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

Presentation Transcript

Speaker

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

Moderator

Candace Jackson, APN
Program Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contactor

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Candace Jackson: Good afternoon and welcome to the *Overview of FY 2023 Inpatient Data Validation Efforts for Targeted 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 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 is at our link, 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 today. 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 those questions into the Ask a Question window with the slide number associated. Unfortunately, we will not be able to have a live question-and-answer session today. The questions received during the webinar will be responded to and posted at a later date. 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 discuss the Centers for Medicare & Medicaid Services inpatient chart-abstracted data validation process as part of the Hospital Inpatient Quality Reporting Program fiscal year 2023 payment determination and the Hospital-Acquired Condition Reduction Program fiscal year 2023 program year.

At the end of this presentation, participants will 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 validation templates through the CMS Managed File Transfer application, submit medical records requested by the CMS Clinical Data Abstraction Center, 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. Alex, the floor is yours.

Alex Feilmeier: Thanks, Candace. CMS assess the accuracy of clinical-abstracted clinical process of care data in the Hospital Inpatient Quality Reporting Program and 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's 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.

The quarters included in the FY 2023 data validation efforts are third quarter 2020 (3Q 2020) and fourth quarter 2020 (4Q 2020).

Note, as described in the FY 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 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 for all of CY 2021 for both the HAC Reduction Program and the Hospital IQR Program.

As a 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 FY 2023 data validation, CMS will only validate the sepsis measure, as shown on this slide.

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 Final Rule, for FY 2023 validation efforts, CMS will only validate HAI data for 3Q and 4Q 2020. CMS will validate candidate cases sampled for the following HAI measures: central line-associated blood stream infection (CLABSI); catheter-associated urinary tract infection (CAUTI); Methicillin-Resistant *Staphylococcus aureus* (MRSA) laboratory-identified (LabID) events; *Clostridium difficile* Infection (CDI) LabID events; and Surgical Site Infection (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 selected hospitals will be validated for SSI. Data for the SSI sample selection will not come from validation templates, but they 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 SSI cases.

As described in the FY 2019 IPPS 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 will only be validated under the HAC Reduction Program.

The validation processes are intended to reflect, to the greatest extent possible, the process previously established for the Hospital IQR Program to aid continued hospital reporting through clear and consistent requirements.

This year, the 400 random hospitals were selected in January of 2021, and 200 targeted hospitals were selected in June of 2021. In a typical year, CMS targets hospitals based on multiple criteria outlined in the IPPS final rule. Many of the targeting criteria are based on previous fiscal year validation efforts. However, due to CMS granting unprecedented exceptions in response to the public health emergency for the 2019 Novel Coronavirus (COVID-19), this year's targeting has been based solely on whether hospitals have been selected for CMS data validation in any of the previous three years.

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; a Listserve is released to notify the community that 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 assure that 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 assure 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 [Data Validation], and lastly [Resources]. The Data Validation pages on QualityNet contain fact sheets, help guides, 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 their six-digit CCN/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 the HAI validation templates for the types for which they have been selected, and then submit the templates to the Validation Contractor via the CMS Managed File Transfer (MFT) application. The templates contain Protected Health Information (PHI) and may only be submitted using the CMS MFT application. Validation templates sent via any other method will be rejected and considered a security incident. Hospitals will submit templates before they receive a medical records request packet. It is strongly recommended that each hospital have Security Administrators/Officials (SA/O) at all times. If you are unable to log in to the Hospital Quality Reporting (HQR) Secure Portal, contact your hospital's Security Administrator. If your Security Administrator is unable to reestablish your access, contact the QualityNet Help Desk.

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 request to send their records to the CDAC.

The CDAC then re-abstracts and adjudicates the selected cases.

It typically takes approximately four months after the quarter's 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 HQR Secure Portal.

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 upper bound is below 75 percent, the hospital will fail the validation requirement. Hospitals that fail chart-abstracted validation will also automatically be selected for 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 measures, and the HAC Reduction Program will calculate a separate confidence interval using only the HAI measures. Additional information on how this may affect payment determination or adjustment will be described in greater detail later in this presentation.

This slide shows the discharge quarters and associated HAI validation template deadlines for the FY 2023 targeted selected hospitals that were notified of their selection in June 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, and the hospitals selected as a targeted in June 2021 should follow the deadlines for targeted hospitals only.

Note, for FY 2023 validation efforts, CMS will only validate HAI data for 3Q 2020 and 4Q 2020.

CMS will accept the current 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 resubmit the correct template version. The correct, most recent versions of the validation templates for the fiscal year being validated are available on the Inpatient Data Validation Resources page of QualityNet. A direct link is provided on this slide. Download the correct version of the validation templates needed and save to a location of choice on a computer. Do not save the validation templates with a password, and do not lock them. Files with passwords or 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 directions specific to the submission of the template's HAI type. The Template tab is where hospitals enter their data. An NHSN Location or NHSN ICU Location tab (depending on the template type) 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 FY 2023 Validation Template User Guide and Submission Instructions document posted on the Data Validation Resources page of QualityNet. A direct link is provided on the slide. Verify the correct fiscal year of validation template is being used. Do not alter the original format of the templates. Review the Definitions tab on each validation template for direction on filling out specific fields. Fill in all required fields denoted with an asterisk. Use the drop downs provided in the templates to select valid values.

Check all dates for accuracy. Submit ONLY via the CMS Managed File Transfer application, as validation templates contain PHI and CANNOT be sent via email.

Some additional template completion tips to avoid potential mismatches are as follows. Verify that 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 into this template against what was 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.

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 six-digit CCN/Provider ID in an email addressed to Validation@Telligen.com. After validation templates have been 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, successful submission or errors have occurred that require your attention and re-submission.

A hospital submitting a validation template with processing errors will receive an email notification, which includes the errors to be corrected. Please make the corrections specified in the 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 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 message indicating that a revised template is being submitted. Please also include the word "Revised" or "Resubmission" in the file name. This will 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 templates 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. Remember, this will not apply to you if you submit your templates as needed by the deadline.

The Validation Support Contractor 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, it could result in mismatches. If the hospital receives an email from the Validation Support Contractor asking for review of a validation template due to a possible discrepancy, please reply to the email indicating that either a new validation template has been submitted or that the data are accurate as submitted and no changes are needed.

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

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 has passed, data submitted on a validation template cannot be changed.

This slide provides a more visual representation of what is included in the HAI sample selection. As explained, CMS will validate up to ten 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 data for 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 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. Next slide.

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 that 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 their 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 with a validation role. The report can take several business days after the original request date to become available. To access the report, log in to 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 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 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 hospital medical records 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. Next slide.

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 FY 2023 validation efforts, hospitals may submit medical records on paper copy, removable media (such as a CD, DVD, or flash drive), or via the CMS Managed File Transfer application. Detailed instructions on how to submit medical records via any of those three methods are provided within the packet delivered by the CDAC. Additional information regarding medical records requested by the CDAC can be found on the CMS QualityNet website by clicking on the CDAC Information tab on the Inpatient Data Validation page. A direct link is provided on this slide. Next 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 a policy which will require the use of electronic file submission via the CMS Managed File Transfer application. CMS will 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 Managed File Transfer application. This process change will go into effect beginning with Q1 of CY 2021 discharges for validation affecting the FY 2024 validation efforts and subsequent years. Next slide.

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

There are quarterly validation reports that can be run through the HQR Secure Portal. The quarterly validation reports are the Case Selection Report and the Case Detail Report. Note: CMS continues to modernize the HQR Secure Portal. Data validation reports and the way hospital data are displayed may change in the coming months. Thank you for your patience as CMS works to modernize the HQR platform. Next slide.

The Case Selection Report, which we touched on briefly earlier in this presentation, lists all of a hospital's 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 Records Request Date, the Due to CDAC Date, and each 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. The report may appear differently than what is shown on this slide. Next slide.

Below are instructions on how to access the Case Selection Report in the new HQR Secure Portal: Log in to the Hospital Quality Reporting 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). Next slide.

The Case Detail Report provides complete information about all abstracted elements compared to the CDAC re-abstraction on each case. Case Detail Reports are not yet available for viewing for all hospitals. CMS is working to update the new HQR platform with reports for validation. You will receive communication from the Validation Support Contractor when these reports become available. Thanks for your patience as CMS works to modernize the HQR platform. Next 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 page of the Inpatient Data Validation pages. A direct link is provided on this slide. Next slide.

If a hospital requests an educational review for any of the first three quarters of validation and this review yields incorrect CMS validation results for chart-abstracted measures, the corrected quarterly score will be used to compute the final confidence interval. For the HAC Reduction Program, the annual confidence interval will include the updated scores for all four quarters of HAI measures. Note, in the current IPPS proposed rule, CMS has proposed to align the educational review process for both the Hospital Inpatient Quality Reporting Program and the HAC Reduction Program. If finalized, all quarterly score corrections would be used in the calculation of the confidence interval for all four quarters for HAI and clinical process of care measures. Next slide.

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 FY 2023, there will be two separate Confidence Interval Reports. One is for the clinical process of care cases validated under the Hospital IQR Program, and one is for the HAI cases validated under the HAC Reduction Program. I'll explain each of these in the next two slides. A detailed FY 2023 confidence interval document is posted on the Inpatient Data Validation Resources page of QualityNet. A direct link is provided on this slide. Next slide.

For the Hospital IQR Program, if the upper bound of the confidence interval (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 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. A direct link is provided on this slide. Next 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 automatically be selected for validation in the next fiscal year. As described in the FY 2019 IPPS Final Rule, 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.

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 adjustments can be found on the Payment page of the Hospital-Acquired Condition Reduction Program page of QualityNet. A direct link is provided on this slide. Next slide.

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 they failed to meet the validation requirements of the Hospital IQR Program and will be subject to a reduction of their annual payment update. At that time, the hospital may request a reconsideration of its validation results. The hospital would then provide information for the reason they are asking CMS to reconsider. Initial information on the reconsideration request form are on QualityNet. Select [Hospitals – Inpatient], [Quality Reporting Program], [APU], and [APU Reconsideration] from the left-side navigation pane. A direct link is provided on this slide. The HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit educational reviews within a 30 day time frame of receiving their quarterly results. Next slide.

The following four slides include information that does NOT affect your current FY 2023 validation efforts. They are included here to make you aware of a change in a future validation process. Next slide.

Reminder: This slide does NOT affect your current FY 2023 validation efforts. For FY 2024 validation efforts, because we will only utilize two quarters of the current FY 2023 validation cycle, we will then align data submission quarters beginning between chart-abstracted and eCQM validation. All are associated with a full calendar year, instead of crossing calendar year quarters as before. As you can see on the table on this slide, we will use quarter one through quarter four of 2021 for the FY 2024 data validation efforts. Next slide.

The reason for the stepwise alignment of the quarters used in validation is two-fold. CMS has finalized one single sample of hospitals to be selected through random selection, and one sample of hospitals to be selected using targeting 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 the random selection and, more specifically, targeted selection processes would go into effect for eCQMs as well, not just chart-abstracted measures. Lastly, and 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. Next slide.

To provide a visual of the finalized changes to combine the validation samples, as well as reduce the total number of hospitals selected for all 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 hospitals selected for validation of chart-abstracted clinical process of care, HAI, and eCQM measure types. Under the aligned validation process, any hospital selected for validation will be expected to submit data to be validated for chart-abstracted clinical process of care measures, HAIs, as well as eCQMs.

With an alignment of the two samples comes a combining of scoring processes under the Hospital IQR Program, and beginning with FY 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 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.

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 submissions of at least 75 percent of the records CMS requests. For example, if eight medical records are requested, at least six complete medical records must be submitted to meet the 75 percent threshold. Note: HAIs will continue to be scored separately under the HAC Reduction Program. Next slide.

Validation resources are available on the CMS QualityNet website. To access, Click on [Hospitals – Inpatient], then [Data Management], followed by [Data Validation], and lastly [Resources]. A direct link is provided on the slide. For assistance with QualityNet, including logging into the HQR Secure Portal, contact the QualityNet service center at the information provided on this slide. Next slide.

Questions may be asked by directly emailing the Validation Support Contractor or by using the CMS Question and Answer 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 Question and Answer Tool, please include the hospital six-digit CCN/Provider ID. This will expedite a reply with information specific to your hospital. That's all I have. I'll hand it back to Candace to close us out. Thank you.

Candace Jackson: Thank you, Alex for presenting all of this beneficial information for us today. Next slide, please.

As stated earlier, unfortunately, we will not be able to have a live question-and-answer session today; however, as many questions have been submitted during the webinar, and we encouraged you to submit those questions, those questions will be responded to and posted at a later date. Next slide, please.

We are offering one CEU credit for the webinar today. As you can see on the slide, credit can be obtained by clicking on the link that is provided here for you. Next slide.

I would again like to thank Alex for presenting today, and I would also like to thank all of you for joining us today. I hope this presentation has been beneficial to you, and we hope that you have a great day.