Hospital Inpatient Quality Reporting (IQR) Program

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

Overview of FY 2024 Inpatient Data Validation Efforts for Randomly Selected Hospitals

Questions and Answers

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

Question 1: **When will we receive results of the fiscal year (FY) 2022 inpatient validation for quarter (Q)1 and Q2 2020 discharges?**

CMS is working to update the Hospital Quality Reporting (HQR) Secure Portal with data validation reports and selected case results submitted for Q1 and Q2 2020. However, the response to the COVID-19 Public Health Emergency (PHE) during this modernization delayed these updates.

CMS is focusing on validating quarters that have a direct impact on the Hospital IQR and Hospital-Acquired Condition (HAC) Reduction Programs (FY 2023 validation efforts, for example), and some Q1and Q2 2020 reports may be available in the next several weeks. Others might take longer. As soon as the reports are available for your hospital, the Validation Support Contractor will notify you. Then, you will be able to run the report through the HQR Secure Portal. CMS appreciates your patience as work continues to modernize the new HQR platform.

Question 2: **What is the timeline for receiving Q3 and Q4 2020 validation packets?**

It typically takes two to four weeks after the Hospital-Associated Infection (HAI) validation template deadline for the Clinical Data Abstraction Center (CDAC) to send the packets. Case selection can take longer than four weeks depending on the quarter, the type of selection (random or targeted), and other factors. Refer to the Inpatient Data Validation Resources page on QualityNet for additional information.

Question 3: **If we were chosen for validation, what email address within the Managed File Transfer (MFT) should I use to send the HAI templates?**

Refer to the FY 2024 Validation User Guide and Submission Instruction document on the Inpatient Data Validation Resources page on QualityNet. It provides detailed instructions to submit data on the template, submit the HAI validation template, and submit data through MFT. Additionally, there is a Submission Instructions tab on each template with the link to the resource page.

Question 4: **How or where do we go to fill out the validation templates?**

The Validation User Guide and Submission Instruction document, on the Inpatient Data Validation Resources page on QualityNet, provides information. Verify that you are looking at the correct FY as the FY 2023 document is listed near the FY 2024 document. Refer to the right header for the most up-to-date versions. The Definitions tab explains which cases meet the criteria for the template. From there, the document will show you how to submit it.

Question 5: **What happens if the hospital does not submit the requested charts by the submission deadline?**

Records that are requested, but not received by the CDAC, by the deadline listed on the request packet will not be eligible for validation and will not be abstracted by the CDAC. Those cases that are not received will automatically get a 0/1 score. We strongly recommend that you submit those medical records by or prior to the deadline. If there is a circumstance that prevents you from submitting by the deadline, you do have the option of submitting an Extraordinary Circumstance Exception (ECE) that goes through the formal ECE process.

Question 6: **If the hospital has an approved ECE or an inpatient prospective payment system (IPPS) Measure Exception does a blank template need to be submitted?**

This depends on the circumstances. In situations where a hospital has no cases, but doesn't have any kind of ECE on file, they would have to submit a template and indicate "No" as to whether they had any final cultures or specimens. If a hospital has an approved ECE or IPPS Measure Exception, it is best to reach out to the Validation Support Contractor to confirm that we have your exception on file. If you do have an approved exception on file, you will not be required to submit the HAI templates.

Question 7: **Is the match or mismatch of the validated record based on the outcome of the measure or on each individual question in the measure?**

For sepsis, if the result or outcome is the same between the CMS CDAC abstracter and the hospital's original submission, it would be considered a match. If there is a mismatch on one element and that one element doesn't change the measure outcome, then that doesn't count as a mismatch in validation.

Question 8: **Will the FY 2024 templates remain the same for all four quarters?**

Yes, the templates will remain the same for all four quarters. Although the templates will remain the same, you are unable to submit a template before the end of a quarter. It is suggested that you verify which template you are using to ensure that you have the most recent version of the template in case there is a minor change to something within it. CMS will communicate if there are any changes to the templates.

Question 9: **What would happen if the hospital "over abstracts" a case, meaning the hospital has a measure outcome of either passed (E) or failed (D) but the CDAC has a measure outcome of excluded (B)? For example, an abstracted case has a measure outcome of "E" but the CDAC determines the patient was a transfer, has a measure outcome of "B," and the case shouldn't have been abstracted any further. What if the CDAC determines there was comfort care and it shouldn't have been abstracted any further. Will the case be a mismatch or receive an educational comment?**

If the result, or the measure outcome, is the same between a CMS CDAC abstractor and the hospital's original submission, 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.

In this example, the CDAC may provide an educational comment describing what they found for the elements that didn't align, despite the case result being a "Match" for the purposes of data validation efforts.

Question 10: **For calendar year (CY) 2021/FY 2024 electronic clinical quality measure (eCQM) validation, is it pass/fail based upon 75 percent of the medical records submitted?**

Yes. Although the accuracy of eCQM data and the validation of eCQM 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 eCQM records CMS requests. For example, if 16 eCQM medical records are requested, at least 12 complete eCQM medical records must be submitted to meet the 75 percent requirement.

Question 11: **For Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (CDI) validation, should all patients with identified infections be included on the respective template, or just the hospital onset infections?**

Please follow the instructions for reporting all final positive cultures/specimens to CMS on each HAI Validation Template's Definition tab, regardless of hospital onset vs. community onset. If you have a case-specific question, please reach out to us directly at validation@telligen.com.

Question 12: **How do I verify who has the validation role in my hospital?**

Each hospital's QualityNet Security Official can view who has the validation role at their hospital. If your Security Official is unable to determine this, you may reach out to the QualityNet Service Center. The QualityNet Service Center is open from 8 a.m. to 8 p.m. ET, Monday through Friday. Email qnetsupport@hcqis.org or call (866) 288-8912.

Question 13: **How can the CDAC audit eCQMs from both discrete and non-discrete data elements? Electronic medical records (EMRs) are not intelligent enough to review free texted progress notes for measure exclusions.**

The CDAC will abstract from the complete medical record submitted by the hospital based on the specifications for each respective program/measure. The medical record must contain sufficient information for the CDAC to determine measure eligibility and/or outcome.

The intent of a quality measure is to assess the quality of care provided to a patient. Thus, when validating cases, the CDAC will review data in both discrete and non-discrete fields of the records provided and compare the medical record data to the Quality Reporting Document Architecture (QRDA) data based on the eCQM specifications.

Additionally, as the CDAC completes the abstraction, the entire record is reviewed to determine if the quality of care aligns with the measure specifications. Patterns observed in documented data in structured and unstructured fields may be shared with the measure stewards.

At this time, the accuracy of reported eCQM data does not affect payment, and the ultimate passing or failing of validation is based on the timely submission of at least 75 percent of the records requested by CDAC.

Question 14: **For the completion of the HAI templates, if there are more than three pathogens for one patient, do we leave the fourth pathogen out since only "Pathogen A*" is a required field in the template?**

If there are more than three pathogens for one patient, you may repeat the patient information on the next row and add the additional pathogens. If this step is unclear, feel free to reach out to the Validation Support Contractor directly at validation@telligen.com and we would be happy to assist you.

Question 15: **Can you please explain why the entire inpatient medical record for CDI or MRSA are not submitted? What is the consequence if the entire record was submitted?**

For CDI and MRSA medical record submissions, hospitals are directed by the CDAC to submit only the Admission, Discharge, Transfer record, and all laboratory reports from this episode of care and from all other inpatient admissions at your hospital 14 days prior to the selected episode of care. Information outside of the specified timeframe is not needed for these validation efforts, and additional pages causes additional unnecessary paperwork/storage/labor.

Question 16: **Slide 57. What needs to be submitted for eCQM data?**

As part of the Hospital IQR Program inpatient data validation affecting the FY 2024 payment determination, CMS will validate up to 16 cases from two calendar quarters of CY 2021 eCQM data (up to 8 cases per quarter x 2 quarters) (85 FR 58950). From each quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reported to CMS, 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 eCQM cases per quarter. This process will ensure CMS evaluates a mix of eCQMs, rather than those eCQMs reported with the greatest frequency. CMS may group eCQMs prior to selection to support this strategy.

Selected hospitals will receive a request for eCQM medical records from the CDAC. The CDAC will send the written request via FedEx. The request will provide instructions to submit the patient medical record for each case that CMS selected for validation. Selected hospitals have 30 days from the original request date to submit requested records to CDAC. Although the accuracy of eCQM data and the validation of eCQM 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 eCQM records CMS requests. For example, if 16 eCQM medical records are requested, at least 12 complete eCQM medical records must be submitted to meet the 75 percent requirement.

Question 17: **Slide 20. How often are facilities "randomly selected"? Could a hospital be selected for three or four years in a row if there were no issues with their confidence interval (CI)? Is this the result of the COVID-19 exception and fewer requirements to submit data?**

The random hospital selection process is entirely randomized across all eligible hospitals. It is possible for a hospital to be selected in consecutive years. Exceptions from previous years have no bearing on the likelihood of being selected.

Question 18: **Will CMS use all submitted CDAC cases for validation results to calculate the CI (including exempt cases)?**

Under the Hospital IQR Program and the HAC Reduction Program, CMS can grant data validation exceptions to hospitals located in areas that were designated as major disaster areas by the Federal Emergency Management Agency (FEMA). CMS may grant exceptions to hospitals located in FEMA-designated disaster areas even if the hospital did not submit an ECE request. Those hospitals may not be required to submit data for the quarters covered by exceptions communicated by CMS. Hospitals may also submit specific ECE requests based on individual extraordinary circumstances beyond the control of the facility. If approved, the hospital would not be required to submit data to CMS for the applicable validation requirements.

Question 19: **If a hospital was selected for random validation, would only the Q3 and Q4 2020 SEP-1 cases be used to calculate the Hospital IQR Program CI?**

The quarters included in the inpatient data validation efforts for FY 2024 are Q1 2021, Q2 2021, Q3 2021, and Q4 2021. All four quarters will be used to calculate the Hospital IQR Program confidence interval.

Question 20: **How is the annual payment update (APU) affected if we are only selected for eCQM submission and eCQM submission is weighted at 0?**

Beginning with FY 2024 data validation efforts, CMS finalized one random, annual sample selection of IPPS hospitals and one annual sample of hospitals selected via targeting criteria for chart-abstracted measures and eCQMs (85 FR 58944–58945). Under the aligned validation process, any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care measures, HAI measures, and eCQMs. CMS will validate a pool of up to 400 hospitals (up to 200 randomly selected hospitals and up to 200 targeted hospitals), across all of the measure types (85 FR 58949).

Question 21: **We have been chosen for CY 2020 eCQM validation, and the request will be sent late summer/early fall. Do you have an exact date when that request will be sent?**

As of today, an exact date has not yet been determined.

Question 22: **Did you say that future medical record (chart) submissions will be accepted through the secure portal only?**

As finalized in the FY 2021 IPPS/Long Term Care Hospital (LTCH) Perspective Payment System (PPS) Final Rule (85 FR 58864 through 58865), for FY 2024 validation efforts, beginning with record requests of Q1 2021 discharge data, paper copies and removable media will no longer be submission options for medical records submitted to the CDAC; hospitals will be required to submit PDF copies of medical records electronically via the CMS MFT web-based application. Records not received by the specified due date are not eligible for abstraction and will be scored a 0.

Question 23: **On the Hospital Contact Form, we have a designated contact in the "Medical Records" section. Is there a separate field or section to designate a contact for "CDAC Medical Records"?**

There are no sections on the Hospital Contact Form. There are rows with drop-down options for each cell in the row. On each row, there is the option to select Medical Records and Medical Records – Clinical Data Abstraction Center. Please reach out to the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor for more information. To reach them, call (844) 472-4477 or visit https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.

Question 24: **Considering the complexity of the sepsis measure, is there some flexibility when the hospital has a higher than desirable number of measure mismatches?**

The sepsis measure will be used in validation scoring for FY 2024 payment determination. After the educational review results are taken into consideration, CMS computes a CI around the score. If the upper bound of this 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.

Question 25: **If the hospital is small, what is the ratio of sepsis discharges chosen compared to the maximum of eight cases?**

As part of Hospital IQR Program inpatient data validation affecting the FY 2024 payment determination, CMS will validate up to 16 cases from two calendar quarters of CY 2021 eCQM data (up to 8 cases per quarter x 2 quarters) (85 FR 58950). From each quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reported to the CMS, for no more than eight cases total across all measures. For example, if the hospital reports four measures (ED-2; VTE-1; VTE-2; and STK-2), CMS may randomly select two cases from each measure without exceeding eight total eCQM cases per quarter. This process will ensure CMS evaluates a mix of eCQMs, rather than those eCQMs reported with the greatest frequency. CMS may group eCQMs prior to selection to support this strategy.

The selection is not based off hospital size or ratio of total discharges. If a hospital has fewer cases than the maximum number that can be selected, than the hospital may have fewer cases selected for validation.