



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

Presentation Transcript

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Hospital Inpatient Quality Reporting (IQR) Program

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

Candace Jackson: Good afternoon and welcome to the *Overview of FY 2024 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 some few announcements. The program is being recorded. A transcript of the presentation, along with the question-and-answer summary will be posted on the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you are registered for this event, the links to the slides were sent out a few hours ago. If you did not receive them, you can download them. Again, go to 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 for today's event. We will display the link to 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 question in the Ask a Question window with the slide number associated. At the end of the webinar, we'll have a question-and-answer session as time allows. 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 the information regarding the CMS inpatient data validation process as part of the Hospital Inpatient Quality Reporting Program fiscal year 2024 payment determination and the Hospital-Acquired Condition Reduction Program fiscal year 2024 program year, which validates the calendar year 2021 data.

At the end of this presentation, participants will understand the inpatient chart-abstracted data validation process for fiscal year 2024 data validation efforts for the Hospital IQR and HAC Reduction Programs.

Hospital Inpatient Quality Reporting (IQR) Program

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

They will be able to identify the deadlines and associated required activities relating to data validation, understand the requirements for completing and submitting HAI validation templates, understand the requirements and deadlines to submit medical records to the CDAC, and understand how to receive and interpret validation results.

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

I'll now turn the presentation over to Alex. Alex, the floor is yours.

Alex Feilmeier:

Through the validation process, CMS assesses the accuracy of the chart-abstracted clinical process of care and eCQM data within the Hospital IQR Program, as well as HAI data in the HAC Reduction Program through the validation process. Through the chart-abstracted data validation efforts, CMS verifies on a quarterly basis the hospital-abstracted data submitted to the CMS Clinical Data Warehouse and data submitted to the CDC's NHSN can be reproduced by a trained abstractor using a standardized protocol. Through eCQM data validation efforts, CMS verifies on an annual basis that eCQM data submitted to the CMS Clinical Data Warehouse aligns with the measure's specifications. CMS performs a random and targeted selection of inpatient prospective payment system hospitals on an annual basis.

Now, we're going to go over an overview of the fiscal year 2024 data validation efforts.

In order to align the quarters used for the HAC Reduction Program and the 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. This change in validation quarters was also performed in order to align data submission quarters between chart-abstracted validation and eCQM validation for fiscal year 2024 and subsequent years. One hospital sample will be selected and used for validation for the clinical process of care and the eCQM measures under the Hospital IQR Program and the HAI measures under the HAC Reduction Program.

Hospital Inpatient Quality Reporting (IQR) Program

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

Hospitals without an active Notice of Participation for the Hospital IQR Program will only be validated under the HAC Reduction Program. As you can see on the table, we will use quarter one through quarter four of calendar year 2021 for the fiscal year 2024 data 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 the inpatient data validation efforts, you can see in 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 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, 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 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 the hospital's validation performance for chart-abstracted clinical process of care measures and the eCQMs. The eCQM portion of the combined agreement rate, however, will be multiplied by a weight of 0 percent at this time, and the chart-abstracted measure agreement rate will be rated 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 complete submission of at least 75 percent of the records CMS requests. For example, if 16 medical records are requested, at least 12 complete medical records must be submitted to meet the 75 percent requirement. Note that HAIs will continue to be scored separately under the HAC Reduction Program.

As part of the Hospital IQR Program for the fiscal year 2024 data validation efforts, CMS will validate for up to eight cases for chart-abstracted clinical process of care measures per quarter per hospital.

Hospital Inpatient Quality Reporting (IQR) Program

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

Cases are randomly selected from data submitted to the CMS Clinical Data Warehouse by the hospital. For all quarters of fiscal year 2024 data validation, CMS will only validate the sepsis measure within the clinical process of care measure type as shown on this slide.

Also, as part of inpatient data validation in the Hospital IQR Program, affecting the year fiscal year 2024 payment determination, CMS will validate up to 16 cases from two calendar quarters of calendar year 2021 eCQM data, that's up to eight cases per quarter, times two quarters. So, from each quarter, CMS will randomly select one to eight cases per measure depending on how many measures the hospital reported to the CMS Clinical Data Warehouse 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 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 the strategy.

The eCQMs available for validation across this fiscal year are displayed on this table.

As part of the HAC Reduction Program, CMS will validate candidate cases sampled for the following HAI measures: central line-associated bloodstream infection, catheter-associated urinary tract infection, Methicillin-resistant *Staphylococcus aureus* LabID events, *Clostridium difficile* Infection LabID events, and Surgical Site Infections. Selected hospitals will be randomly assigned to submit per each quarter of the fiscal year either CLABSI and CAUTI validation templates or MRSA and CDI templates.

CMS will select and validate up to 10 candidate HAI cases total per quarter per hospital. All selected hospitals will be validated for SSI. SSI cases are not submitted using validation templates. They are selected from Medicare claims-based data submitted to CMS.

Hospital Inpatient Quality Reporting (IQR) Program

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

Requests are identified through Medicare claims data may include a request for an index submission and readmission record. When both types are requested, both types should be submitted. 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 to meet the other infection types to meet sample sized targets.

Now, we're going to go over hospital selection.

For fiscal year 2024, up to 200 random hospitals were select in June of 2021 and up to 200 additional targeted hospital are anticipated to be selected in early 2022. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year 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 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 e-mail communication directly to the hospitals selected.

Hospitals that have been selected for validation are notified by e-mail. 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 e-mail communications to ensure all hospitals are notified of selection. Any emails that bounce back are researched and hospital contacts are asked to be kept up to date in the CMS contact system to ensure that future notifications are received.

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

Hospital Inpatient Quality Reporting (IQR) Program

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

An updated list of the selected hospitals is available on the CMS QualityNet website by clicking on Hospitals-Inpatient, then Data Management, followed by Data Validation and, lastly, Resources. The data validation pages on QualityNet contain fact sheets and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation. When you are on the Data Validation Resources page, make sure you are looking at the correct fiscal year, as there could be multiple fiscal years located on the page.

Now, we're going to go over an overview of the validation process, results, and receiving scores.

All hospitals will submit HAI validation templates for each quarter of the fiscal year if they are selected for validation. Selected hospitals will receive five total medical record requests from CMS's Clinical Data Abstraction Center. Four of those quarterly requests will contain clinical process of care and HAI cases that were selected and one annual request that will contain eCQM selected cases. The CDAC will send written requests using FedEx in which you will find directions to submit the patient medical record for each case CMS selected for validation. Below are estimates as to when medical record request packages are estimated to be sent. You can see them on the table.

CMS will send a written request using FedEx which will provide instructions on how to submit medical records for each case that is selected for validation. Hospitals deliver the requested medical records to the CDAC in the order they are requested based on the deadline. CDAC then abstracts and adjudicates the selected cases. For all measure types, the CDAC will abstract from the complete medical record submitted by the hospital based on the specifications for each respective program and measure. The medical record must contain sufficient information for CMS to determine measure eligibility and/or outcome. CMS data validation is at the measure level. It's not scored at the individual question/data element level. If CDAC does not reach the same outcome as the hospital's original submission, then the case may be considered a mismatch.

Hospital Inpatient Quality Reporting (IQR) Program

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

When validating cases, The CDAC reviews data in the discrete and nondiscrete fields in the record submitted as a PDF file.

It typically takes approximately three to four months after each medical record submission deadline for hospitals to see validation results for the quarter or reporting period. A hospital's registered users with the Validation role will receive an e-mail notification when their results become available to view on the Hospital Quality Reporting Secure Portal. The results will show the outcome of the abstraction determined by the CDAC on each selected case. Hospitals may submit an educational review request within 30 days of receiving quarterly results. Completed educational review forms must be submitted within 30 days of the validation results being posted in the HQR Secure Portal.

After all quarters and recording periods of the fiscal year have been completed and all results have been received, CMS then calculates a total score reflecting the reliability of the measures validated. After the educational review results are taken into consideration, CMS computes the final 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 confidence interval is below 75 percent, the hospital will fail the validation requirement. Hospitals that fail validation will also be automatically selected for validation in the next fiscal year. The Hospital IQR Program will calculate a confidence interval using the clinical process of care and eCQM measures and the HAC Reduction Program will calculate a separate confidence interval using only HAI measures. Additional information on how this may affect payment determination or adjustment will be described in greater detail later in this presentation.

Now we're going to go over the HAI validation template process.

Hospitals must start the entire process by filling out 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 web-based application.

Hospital Inpatient Quality Reporting (IQR) Program

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

Hospitals must submit the quarterly HAI validation template before they receive a medical records request packet for the quarter. It is strongly recommended that each hospital have at least two Security Administrators/Officials at all times. If you are unable to login to the Hospital Quality Reporting Secure Portal, contact your hospital's Security Administrator or Security Official. If your Security Administrator is unable to re-establish your access, contact the QualityNet help desk. 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 no validation templates for SSI cases. After the validation template deadline has passed, data submitted on validation templates cannot be changed.

This slide shows the discharge quarters and the associated HAI validation template deadline for fiscal year 2024 randomly selected hospitals that were notified of 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 quarterly 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 June 2021 should follow the deadlines associated with the random hospitals only. Hospitals selected as targeted in early 2022 will have different deadlines.

CMS will accept the current template version only for each fiscal year. When the template version for the previous fiscal year is submitted, the template will be rejected and the hospital will need to resubmit the correct template version. The most recent versions of validation templates for the fiscal year being validated are available in the Inpatient Data Validation Resources page on QualityNet. A direct link is provided on the slide. Download the correct version of the validation template needed and save it to the location of choice on your computer. Do not save the validation templates with a password and do not lock them.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 definitions specific to the submission of the template's HAI type. A Template tab is where hospitals actually enter their data, and NHSN location or NHSN ICU location depending on the template type which lists all applicable locations for the respective HAI type, and the fiscal year 2024 submission instructions tab, which provides step-by-step detail on how to submit validation templates using the CMS Managed File Transfer application. Do not alter or change the original format of the validation template. Do not delete, rename, or change the order of tabs. If any format changes are made, the template will be rejected.

Template completion tips for avoiding validation template submission errors are as follows: Refer to the *FY 2024 Validation Template User Guide and Submission Instructions* document posted on the inpatient data validation resources page of QualityNet. Review the Definitions tab on each validation template for direction on filling out specific fields. Do not alter the original format of the validation templates. Use the drop downs provided in the template and select valid values. Check all dates for accuracy, as well as ensure any cases with the separate inpatient rehabilitation facility or inpatient psychiatric facility CCNs are not included on the template. Perform a quality check of data entered in this template against data entered in NHSN. Stay mindful of differing CMS and NHSN deadlines. Submit only via the CMS Managed File Transfer web-based application. Validation templates contain Protected Health Information and cannot be sent via e-mail.

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 and provider ID in an email addressed to Validation@Telligen.com.

Hospital Inpatient Quality Reporting (IQR) Program

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

After validation templates have been processed, the submitter of the template and the contact listed on the template's first row will receive a confirmation receipt email indicating one of two things: 1) successful submission or 2) errors have occurred that require your attention and resubmission.

At predetermined points up until the validation template deadline each quarter, the Validation Support Contractor will send e-mails and attempt to contact any hospitals that have not yet submitted. Validation templates with errors are not considered 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 will be scored 0/1. If a hospital submits a template and receives an error notification email but does not make corrections and resubmit the validation template by the deadline, placeholder cases will also be assigned and scored 0/1. Remember, this only applies if you don't submit your HAI validation template. So, we recommend you get them in before the deadline.

A hospital submitting a validation template with processing errors will receive an email notification which include the errors to be corrected. Please make the corrections specified in the e-mail and resubmit the file via the CMS Managed File Transfer application. Do not attach a template to the error email. This will be considered a CMS security incident. Validation templates may only be resubmitted until the quarterly deadline. If error e-mails are received, these errors must be corrected, and the template must be resubmitted prior to the submission deadline. An error does not extend the submission deadline. When resubmitting a revised validation template, include a note in the Managed File Transfer message indicating a revised template is being submitted. Please also include the word "revised" or "resubmission" in the filename as this will assist the validation support contractor in processing.

Hospital Inpatient Quality Reporting (IQR) Program

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

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. The data are incorrect on the template it could result in mismatches.

If the hospital receives an error from the validation support contractor, we are asking for a review of the template due to a possible discrepancy. Please reply to the e-mail indicating a new validation template has been submitted or the data are accurate, and submitted, and no changes are needed. Some examples of discrepancy checks are listed
CAUTI/CLABSI culture dates that are not between the admit and discharge dates or differences in data that are multiple rows of the template that appear to be the same patient and episode of care, or discrepancies between the two assigned template types where a patient is listed on both templates but the date of birth, admit date, or the discharge date are different than what appear to be the same episode of care.

Now, we'll go over medical report request and submission.

The CDAC will send the hospitals a written request addressed to Medical Records Director using FedEx to submit a 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. It is important to note that 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 e-mail with their six-digit CCN/Provider ID to the hospital inpatient support contractor at the email indicated in 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 the receipt status. This report can be accessed via the HQR Secure Portal by a registered user with the validation role. To access the report, log into the HQR Secure Portal with the link provided on this slide.

Hospital Inpatient Quality Reporting (IQR) Program

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

From the left-side navigation dashboard, select Program Reporting and then Validation. Under Program, select Inpatient. Under Report, select Validation Case Selection. Under Period, select the applicable quarter. Under Provider, select the applicable hospital or hospitals.

This report will be discussed at greater detail later in this presentation. Hospitals are not allowed to submit medical records or additional documentation after the original medical record has been received by the CDAC. This applies even if the wrong record is sent or if pages are missing or illegible. 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 the records prior to them being sent to the CDAC. Regardless of who submits your medical records, whether it's hospital medical staff or independent delivery services, all records should be carefully reviewed prior to submitting them to the CDAC. Consider having an abstractor review your medical records before submission. They are most familiar with the location of the information needed for abstraction. This is especially important when exporting records from an EHR to make sure all the information is present.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient medical records must be received within 30 days of the request date. CMS has finalized policy beginning with this fiscal year 2024 which will require the use of electronic file submissions via the CMS Managed File Transfer (MFT) application. No longer allowed are the submission of paper copies of medical records or copies on digital portable media, such as CD, DVD, or flash drives. Additional information regarding medical records requested from 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 goes over tips on avoiding medical record submission errors. A direct link is provided on this slide.

Now, we'll go over validation reports, educational reviews, and reconsiderations.

There are validation related reports that can run through the HQR Secure Portal. The reports are the case selection report, case detail report, and confidence interval report. Please note that CMS continues to modernize the HQR Secure Portal and data validation reports and the hospital data display may change in the coming months.

A case selection report lists the hospital cases selected for validation each quarter including all available patient identifiers. This report becomes available after the CDAC mails the medical record request packet. This report also displays the medical record request date, the due to CDAC date, and each record received date. The record received date remains blank until a record is received at the CDAC. Note that it could take up to 24 hours for the record received date to populate, so to verify receipt of your records, contact the CDAC directly by email or phone provided on this slide.

Below are instructions to access the case selection report and the HQR Secure Portal. Log in to the HQR Secure Portal with the link provided on this slide. From the left-side navigation dashboard, select Program Reporting and Validation. Under Program, select Inpatient. Under Report, select Validation Case Selection. Under Period, select the quarter or reporting period. Under Provider, select the applicable hospital or hospitals.

A case detail report provides complete information of all elements abstracted compared to the CDAC abstraction on each case. For instructions on how to access the case detail reporting the HQR Secure Portal, log into the HQR Secure Portal with the link provided on this slide.

Hospital Inpatient Quality Reporting (IQR) Program

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

From the left-side navigation dashboard, select Program Reporting and then Validation. Under Program, select Inpatient. Under Report, select Case Detail Report. Under Period, select the quarter or reporting period. Under Provider, select hospital or hospitals.

Within 30 days of validation results being posted on the HQR Secure Portal, if the hospital has question or needs clarification of 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 review page of QualityNet. A direct link is provided on this slide.

If a hospital requests an educational review 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. Hospital quarterly validation reports will not be updated to reflect updated results. In the HAC Reduction Program, the annual confidence interval will include the updated scores for HAI measures all four quarters. For the Hospital IQR Program, the existing reconsideration process will be used to dispute an unsatisfactory result for the last quarter of validation. Note that in the current IPPS proposed rule, CMS has proposed to align the education review process for both programs, so 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. So, just take note of that. The confidence interval report becomes available after all quarterly and reporting period results of the fiscal year have been completed, and a confidence interval has been calculated based on the cumulative results. Hospitals will receive two separate confidence interval reports. One for the clinical process of care and eCQM cases validated under the Hospital IQR Program and one, separate, for the HAI cases validated under the HAC Reduction Program. I'll explain each of these on the next two slides. You will receive communication from the validation support contractor when the confidence interval report becomes available.

Hospital Inpatient Quality Reporting (IQR) Program

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

A detailed fiscal year 2024 confidence interval document will be posted on QualityNet. A direct link is provided on this slide.

For the HAC Reduction Program if the upper bound of the confidence interval 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 inpatient validation will also automatically be selected for inpatient validation for the next fiscal year.

As described in the FY 2019 IPPS final rule, 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 for validation for CLABSI, CAUTI, and SSI, but failed validation, that hospital would receive the maximum Winsorized z-score for CLABSI, CAUTI, and SSI.

For the fiscal year 2024 program year, the HAC Reduction Program validation confidence interval report is expected to be released around December 2022, and the notifications to hospitals regarding payment adjustment in the HAC Reduction Program hospital-specific report is expected to be released around July 2023. Additional information regarding the HAC Reduction Program payment adjustment can be found on the payment page of the HAC Reduction Program on QualityNet. A direct link is provided on this slide.

CMS will calculate a combined reliability score reflecting the results of both the chart-abstracted clinical process of care measures and eQMs. This single score will reflect a weighted combination of the hospital's validation performance for chart-abstracted clinical process of care measures and eQMs. So, these eQMs are not currently validated for accuracy. eQMs will receive a weight of 0, and chart-abstracted clinical process of care measures will receive a weight of 100 percent.

Hospital Inpatient Quality Reporting (IQR) Program

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

So, although the accuracy of eCQMs data and the validation of eCQM 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 completed eCQM medical records must be submitted to meet the 75 percent requirement.

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 and 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 failed inpatient validation will also automatically be selected for inpatient validation in the next fiscal year. For fiscal year 2024 payment determination, the Hospital IQR Program validation confidence interval report is expected to be released around December 2022 and APU results are expected to be released around May 2023. Additional information regarding APUs can be found on the APU page of the Hospital IQR Program page on QualityNet. A direct link is provided on this slide.

Within the Hospital IQR Program, if the hospital does not meet or exceed the 75 percent upper bound of the confidence interval threshold, they will receive a letter in late spring indicating that they have failed to meet the validation requirement in the Hospital IQR Program and will be subject to a reduction of their APU. At that time, the hospital may request a reconsideration of their failure. The hospital then provides the reason they are asking CMS to reconsider their results. Additional information and the reconsideration request form can be found on QualityNet by following directions on this slide. The HAC Reduction Program, however, does not have a reconsideration process. Therefore, CMS urges hospitals to submit educational reviews within the 30 day timeframe of receiving their quarterly results.

Hospital Inpatient Quality Reporting (IQR) Program

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

Now, we'll just cover the resources.

To access data validation resources discussed in this presentation as well as some resources not covered, navigate to the QualityNet website at the link provided on this slide. Select Hospitals-Inpatient, Data Management, Data Validation, and Resources. A direct link is provided on this slide. For assistance with QualityNet, including logging into the HQR Secure Portal, contact the QualityNet help desk using the information provided on this slide.

Questions may be asked by directly emailing the validation support contractor or by using the CMS Question and Answer Tool on QualityNet. The links are provided on this slide.

Whether asking our question directly through the validation support contractor email or using the CMS Question and Answer Tool, please include the hospital six-digit CCN/Provider ID. This will expedite information specific to your hospital.

That's all I have. So, I'll hand it back to Candace to close us out.

Candace Jackson: Thank you very much, Alex. I'm sure that information was very beneficial to those hospitals that have been selected for validation and to meet their validation requirement. We do have time to address some of the questions that have been submitted during the webinar. So, we'll go ahead and get started with those. I think we'll start with a question that is relevant to right now and the question is, "Will we ever receive results of the fiscal year 2022 inpatient validation?" That would be for quarter one 2020 and quarter two 2020 discharges, possibly.

Alex Feilmeier: That's a good question. So, CMS has been working to update the new Hospital Quality Recording secure portal with the reports for data validation and results for selected cases that were submitted for first quarter 2020 and second quarter 2020 have been delayed during these modernization efforts.

Hospital Inpatient Quality Reporting (IQR) Program

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

Furthermore, because CMS granted exceptions in response to the COVID-19 Public Health Emergency for second quarter 2020 and prior quarters, they are actually focusing on validation resources on quarters that are being validated that have a direct impact on payment determination adjustment within the Hospital IQR Program and HAC Reduction Program, for example, the fiscal year 2023 validation efforts. So, for this reason, CMS anticipates that some of those first quarter 2020 and second quarter 2020 reports may be available here coming up in the next several weeks. Others might take longer, but as soon as the case detail reports are available for your hospital, the hospitals that submitted data will be able to run the report through the secure portal and the validation support contractor will notify you when those reports become available. So, CMS does appreciate your patience as they work to modernize that new HQR platform.

Candace Jackson: Thank you. On that same line, what is the timeline for receiving medical record requests for quarter 3 and quarter 4 2020?

Alex Feilmeier: It can typically take anywhere between two to four weeks after the HAI validation template deadline for the Clinical Data Abstraction Center to send those medical records request packets out. Note that the case selection can sometimes take longer than four weeks depending on the quarter or whether the selection is from random or targeted hospitals and other factors that are involved. Typically, hospitals will receive the notification that the case selection packets have been sent by the CDAC around two to four weeks after the validation template deadline. So, what you could do is go out to the inpatient data validation resources page of QualityNet and view those HAI template deadlines. From there, you can estimate when those request packets will be heading your way.

Candace Jackson: Maybe just another one or two kind of logistic questions. If we were chosen for validation, we would like to know what e-mail that I send the HAI templates to within the Managed File Transfer?

Hospital Inpatient Quality Reporting (IQR) Program

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

Alex Feilmeier: For that question, I would say please see the fiscal year 2024 validation template user guidance submission instructions document in the inpatient data validation resources page of QualityNet because that document will show detailed instructions on not only how to submit the HAI validation template but how to submit data on it. It will also tell you how to submit via the CMS Managed File Transfer web-based application. There is a group on the Managed File Transfer application that is labeled “Validation Support Contractor,” and that’s who you will send the templates to once it’s been completed. On each template, there is a tab called Submission Instructions as well and it provides the link to that resources page as well as an indication of where you are going with that validation template for submission.

Candace Jackson: Thank you. Before we move on, how or where do we go to fill out the validation templates?

Alex Feilmeier: I think the answer to that is going to be the same really. Viewing the user guide and submission instruction document will show you how to fill out the templates. Where to go to find them is the data validation resources page. It has been listed. Make sure you are looking at the correct fiscal year, because the fiscal year 2023 is listed as well as the fiscal year 2024. Just make sure you are looking at the right header for the most up-to-date versions of those templates. Once you have the templates, you can view the Definitions tabs which explains which cases meet the criteria to be included on the template. Then, from there, the user guidance submission instruction document will show you how to submit those templates via Managed File Transfer.

Candace Jackson: Thank you, Alex. What happens if the hospital missed submitting the chart within the deadline?

Alex Feilmeier: Records that are requested but not received by the CDAC by the deadline that’s listed on the request packet will not be eligible for validation and will not be abstracted. Those cases that are not received will automatically get a 0/1 score. We suggest you get those medical records in on time.

Hospital Inpatient Quality Reporting (IQR) Program

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

They are not exceptions to the deadline, unless you are submitting an Extraordinary Circumstances Exception and that will have to go through the formal process.

Candace Jackson: Thank you, Alex. On that same line you, since you mentioned the extraordinary circumstances, if a facility has an approved ECE, or Extraordinary Circumstance Exception, or a major exception which is the IPSS measure exception saying they maybe they don't have enough SSI, CAUTI, or CLABSI cases, does a blank template stating this need to be submitted?

Alex Feilmeier: Some hospitals within NHSN have an indication that they have no (inaudible). For example, in those situations, a template does not have to be submitted at all. In situations where a hospital has no cases but doesn't have any kind of exception on file, they would still have to submit a template and they would indicate "No" to whether they had any final positive cultures or specimens.

You could see an example of that also in the HAI validation template user guide and submission instruction document. To answer the core of that question, if a hospital has an approved ECE on file, it is best to reach out to us to confirm that we agree that we see one on file. If you do have one on file, you will not be required to submit the HAI validation templates and/or medical records, but, again, we would strongly suggest that you reach out to make sure we have on record what you are saying you have as well.

Candace Jackson: Thank you, Alex. We have time for a couple of more questions. I'd like to change our subject here to questions we see quite often. Are you saying that when the requested sepsis cases for validation, are they only validated for the outcome of the measure for a match or mismatch and not each question in the measure?

Alex Feilmeier: That's a good question. So, for sepsis, for example, as long as the end result for the measure outcome is the same between the CMS, CDAC abstracter and what the hospital originally submitted, then it would be considered a match.

Hospital Inpatient Quality Reporting (IQR) Program

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

If the abstractor at the hospital and the CDAC mismatches on one element and that one element doesn't change the outcome of the measure, then that doesn't constitute a mismatch in terms of the validation effort. So, individual elements are not validated in and of themselves, but rather validation occurs in the outcome level. Hopefully that helps.

Candace Jackson: One more question for you, Alex. This is just for confirmation. Will the fiscal year 2024 template remain the same format for all four quarters?

Alex Feilmeier: Yes. Good question. They will remain the same for all four quarters. You are more than welcome, if this is what the person is wondering, to submit templates as soon as the quarter has ended. When that calendar quarter ended, you could submit those as soon as that occurs. I will say, you can't obviously submit a template before a quarter ends, and we would suggest that you at least double check to make sure that you have the most recent version of the template in case there is a minor change to something within it.

However, few and far between are instances when the validation template changes throughout the year, but we will let you know if something like that does occur.

Candace Jackson: Thank you again, Alex. Again, if your question did not get responded to today, the questions submitted during the webinar will be responded to and posted at a later date. Next slide, please.

Again, as indicated, this webinar has been approved for one continued education. You can obtain the continuing education credit by clicking on the link that is provided in this slide. Next slide.

Again, I would like to thank Alex for his presentation today. I would like to thank all of you for joining us today. We hope that you have a good rest of your day. Thank you.