



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

Hospital IQR Program CY 2020 (FY 2023 Payment Determination)
eCQM Validation Overview for Selected Hospitals

Presentation Transcript

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Candace Jackson: Good afternoon. Welcome to the *Hospital IQR Program CY2020 (FY 2023 Payment Determination) eCQM Validation Overview for 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, links to the slides were sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that is at www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing education. 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 e-mail one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask A Question window with the slide number associated and we will answer questions as time allows after the event.

Our speakers for today's event are Llew Brown, the Principal Program Analyst, and Alex Feilmeier, the Program Manager, for the Value, Incentives, and Quality Reporting Center Validation Support Contractor.

The purpose of this webinar is to share information regarding the Centers for Medicare & Medicaid Services Hospital Inpatient Quality Reporting Program eCQM validation process for fiscal year 2023, which validates calendar year 2020 data. I would like to note that this webinar presentation is *not* related to the chart-abstracted validation program, which is a separate program with differently selected hospitals for fiscal year 2023 data validation efforts.

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At the conclusion of this webinar, participants will be able to understand the Hospital IQR Program eCQM data validation process for calendar year 2020 eCQM data validation, impacting fiscal year 2023 payment determination; identify the deadlines and associated required activities relating to calendar year 2020 data validation for fiscal year 2023 payment determination; submit medical records requested by the CMS Clinical Data Abstraction Center; and receive and interpret validation results.

This slide just lists the acronyms and abbreviations that are used in today's presentation. I would now like to turn the presentation over to Llew and Alex. Llew and Alex, the floor is yours.

Llew Brown:

This slide provides a high-level flowchart of the eCQM validation process. At this point in the year, hospitals have already submitted their QRDA [Category] I files, per the overall eCQM submission requirement deadline. CMS will be posting the list of selected hospitals for the eCQM data validation program, and selected hospitals will be receiving a medical records request within the next few weeks. Hospitals will then begin submitting the medical records as requested. After the medical records have been received, CMS will conduct abstractions and subsequently release results to hospitals.

CMS assesses the accuracy of eCQM data submitted to the [Hospital] IQR Program through the annual validation process. This process has been ongoing for many years for chart-abstracted measures. CMS has begun the validation process of the calendar year 2020 eCQM data submitted to the clinical warehouse. The eCQM validation program verifies that hospital eCQM data submitted to the clinical warehouse aligns with the measure specifications.

For fiscal year 2023 eCQM data validation efforts, CMS will only require hospitals to participate in one of the two inpatient validation programs: chart-abstracted validation or eCQM validation. Up to 200 hospitals were randomly selected in June 2021 to participate in validation of calendar year 2020 eCQM data for fiscal year 2023 payment determination.

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The accuracy of eCQM data assessed will not impact the pass/fail determination for eCQM validation used to determine the [Hospital] IQR Program annual payment update. Hospitals will pass or fail validation based solely on the timely and complete submission of at least 75 percent of the records CMS requested.

CMS will validate up to eight cases across the four eCQMs for the quarter reported, per hospital using the CY 2020 data. Cases are selected from eCQM data submitted to the clinical warehouse by the hospital. The measures available for validation across the fiscal year are displayed in the table above. The eCQM measures available to be validated for fiscal year 2023 are indicated on the slide.

Hospitals selected for eCQM validation will have their data validated for the most recently submitted calendar quarter, regardless of the number of quarters submitted. The CY 2020 quarters eligible to be validated for FY 2023 payment determination are first quarter 2020 through fourth quarter 2020, as shown within the table on this slide.

For FY 2023 eCQM validation, CMS randomly selected up to 200 hospitals. Hospitals selected for eCQM validation will not be selected for chart-abstracted validation, and vice versa. Hospitals are excluded from being selected for eCQM validation in FY 2023 if they had fewer than five discharges for one eCQM, are selected for chart-abstracted data validation, or have an eCQM ECE approved waiver.

The notification of hospital selection occurs annually via a news article posted on QualityNet, along with the list of selected hospitals; a ListServe to the community; and email communication from the VSC directly to the selected hospitals.

Hospitals that have been selected for IQR eCQM validation are notified by email communication; this communication is sent to the following hospital contact types listed within the official CMS contact database: the CEO/Administrator; Hospital IQR contact; the CDAC Medical Records contact; and the Quality Improvement contact.

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The VSC monitors the email communications to ensure all hospitals were notified of selection. Any bounce-backs are researched, and hospital contacts are updated in the CMS system to ensure accurate delivery of future notifications.

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 CMS Certification Number (CCN)/Provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

The list of selected hospitals for FY 2023 eCQM validation is posted on QualityNet. To access the list, select Hospitals – Inpatient. Then, select Data Management, followed by Data Validation. Lastly, select Resources. A direct link is provided on this slide. The Data Validation pages on QualityNet contain help guides, deadlines, and all other resources related to eCQM data validation. Some of these resources will be covered in more detail later in this presentation.

CMS selects two cases at random from each of the four measures reported. If fewer than two cases are available for a given measure, more than two will be selected from another measure, not to exceed a total of eight cases selected. Case selection is limited to those that met the denominator eligibility criteria, as reported by the hospital.

The CDAC will FedEx hospitals a written request to the Medical Records Director to submit a patient medical record for each case that CMS selected for eCQM validation. It is important that the packet be routed to the correct individual, those responsible for fulfilling the request, as soon as possible before the medical record submission deadline. Note, the medical records request will be delivered to the address listed under the MEDICAL RECORDS contact type in the official CMS contact 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.

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Once available, a hospital's list of cases selected for validation each period, including all available patient identifiers, can be accessed via the *Hospital Quality Reporting (HQR) Secure Portal* by a registered user with the Validation role. To access the report, log in to the *HQR Secure Portal*. From the left-side navigation dashboard, select Program Reporting and then Validation. Under Program, select Inpatient. Under Report, select Case Selection. Under Period, select the applicable period. Under Provider(s), select the applicable hospital(s). This report will be discussed in greater detail later in this presentation.

Once the CDAC has received the record, hospitals are not allowed to send records or additional documentation. This applies even if the wrong record is originally submitted, or if pages are missing, or if pages 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 after they have been converted into PDFs, and prior to them being submitted to the CDAC. Regardless of who copies your medical records (whether that is hospital medical records staff, independent copying services, and so forth), all records should be carefully reviewed prior to submitting them to the CDAC. Consider having an abstractor review your medical records prior to submission to ensure the Portable Document Format (PDF) file submitted to the CDAC contains the information relevant to the case that will be abstracted. To ensure your record is successfully received by the CDAC, it is essential to use the correct naming convention when submitting files to the CDAC. Files should be named using the CDAC document ID number that is printed on each individual medical record coversheet included in the request packet that you received. You should not use the patient name or other identifiers as the file name. One file per medical record requested is preferred, but, if you must split the medical record into multiple files due to the size, the file name should indicate how many parts there are to the record, in addition to the document ID. For example, if you have split the record into three files, the file name should include Part 1 of 3, Part 2 of 3, and so on. This will assist the CDAC in combining the files for processing.

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It's important to restate that the objective of measure validation is to verify that quality is provided in harmony with the measure specifications. Validation is not exclusively an analysis of your ability to extract data. Thus, when validating cases, the CDAC reviews data found in both discrete and non-discrete fields of the copied records provided, and both the QRDA data and the medical record data are compared to the guidance and definitions in the eCQM specifications. To improve accuracy, hospitals are encouraged to keep these validation principles in mind when reviewing data prior to submission. Hospitals are especially encouraged to review the data elements that include timestamps for clinical events, such as arrival times and medication timestamps, as well as other data elements in the measure.

Hospitals have until the date listed on the request to send their records to the CDAC. Hospitals must submit medical records as PDF files via the CMS Managed File Transfer (MFT) web-based application. Detailed instructions on how to submit medical records are provided within the packet delivered by the CDAC.

Additional information about the request for medical records can be found on QualityNet. To access the instructions, select Hospitals – Inpatient. Then, select Data Management, followed by Data Validation. Lastly, select CDAC Information. A direct link is provided on this slide. At this point, I'm going to hand the presentation over to Alex so he can talk to you all about the next steps within the eCQM validation process.

Alex Feilmeier: Thanks, Llew. After medical records have been sent to the CDAC, hospital staff will receive an email notification when the eCQM Validation Case Detail Report becomes available for download from the *HQR Secure Portal*.

CMS will notify hospitals via targeted emails whether they passed or failed eCQM validation. The accuracy of eCQM data and the validation of measure reporting will not impact payment determination. Hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the records CMS requested.

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Hospitals will be able to run eCQM validation reports through the *HQR Secure Portal*. The eCQM validation reports are the eCQM Case Selection Report and the eCQM Validation Case Detail Report. We'll talk about each of these reports in the next few slides.

The eCQM Case Selection Report lists a hospital's cases selected for eCQM validation and all available patient identifiers. This report becomes available when the CDAC mails the medical records request packet. The cases on this report are the same cases as outlined within the medical records 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 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, please contact the CDAC directly via at the information provided on this slide.

The eCQM Case Detail Report provides complete information about all abstracted elements compared to the CDAC re-abstraction on each case. This report becomes available after all the CDAC validation processes have completed.

Within 30 days of validation results being posted on the *HQR Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. The information needed to request a review can be found on the QualityNet website by navigating to the Educational Reviews tab of the Inpatient Data Validation pages. A direct link is provided on this slide.

Within the Hospital IQR Program, if a hospital does not successfully submit at least 75 percent of the requested medical records, the hospital will receive a letter in the late spring indicating it failed to meet the validation requirements of the Hospital IQR Program and will be subject to a reduction of their APU. After receiving notification of their failure, a hospital may request a reconsideration.

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Additional information, as well as a reconsideration request form, can be found on the QualityNet website. To access, navigate to the QualityNet website and select Hospital – Inpatient. Then, select Hospital Inpatient Quality Reporting Program. Then, select the APU tab and APU Reconsideration. A direct link is provided on this slide.

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

Reminder: This slide does NOT affect your current fiscal year 2023 eCQM validation efforts. For fiscal year 2024 validation efforts, because we will only utilize two quarters in the current fiscal year 2023 chart-abstracted validation cycle, we will then align data submission quarters between chart-abstracted and eCQM validation, all associated with a full calendar year instead of crossing calendar year quarters like it has historically under chart-abstracted validation. So, as you can see in the table on this slide, we will use Q1 through Q4 of calendar year 2021 for the fiscal year 2024 combined data validation efforts.

Again, this slide does NOT affect your current validation efforts for 2023, but 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, 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.

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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 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 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. Although the accuracy of eCQM data and the validation of measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on the timely and complete submission of at least 75 percent of the records that CMS requests. For example, if 16 medical records are requested, at least 12 complete medical records must be submitted to meet that 75 percent requirement. Note that HAIs will continue to be scored separately under the HAC Reduction Program.

eCQM validation resources are available on the QualityNet website. To access, select Hospitals – Inpatient and then Data Management, followed by Data Validation. Lastly, select Resources. A direct link is provided on the slide.

Questions may be asked by directly emailing the Validation Support Contractor at validation@telligen.com or by using the CMS Question and Answer Tool on QualityNet. Direct links are provided on this slide.

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Whether asking a question directly to the Validation Support Contractor email or via the CMS Question and Answer Tool, please include your 6-digit CCN/Provider ID because this will expedite a reply with information specific to your hospital. That's all we have, so I'll hand it back to Candace to bring us to the questions and answers.

Candace Jackson: Thank you, Alex and Llew. That concludes our presentation for today. Again, I would like to thank Llew and Alex for joining us today. We do have time for a brief Q&A session. Remember that all questions that have been submitted will be responded to and posted at a later date on both the Quality Reporting Center and QualityNet websites. We will go ahead and get started with our questions for today.

Our first question is: When will emails that notify hospitals that they were selected for fiscal year 2023 eCQM validation be sent?

Alex Feilmeier: This is a good question. Let me back up. The notification of providers selected for fiscal year 2023 (calendar year 2020 discharges) for validation was already actually sent to the hospital contacts back on June 1, 2021. If you are unsure, please view the Fiscal Year 2023 List of Hospitals Selected for Inpatient eCQM Data Validation at the bottom of the Inpatient Data Validation Resources page of QualityNet, under the header of eCQM Validation Resources. I want to make sure I clarify that it is important on that page that you make sure that you are looking at the correct fiscal year and make sure that you are looking at the eCQM-selected provider list on that page.

Candace Jackson: Great. Thank you, Alex. We do have a lot of Critical Access Hospitals (CAHs) that submit data to the CMS clinical warehouse. I have a question that asks, "Can you confirm that eCQM validation is for inpatient prospective payment system (IPPS) hospitals only? Critical Access Hospitals submit eCQMs for the Medicare Electronic Health Record (EHR) Incentive Program but not for the Hospital IQR Program. Are CAHs included in the validation process?"

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Alex Feilmeier: Critical Access Hospitals are not affected by the Hospital IQR Program. Therefore, they will not be selected for validation process.

Candace Jackson: Thank you, Alex. I know there are a lot of data to be sent in when they are validating medical records. One of the questions we receive most frequently is, “Why would non-discrete data fields be validated when the purpose of eCQMs is to electronically capture structured EHR data?”

Llew Brown: Thank you. I will take that one. What is most important to remember is the intent of the measure themselves. The intent of a quality measure is to assess the quality of care provided to a patient. Thus, when conducting the validation of 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 QRDA data based on the eCQM specifications. Additionally, as the CDAC completes the abstraction, abstractors look throughout the entire record to determine if the quality of care meets the measure’s intent. Patterns observed with data documented in structured and unstructured fields may be shared with the measure stewards. At this time, the accuracy of reported eCQM data, it is important to note, does not affect payment, and the ultimate passing or failing of validation is really based on the timely submission of at least 75 percent of the records requested by CDAC, not by the accuracy of the data.

Candace Jackson: Great. Thank you, Llew. On that same note, do validators use information from the chart only, or are there other areas like the designated bills that they use to validate the record?

Llew Brown: Thanks for the question. The abstractors use the eCQM specifications to determine where in the record they should look for the information, but their focus is on the medical record.

Candace Jackson: Great. Thank you, Llew. So, currently hospitals only have to submit one quarter of eCQM data, but as Alex was showing, regulations are going to be changing in the future. So, for calendar year 2020 (which is fiscal year 2023), is only one quarter of eCQM data required for submission? Is that the only quarter of data that will be requested to be sent to the CDAC for validation?

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- Alex Feilmeier:** Yes. This is Alex. So, for fiscal year 2023 eCQM validation, again calendar year 2020 discharges, the cases selected will only be from one quarter of data submitted by the hospitals, not from different quarters. Once we get into future fiscal years, like we mentioned at the end of the presentation fiscal year 2024 and subsequent years, we will start bringing more of those required quarters into the validation process, but for fiscal year 2023, calendar year 2020 discharges, we are only validating one quarter of data.
- Candace Jackson:** Thanks, Alex. We see a lot of questions about calendar year and fiscal year, and I know it can be very confusing. So, maybe we should reiterate again because I see quite a few questions. If I have a mismatch on my calendar year 2020 data validation, what payment determination will it impact?
- Alex Feilmeier:** It is a good question, and I know fiscal years and calendar years can be confusing; but, for calendar year 2020 discharges, these are the data being validated for fiscal year 2023 payment determination. Now, that said, at this time, the mismatches you find in your eCQM Case Detail Reports will not be held against you. In other words, the accuracy of reported eCQM data does not affect payment at this time. The ultimate passing or failing of validation, at this time, is based on the timely submission of at least 75 percent of the records requested by the CDAC.
- Candace Jackson:** Great. Thanks, Alex. Changing our categories here. On one of the slides, it states, “As long as hospitals sent in at least 75 percent of the requested medical records within the deadline...” What is really meant by that phrase? If I have 75 percent, then I meet the eCQM data validation requirement?
- Llew Brown:** This is Llew, and I will take that one. First, let me reiterate the process, then I will provide a direct answer to that question. So, by way of process, CMS is going to select eight cases or individual patient-level reports from the QRDA Category I file submitted by the hospital. When the CDAC requests the copy of the medical record for validation, the CDAC will review the records for the measures for which the record was requested.

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Now, the hospital must submit the entire medical record for the episode of care. When hospitals submit complete medical records, within the requested timeframe, for at least 75 percent of the requested records, they will receive a passing score for validation. For example, if eight medical records are requested, at least six medical records must be adequately submitted to meet that 75 percent requirement. For fiscal year 2023 payment determination, the accuracy of the data itself will not affect payment, but that's a good question.

Candace Jackson: Great. Thanks, Llew. When submitting records to the CDAC, we know it has to be complete medical records. Can that be submitted in paper form or does it have to be uploaded to the secure portal?

Llew Brown: Thanks, I will take that one too. For eCQM data validation, only portable document format (PDF) medical records will be accepted via the CMS Managed File Transfer web-based application. Hospitals are not to send paper and/or removable media copies of medical records. If sent directly to the CDAC, those will not be accepted for eCQM validation.

Candace Jackson: Great. Thank you Llew. Just to confirm, Llew, is that a change? Correct? In past years, have hospitals been able to submit paper or removable media?

Llew Brown: Yes, that was the case. Now, moving forward only PDFs are going to be accepted through the Managed File Transfer service.

Candace Jackson: Great. Thank you, Llew. Moving on again and talking about the measure outcomes and data accuracy, does CMS know for which fiscal year hospitals will start being scored based on accuracy? When will mismatches begin to impact payment determination?

Alex Feilmeier: This is Alex. CMS will inform the hospital community of future changes to policy through rulemaking. It has not yet been determined when payment will be impacted by eCQM data validation accuracy.

Candace Jackson: Thank you, Alex. I am going to go back because I see several questions that are again going towards the calendar year versus fiscal year. So, I think it is good to back and clarify this one.

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When I Google calendar year and fiscal year for the Hospital IQR Program, I see calendar year 2020 is applicable for fiscal year 2022. Can you explain the differences in calendar year and fiscal year for eCQM data validation versus the chart-abstracted data validation?

Alex Feilmeier: This is a question that is a difficult one for people because we completely understand how it can be confusing since there are different calendar years and fiscal years for reporting versus different calendar year/ fiscal year for data validation and impact. For validation, the fiscal year and the reporting calendar year may appear differently. For fiscal year 2023 payment determination, we are using calendar year 2020 eCQM data that were submitted by your hospital in early 2021.

The calendar years that are used for eCQM validation may be different than those used for some of the other Hospital IQR Program requirements. Please review the Inpatient Data Validation Resources page of QualityNet for details. It can be confusing, but please use the resources and you will be good.

Candace Jackson: Great. Thank you, Alex. I think that is great to clarify that. Here's a little bit of a different topic that I am seeing. A lot of hospitals are submitting 100 percent of their records for eCQMs. If a hospital submits more than the required eCQMs for calendar year 2020, how will CMS choose which measures to validate?

Llew Brown: This is Llew. CMS will randomly select cases. So, CMS will randomly select two cases per measure, for a maximum of eight cases across four submitted measures per hospital. If fewer than two cases are available for a given measure, more than two will be selected from another measure, not to exceed a total of eight cases. If a hospital submits multiple quarters, the system will select the most recently submitted quarter by your hospital.

Candace Jackson: Great. Thank you for providing that clarification. Our next question is: Will all patient measures contained within a single QRDA Category I file be validated, or will only a select measure be validated?

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- Llew Brown:** Yes, this is Llew again. CMS will randomly select the cases for validation, and not all patient measures contained within a single QRDA Category I file actually get validated. Only the selected measures will be validated within the requested record.
- Candace Jackson:** Great. Thank you. Now we know that, currently, eCQM validation results are not posted to Care Compare or are publicly reported, but will the calendar year 2020 eCQM validation results be posted publicly?
- Alex Feilmeier:** This is Alex. CMS has no plans at this time for eCQM data validation hospital-specific reports to be publicly posted on the Care Compare sites or elsewhere.
- Candace Jackson:** Great. Thanks, Alex. I am going to kind of go back again to the submission of the complete medical record. I see a couple questions here about what that means. So, what is meant by “all information from an EHR”? Could you give some general examples or an example of a piece of information that may be overlooked?
- Alex Feilmeier:** That is a tough one to say without having a specific question without a piece of information, but, ultimately, it is the hospital’s responsibility to ensure that all the necessary information is present in the submitted medical record in order for the CDAC to properly complete an abstraction. It is strongly recommended by CMS that a trained abstractor at your hospital review each record after it’s been converted to PDF and before it has been sent to the CDAC. Further direction will be provided in the medical request packet by the CDAC and hopefully that will assist you in knowing what to submit.
- Candace Jackson:** Alex, on that same note, is it OK when I send in my medical records if I highlight things or if make notes to make sure the CDAC knows where I gathered that information from?
- Alex Feilmeier:** The CDAC abstractors are trained to ignore highlighting and notes of that sort. If you have a specific question about a piece of information that you would like to include in the medical record, feel free to reach out to validation support contractor.

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We can assist you in answering that question more specifically. As far as highlighting or marking, those abstractors are trained to use exactly what a hospital would use when performing their initial data entry. So, it is something they are supposed to ignore.

Candace Jackson: Great. Thank you, Alex. Now, you know we have talked about how for eCQM validation the passing/failing is based off the number of records submitted and not the accuracy at this time. Even though the records are not being scored for accuracy, will the eCQM Validation Case Detail Report still provide hospitals information regarding the accuracy of the abstracted data elements and measures?

Llew Brown: This is Llew. In a word, yes. We know that hospitals go through the effort of providing the information. CDAC does the validation and the results of CDAC's findings of their own abstraction is captured on the Case Details Report as a way of providing feedback to hospitals.

Candace Jackson: Great. Thank you, Llew. Going back to having to submit the file, the medical record, as a PDF through the secure portal. We have a few follow-up questions asking what happens if our medical record department does not have access to the Managed File Transfer application. Should they get accounts for that? What should the process be?

Llew Brown: Yeah, this is Llew. It would certainly be beneficial for anyone at the hospital deemed responsible for submitting the medical records to have a HCQIS account with the access roles and proper profile. It's also referred to as a HARP account as well as access to the Managed File Transfer application. If anyone has questions or needs assistance obtaining a HARP account or establishing the Validation role assigned to themselves or others at your hospital, we suggest you reach out to your hospital's Security Official (SO). You can also send an email to the Validation Support Contractor for further assistance.

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Candace Jackson: Now one of the things that the hospitals can do when they are unable to submit data or maybe a medical record is that they can file what we can an Extraordinary Circumstance Exception (ECE). Can you give us an example of how an ECE would be used for validation?

Alex Feilmeier: This is Alex. Hospitals may request an extension or exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the facility. Such circumstances could include, but are not limited to, natural disasters like severe hurricanes or floods, or systemic problems with CMS data collection systems that directly affected the ability of the facility to submit their data. I would say that information about ECEs should be reviewed on QualityNet and we will give you a link to the [ECE Hospital IQR Program page](#) of QualityNet.

Candace Jackson: Thank you, Alex. We will provide that link in the Q&A document and within the transcript for future reference. We talked about what measures would be used for validation if they submitted multiple measures, but what happens if the patient had more than one hospital visit in the reporting period and it's included in the validation. Do all the medical records for the patient on each visit have to be submitted?

Alex Feilmeier: This is a good question. The thing to remember is the CDAC medical records request will indicate the episode of care for which medical records are to be submitted for validation. So, it will not be a question of what needs to be submitted. It is very clearly indicated on the medical records request packet that the CDAC will send you.

Candace Jackson: Great. Thank you for clarifying that. We also talked earlier about doing both the chart abstracted and eCQM validation. I know in your presentation, Alex, you talked about them combining in the future, but, just to clarify for right now, since our facilities undergo chart-abstracted validation, should we not be receiving a request for eCQM validation?

Llew Brown: Yes, this is Llew. For fiscal year 2023, as stated in the presentation, CMS will only require hospitals to participate in one of the two Hospital IQR Program validation processes.

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That is chart-abstracted validation or eCQM validation. If a hospital was selected for fiscal year 2023 chart-abstracted validation, that same hospital, as identified by the six-digit CCN/Provider ID, will not be receiving a request for eCQM validation in the same fiscal year 2023 selection cycle.

Candace Jackson: OK. Great. Thanks, Llew, for clarifying that. During the presentation, you talked about the importance of having the contacts updated and current. So, are those for contacts that are listed for a hospital, or is it every one of those contact types, or just one of them? Who should be updated?

Llew Brown: This is Llew again. At different points throughout the validation cycle, all of the different contact types may be utilized to communicate information to hospitals. Depending on the type of communication, as well as the urgency of the message being communicated, some contacts may not be included in the distribution. For example, chief executive officers or administrators will not be sent regular, non-imperative communications. In general, the Hospital IQR and Quality Improvement contact types will receive all communications sent. If anyone would like to know more, feel free to send the VSC, Validation Support Contractor, an email at validation@telligen.com.

Candace Jackson: Great. Thank you, Llew. I know you are talking mainly about the medical records contacts. Have you, the validation people, ever considered using someone other than the Medical Records contact? Maybe the QualityNet Security Official or Quality Improvement contact should be used to disseminate this information.

Alex Feilmeier: Yes, this is Alex. This has been a question that has come up over the years many times, but it's ultimately been decided that, due to hospital turnover of staff and other reasons, CMS has determined that sending the medical records request packet to "Medical Records Director," and not an individual's name, has been most effective in making sure that packet has been received by someone who will make sure that it is completed. The medical records request will be delivered to the address listed under the Medical Records contact type in the official CMS database.

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Hospitals can check that address and make updates to the address as noted in the presentation earlier by sending an email with their six-digit CMS Certification Number to the Inpatient Outreach and Education Support Contractor. So, that information was included in the slides and can be included as Candace stated when these questions are released after the presentation.

Candace Jackson: Great. Thanks, Alex. I would like to go back to the Manage File Transfer for a moment because that is a relatively new process and I do want to make sure we get everyone's questions about that answered. Do you anticipate any difficulty submitting PDFs of these records through the file transfer in QualityNet? Due to the size of each record, maybe some are greater than 1,000 pages, are there instructions on how to put such large documents into PDFs to be submitted?

Alex Feilmeier: Yeah, this is Alex. So, it sounds like the person who has done this before has done this through the old QualityNet Secure File Transfer application and may not have used the new Managed File Transfer application that CMS now has. It has a lot of improved functionality and everything so far that has been used for over the last couple of years and has been very positive. There have been no issues with large file sizes. There are updated and very detailed instructions on how to use the Managed File Transfer web-based application that will be included in the medical records request packet that the CDAC sends you. If you have any questions during that process, don't hesitate to reach out to us at the Validation Support Contractor and/or the CDAC.

Candace Jackson: OK. Great. Thanks, Alex. Our last question for today: We were recently made aware that our eCQM vendor did not submit 100 percent of our cases for one of the measures for this last calendar year. How will failure of eCQM validation be determined and what will be the impact?

Llew Brown: This is Llew. When every hospital signs the Data Accuracy and Completeness Acknowledgement, which they must do in order to participate in the program, the hospitals are attesting, and the language goes something to the effect of this:

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“To the best of my knowledge, at the time of submission of this form, all of the information that has been reported for this hospital for participation in the program is accurate and complete.” I can understand there is probably some frustration and questions from hospitals when they are put in this situation. Any time data are inaccurately reported, there is the potential for a mismatch in the data validation process; however, it is important to note that, for eCQM data validation at this time, the accuracy of eCQM data and the validation of measure reporting will not affect payment. Hospitals will again pass or fail validation based on the timely and complete submission of at least 75 percent of the records CMS requests, which will be selected from the cases that your hospital did submit to the CMS.

Candace Jackson: Great. Thank you, Llew. That does conclude our question and answer discussion for today. Again, we have approved this webinar for continuing education. You will be able to get that by selecting the link on this slide.

Again, I would like to thank Llew and Alex for presenting today. We would also like to thank you for joining the webinar today. Again, the questions, responses, and those inquiries that were not responded to today will be responded to and posted at a later date. We hope that you have a great rest of your day. Thank you for joining.