So, I know for some of you that have been validated before, this is a little bit of a change to what you're used to. As noted on some of the slides in the presentation, there are several changes that have occurred to the timeline of validation efforts in order to better align the eCQM and chart-abstracted side of things. For fiscal year 2024, we estimate the selection of random providers to be sometime around June 2021, and we are aware that this means that there may be a targeted selection and a random selection occurring at a similar time. However, they will not be for the same fiscal year and will not be overlapping each other, if you will.

**Candace Jackson:** Thank you, Alex. Our next question: After submission of the validation template, how soon can a hospital expect to receive the packet listing the patients selected for validation?

**Alex Feilmeier:** This really does depend on several variables, but it can typically take anywhere between two weeks to four weeks after the HAI validation template deadline. To make sure that it's clear, that does not mean two to four weeks after you submit your template, but rather two to four weeks after the actual submission deadline. That can be longer than four weeks depending on the quarter, whether you're randomly or targeted selected for validation, and other things. It's typically around two to four weeks after that HAI template deadline.

**Candace Jackson**: Okay. Our next question: I have already submitted my quarter four validation charts. Did I do this too early? Could it overwrite my third quarter submissions?

**Alex Feilmeier:** I'm going to guess that this question is related to the submission of the HAI validation templates, and I think I'm understanding what they're asking. I think what they're asking is, if I submitted my third quarter templates and then I also submitted my fourth quarter templates, is it somehow overwriting my third quarter template submission. The answer to that question is no. The HAI template submissions are specific to the quarter. So, if you were to have submitted a third quarter template and then subsequently submitted a fourth quarter template, they do not overwrite each other. However, if you were to submit a third quarter template and then before the template deadline for third quarter were to submit another third quarter template, then yes, the most recent template submission for a quarter is the version that we will put into the live data.

**Candace Jackson:** Thank you, Alex. As we are talking about submissions, why does it take so long to get our results? Years ago, when we submitted data, we received finalized report within a month. Now, it seems to take much longer to get a report back.

**Alex Feilmeier:** Yes, there have been delays in more recent quarters as I mentioned as a result of those HQR Secure Portal redesign efforts and modernization efforts. Furthermore, it depends on the number of cases that are submitted, the program under which the cases have been selected (for example, an inpatient medical record abstraction and or subsequent processes related to

validation always take longer than outpatient), also the order in which records have been received. So, if somebody submits their validation records before others, then, of course, they're abstracted, adjudicated, and the validation process moves through on a "first-come, first-served basis." So, there are a lot of variables that could change how long it takes you to receive your results. I suppose that encourages people to submit as early as you can.

**Candace Jackson:**     Okay. Good tip, Alex. Thank you. Our next question is in relation to the sepsis abstraction validation. If there are mismatches between individual elements within SEP-1, but both the original abstractor and the validator come up with the same end result, could this scenario still be considered a mismatch case and lower the validation score, or would this be considered a match, perhaps then with an educational comment?

**Alex Feilmeier:**     This is a really good question, and I understand the concern that a lot of hospitals have related to sepsis, in particular. The answer to your question is, "As long as the end result the outcome of the measure is the same between a CDAC abstractor and what the hospital originally submitted, then it would be considered a match." So, it's not like if the abstractor at your hospital and the CDAC mismatches on one element, let's say. If that one element doesn't change the outcome of the measure, then that doesn't constitute a mismatch in terms of the validation efforts. So, individual elements are not validated in and of themselves, but rather the validation occurred at the outcome level. Hopefully, that is clear.

**Candace Jackson:**     We have time for one more question. Regarding CDAC record submission, can we highlight the data points that the CDAC will be looking for in the chart? Are there any high-level other tips that you can provide to ensure a smooth validation process?

**Alex Feilmeier:**     The CDAC abstractors are instructed in their training to ignore highlighting or notes or things that are placed on a medical record after it's been gathered and sent to them.

I guess the tip that I would give as it relates to that question is things that are within the actual medical record, inside actual form fields, those are technically considered part of the record. However, that does not mean to say that if something is in a note that it is guaranteed to change the decision-making points of what the abstractors are required to do. So, the abstractors are following the same guidance as your hospital abstractors are when they perform their abstraction and adjudication. Yes, they are not allowed to look at highlighting or sticky notes or even written notes on top of records that have already been considered the true medical record.

**Candace Jackson:** Thank you, Alex. Again, that concludes our question-and-answer session. Again, if we did not get to your question today, it will be addressed and posted at a later date.

As mentioned earlier in the webinar, this webinar has been approved for one continuing education credit. You can get to that by clicking on the link on the slide.

That concludes our webinar for today. We thank everyone for joining and we thank Alex for providing such wonderful information. We hope that you have a great day. Thank you.