Hospital Inpatient Quality Reporting (IQR) Program

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

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

Questions and Answers

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July 7, 2021
2:30 p.m. Eastern Time (ET)

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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: **How is the confidence interval (CI) determined if there are no hospital-associated infections (HAIs) reported?**

As HAIs have moved to the Hospital-Acquired Condition (HAC) Reduction Program, the CMS Clinical Data Abstraction Center (CDAC) will send two separate confidence interval (CI) reports.

One CI report will be specific to the HAC Reduction Program, and it will include only the HAI score for the fiscal year (FY). Hospitals will not be penalized through the data validation efforts if there are no HAIs to validate.

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

Question 2: **When will the FY 2024 random hospital selection take place and when will the hospital selection be posted?**

The FY 2024 inpatient data validation selection notification went out to the hospitals in mid-June of 2021. To check if your hospital was selected, you can view the Inpatient Data Validation Resources page on QualityNet to see the list for both the FY 2023 hospital selection and the random selection of FY 2024.

Question 3: **After a hospital submits the validation template, when can it expect to receive the packets that list the patients selected for validation?**

It typically takes between two to four weeks after the HAI validation template deadline for the CDAC to notify hospitals and send the medical records request packet. Please note that some factors can cause case selection to take longer than four weeks. Those factors include the quarter and the type of selection (random or targeted).

Question 4: **Regarding validation of the sepsis measure, if the original abstractor and the validator find the same end result or outcome despite data element mismatches, is this a mismatched case that could lower the validation score, or is this a match with an educational comment?**

For sepsis, as long as the end result, or the measure outcome, is the same between a CMS CDAC abstractor and the original hospital submission, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatch 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; validation occurs at the outcome level.

Question 5: **Are hospitals 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 would not be able to reference any type of letter/memo/explanation as to how and/or why documentation was abstracted a particular way by your hospital's abstractors. CDAC abstractors would disregard written notes that are not part of the original medical record based on the General Abstraction Guidelines: "It is not the intent to have documentation added at the time of abstraction to ensure the passing of the measure." The General Abstraction Guidelines also state that the medical record must be abstracted as documented (taken at "face value").

Screenshots of information contained within the electronic health record (EHR) are technically part of the medical record. Therefore, screenshots will be considered acceptable sources when submitted with the record. Additionally, if a note or text field within the actual EHR contains information/explanation of the referenced documentation, it may be taken into consideration during abstraction. It is important to note that, although this information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. The CDAC abstractors will still need to follow data element specific guidelines.

Question 6: **Are HAI validation templates submitted only if a hospital is chosen for validation, or are they submitted in any case?**

Submission of HAI Validation Templates is needed only if a hospital has been selected for validation; if a hospital was not selected for validation, they do not submit HAI Validation Templates.

Question 7: **Does this reporting and validation process apply to critical access hospitals (CAHs)?**

CAHs are not included in CMS inpatient data validation efforts. However, we still encourage CAHs to continue to submit the data for both public reporting and quality improvement processes.

Question 8: **Are there predetermined dates or time periods when the hospital will receive emails related to HAI validation templates?**

The Validation Support Contractor 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 of the upcoming deadline. As the Validation Support Contractor, we want to ensure that we are doing everything we can to make sure hospitals don't fail the validation requirement because they didn't get something submitted on time.

Question 9: **If there are no positive cultures during a given quarter, do we submit a blank template?**

Hospitals will still need to submit HAI Validation Templates even if there are no positive cultures during a given quarter. Please fill out the Hospital Information Section's required fields as indicated on the Definitions tab of the template. You may also view the *User Guide and Submission Instructions* document for further information on the Inpatient Data Validation Resources page of QualityNet.

Question 10: **If we are selected for *Clostridium difficile* (C. diff) and Methicillin-resistant *Staphylococcus aureus* (MRSA), are we automatically selected for Sepsis (SEP)-1?**

Yes. For all selected hospitals with an active Notice of Participation, as a part of the Hospital IQR Program's FY 2023 data validation efforts, CMS will validate up to eight cases for chart-abstracted 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. For all quarters of FY 2023 data validation, CMS will only validate the sepsis measure within the clinical process of care measure type.

Question 11: **Are hospitals able to submit an educational review even if they have received a high score?**

If a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review, regardless of score, within 30 days of receiving an email from Validation@Telligen.com indicating validation results are available.

Question 12: Is there a significant delay in validation results?

CMS is working to provide data validation reports on the Hospital Quality Reporting (HQR) Secure Portal. These modernization efforts delayed results for selected cases that were submitted for quarter (Q)1 2020 and Q2 2020.

As soon as the Case Detail Reports are available, hospitals that submitted validation data will be able to run their report through the HQR Secure Portal. The Validation Support Contractor will notify hospitals when their reports become available. We appreciate your patience as CMS works to modernize the HQR platform.

Also, CMS granted exceptions for Q1 and Q2 2020 in response to COVID-19 and is focusing validation resources on quarters that have a direct impact on current payment determinations/adjustments within the Hospital Outpatient Quality Reporting, IQR, and HAC Reduction Programs (e.g., FY 2023 validation efforts). For these reasons, CMS anticipates that some Q1 and Q2 2020 reports may be available in the next several weeks, while others may take longer.

Question 13: Since sepsis is such a complicated measure, with abstraction rules that constantly change, is the score of each chart weighted?

Sepsis is scored as 0/1 or 1/1. 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 mismatch 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; validation occurs at the outcome level. The Hospital IQR Program CI calculation will be weighted 100 percent on the validated performance of the sepsis measure.

Question 14: If a record is submitted prior to the deadline, can the hospital resubmit the record with additional information? Which record is used for the CDAC's validation?

The CDAC can only accept the initial record submitted. No additional documentation or replacement records can be accepted. It is important to check each record for completeness before submitting it.

Question 15: How can a hospital request an educational view if we can't see our "mis-matches"?

If a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review, regardless of score, within 30 days of receiving an email from Validation@Telligen.com indicating validation results are available.

Question 16: How do I determine which patients go on the template?

For MRSA and C. diff, hospitals will include all positive cultures/specimens collected during an inpatient episode of care.

For catheter-associated urinary tract infection (CAUTI) and central line-associated blood stream infection (CLABSI), hospitals will produce a list of all positive cultures collected during an intensive care unit stay.

Question 17: Are HAIs validated by the National Healthcare Safety Network (NHSN) definitions or the HAC Reduction Program definitions?

To report HAIs to CMS, please follow the instructions found on the Definition tab of each HAI Validation Template. There are some scenarios where reporting to CMS and NHSN differ; however, if reporting correctly to both organizations based on the criteria/instructions provided, the Validation Support Contractor is aware of the differences and will validate accordingly.

Question 18: How will electronic clinical quality measures (eCQMs) be sampled for validation? Will the CDAC ask for specific cases to be submitted? How will these cases be submitted?

For FY 2023 eCQM data validation efforts, CMS will select up to eight cases (i.e., patient charts/medical records) per hospital for a single quarter. From that one quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reports, for no more than eight cases total across all measures.

For example, if the hospital reports four measures—emergency department (ED)-2; venous thromboembolism (VTE)-1; VTE-2; and stroke (STK)-2)—CMS may randomly select two cases from each measure without exceeding eight total cases. This process will ensure CMS evaluates a mix of measures, rather than those measures reported with the greatest frequency. CMS may group measures prior to selection to support this strategy.

After hospitals have been notified of their selection as a validated hospital, the CDAC will send hospitals a written request via FedEx to submit a patient medical record for each case that CMS selected for validation. CMS anticipates the medical record request packet will be sent in late summer or fall 2021.

Hospitals have 30 calendar days from the date on the request to submit records to the CDAC. Hospitals will receive a written notice if the CDAC does not receive the records within 15 days of issuing the request, which is approximately 15 days before the due date. Hospitals must submit the requested medical records in Portable Document Format (PDF) file format via the CMS Managed File Transfer (MFT) web-based application. If the CDAC does not receive the requested records by the deadline, the records are not eligible for validation and will not count toward the number of records submitted.

Question 19: **How are combined accounts validated? For example, two encounters are combined into a final single chart due to billing. How are those validated?**

This is a specific question that requires more detailed information to provide an appropriate answer. Please reach out to the Validation Support Contractor at validation@telligen.com directly if you have questions/concerns about a specific selected case.

Question 20: **For the validation of the sepsis measure, is there only one composite score or will the CDAC validate each of the individual bundles (Severe Sepsis 3-Hour and 6-Hour bundles and Septic Shock 3-Hour and Septic Shock 6-Hour bundles)?**

Sepsis is scored as 0/1 or 1/1 as the composite measure only. If the end result, or the measure outcome, is the same between a CMS CDAC abstractor and the original hospital submission, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatch 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; validation occurs at the outcome level.