



**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**

**Question and Answer Summary Document**

**Speakers**

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**January 25, 2022**  
**1:00 p.m. Eastern Time**

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*The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.*

#### **Selection of Hospitals and Medical Record Requests**

**Question 1:** Is electronic clinical quality measure (eCQM) validation only for inpatient prospective payment system (IPPS) hospitals? Since Critical Access Hospitals (CAHs) only submit eCQMs for the Medicare Electronic Health Record (EHR) Incentive Program, not the IPPS, does that mean CAHs are not included in the eCQM validation process?

Since the IPPS and the Hospital Inpatient Quality Reporting (IQR) Program do not affect CAHs, CMS will not select CAHs for the eCQM validation process.

**Question 2:** When will CMS notify hospitals that they were selected for fiscal year (FY) 2023 eCQM validation?

On June 1, 2021, CMS notified the providers that were selected for FY 2023 (calendar year 2020) eCQM validation. To verify if you were selected, please view the [FY 2023 List – Hospitals Selected for Inpatient eCQM Data Validation](#) under eCQM Validation Resources at the bottom of the Data Validation Resources page of [QualityNet](#).

**Question 3:** When will the medical records requests be sent out and when will the case selection report be available in the *Hospital Quality Reporting (HQR) Secure Portal*?

The CMS Data Abstraction Center (CDAC) anticipates that it will send FY 2023 (calendar year 2020) eCQM data validation medical record request packets to the hospital's physical address in mid to late February. At that point, the eCQM Case Selection Report will become available on the *HQR Secure Portal*. Around that time, the Validation Support Contractor will send an email notification to assist hospitals in knowing when the packet is anticipated to arrive.

**Question 4:** If our hospital is selected for chart-abstracted validation, would we receive a request for eCQM validation?

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For FY 2023, CMS will only require hospitals to participate in one of the two Hospital IQR Program validation processes: chart-abstracted validation or eCQM validation.

If a hospital was selected for FY 2023 chart-abstracted validation, that same six-digit CMS Certification Number (CCN)/Provider Identification (ID) will not receive a request for eCQM validation in the same FY 2023 selection cycle.

**Question 5:**           **For FY 2024, does the FY 2024 List – Hospitals Selected for Inpatient Data Validation, include hospitals selected for eCQM, chart-abstracted, and Hospital-Acquired Infection (HAI) validation?**

That is correct. The list of selected hospitals for FY 2024 data validation efforts identifies all selected hospitals that are required to participate in data validation processes for eCQM, chart-abstracted, and HAI validation. Additional information can be found within the [FY 2024 Fact Sheet](#).

**Question 6:**           **If a hospital has less than eight patients, is it excluded from validation?**

We interpret the question as this: “If a hospital has less than eight cases, is it excluded from validation?”

In the FY 2018 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (82 FR 38399), CMS finalized exclusion criteria: Hospitals without at least five discharges for at least one reported eCQM included among their Quality Reporting Document Architecture (QRDA) Category I file submissions were excluded from eCQM validation.

Note: Beginning with data impacting the FY 2024 payment determination (calendar year 2021 discharges), no exclusion criteria specific to eCQM validation will apply, as hospitals are selected for validation across eCQMs as well as chart-abstracted measures.

**Question 7:**           **What is the criteria to select hospitals for “targeted” review of eCQMs?**

At this time, CMS does not have eCQM-specific targeting criteria. Hospitals targeted under criteria for chart-abstracted measures will also be validated for eCQMs, beginning with the FY 2024 payment determination. These criteria are as follows:

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- Any hospital with abnormal or conflicting, or rapidly changing data patterns
- Any hospital that submits data to the National Healthcare Safety Network (NHSN) after the data submission deadline has passed
- Any hospital that joined the Hospital IQR Program within the previous three years, and which has not been previously validated
- Any hospital that has not been randomly selected for validation in any of the previous three years
- Any hospital that passed validation in the previous year, but had a two- tailed confidence interval that included 75 percent
- Any hospital which failed to report to NHSN at least half of actual HAI events detected as determined during the previous year's validation effort

CMS may introduce eCQM-specific targeting criteria in future rule-making.

**Question 8: Are there going to be additional targeted hospitals selected for the FY 2023 validation?**

All random and targeted hospitals have already been identified for FY 2023 data validation efforts; no additional hospitals will be selected for FY 2023 data validation.

#### **Selection of Medical Records and eCQM Measures**

**Question 9: Was only one quarter of eCQM data required for submission in calendar year (CY) 2020 (FY 2023)? Is that the only quarter of data the CDAC will requested for validation?**

Yes. For FY 2023 (CY 2020) eCQM data validation efforts, the cases selected will only be from one quarter of data submitted by the hospitals, not from different quarters. In FY 2024, we will start bringing more of those reporting quarters into the validation process. However, for FY 2023 (CY 2020 discharges), we are only validating one quarter of data.

**Question 10: Hospitals are submitting 100 percent of their records for eCQMs. If a hospital submits more than the required eCQMs for CY 2020, how will CMS choose which measures to validate?**

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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.

**Question 11: Will all patient measures contained within a single QRDA Category I file be validated, or will only a select measure be validated?**

CMS will randomly select the cases for validation, and not all patient measures contained within a single QRDA Category I file will be validated. Only the selected measures will be validated within the requested records.

**Question 12: Do all the medical records have to be submitted if the patient had more than one hospital visit in the reporting period and it's included in validation?**

The CDAC's medical records request will clearly indicate the specific records to include. The request will indicate the episode of care for each medical record to be submitted for validation. Due to this, hospitals should not have questions regarding the records to submit.

**Question 13: How do we know which measures the CDAC will validate?**

Selected hospitals will receive a medical records request packet from the CDAC with further information on selected cases/measures. Additionally, hospitals will be able to view their eCQM Case Selection Report when it becomes available after the medical records request packet has been sent.

**Question 14: If we voluntarily submit the Safe Use of Opioids – Concurrent Prescribing eCQM for CY 2021 discharges submitted in CY 2022, is that measure eligible for validation?**

Beginning with FY 2024 eCQM data validation efforts (CY 2021 discharges), the Safe Use of Opioid – Concurrent Prescribing eCQM is eligible for random selection and validation, if submitted.

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**Question 15:** For future eCQM validations, will all submitted quarters be validated? For example, for FY 2024 will quarter (Q)1, Q2, Q3, and Q4 2021 data be validated?

In the FY 2021 IPPS/LTCH PPS Final Rule, CMS finalized a proposal to progressively increase the number of quarters for eCQM validation. Hospitals selected for validation will be required to submit a total of 16 cases from two calendar quarters of CY 2021 eCQM data (affecting the FY 2024 payment determination); 24 cases from three quarters of CY 2022 eCQM data; and 32 cases over four quarters of data starting with validation of CY 2023 data.

**Submission of Medical Records**

**Question 16:** After we receive the medical record requests, do we only have 30 days to submit the medical records (instead of 45 days)?

The medical records request packet sent by the CDAC will indicate that hospitals will have 30 days to submit the requested medical records for eCQM data validation efforts within the Hospital IQR Program.

**Question 17:** 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?

Ultimately, it is the hospital’s responsibility to ensure that all the necessary information is present in the submitted medical record for the CDAC to properly complete an abstraction. It is strongly recommended that a trained abstractor at your hospital review each record after it’s been converted to a portable document format (PDF) and before it is sent to the CDAC. Further direction will be provided in the CDAC’s request for the medical record to assist you in knowing what to submit.

**Question 18:** Is it acceptable to highlight or make notes in the medical record to make sure the CDAC knows where I gathered the information?

The CDAC abstractors are trained to ignore highlighting and notes of that sort. Furthermore, the CDAC abstractors would not be able to reference any type of letters/memos/explanation as to how and/or why documentation was abstracted a particular way by your hospital’s abstractors.

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CDAC abstractors would disregard written notes that are not part of the original medical record based on the General Abstraction Guidelines: “It is not the intent to have documentation added at the time of abstraction to ensure the passing of the measure.” The General Abstraction Guidelines also state that the medical record must be abstracted as documented (taken at “face value”).

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

**Question 19:**           **When submitting complete medical records to the CDAC, can the medical records be in paper form or are they required to be uploaded to the *HQR Secure Portal*?**

For eCQM data validation, only PDF medical records will be accepted via the CMS Managed File Transfer (MFT) web-based application. Paper and/or removable media copies of medical records sent directly to the CDAC will not be accepted for eCQM validation. This is a change from previous years when paper and/or removable media were accepted.

**Question 20:**           **Since medical records are required to be submitted as PDFs through the *HQR Secure Portal*, what happens if our medical records department does not have access to the MFT application? Should we get them accounts? What is the process?**

It would be beneficial for anyone at your hospital who is responsible for submitting the medical records to have a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account and access to the MFT application. If you have questions or need assistance obtaining a HARP account or establishing the Validation role assigned to yourself or others at your hospital, we suggest contacting your hospital’s Security Official (SO). You can also send an email to the Validation Support Contractor for further assistance at [validation@telligen.com](mailto:validation@telligen.com).

**Question 21:**           **Do you anticipate any difficulty submitting the PDF medical records through the MFT? Due to the size of each record, some greater than 1,000 pages, are there instructions to submit large documents?**

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There have been no issues with submitting large file sizes through MFT. Updated, detailed instructions on the MFT web-based application will be included in the medical records request packet from the CDAC. If you have any questions, please reach out to the Validation Support Contractor and/or the CDAC.

**Question 22:**        **I have used MFT, and I still experience issues while uploading some medical records. If the file is not uploading, I have to zip the file and it will upload.**

Hospitals experiencing issues during the file upload process through the CMS MFT should contact the QualityNet Service Center by email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or by phone at (866) 288-8912. Additional improvements to the MFT medical record submission process are underway to further improve the user experience.

#### **CDAC Validation and Results**

**Question 23:**        **Why are non-discrete data fields validated when the purpose of eQMs is to electronically capture structured EHR data?**

It is important to remember that 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 provided records and compare the medical record data to the QRDA data based on the eQCM 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 eQCM 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, not by the accuracy of the data.

**Question 24:**        **Do the CDAC abstractors use information in the chart other than in the designated claims/bills to validate the record?**

The CDAC abstractors use the eQCM specifications to determine the location of the information in the record, but their focus is on the medical record.



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**Question 25: If there is a mismatch on my CY 2020 data validation, what payment determination or FY will it impact?**

At this time, CMS will not penalize you for the mismatches you find in the eCQM detail reports. The accuracy of reported eCQM data does not affect payment: The ultimate passing or failing of validation is only based on the timely submission of at least 75 percent of the records requested by CDAC. (For CY 2020 discharges, validation of eCQM data is for FY 2023 payment determination.)

**Question 26: What is meant by this phrase? “As long as hospitals sent in 75 percent of the requested medical records within the deadline...” Does this mean that it meets the eCQM data validation requirement?**

Per the validation process, CMS is going to select eight cases or individual patient-level reports from the QRDA Category I files submitted by the hospital. When the CDAC requests the copy of the medical record for validation, the CDAC will review the records for the measure(s) for which the record was requested.

The hospital must submit the entire medical record for these episodes 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 FY 2023 payment determination, the accuracy of the data itself will not affect payment.

**Question 27: We were recently made aware that our eCQM vendor did not submit 100 percent of our cases for the Emergency Department (ED)-2 measure for CY 2018. How will this impact eCQM validation?**

When every hospital signs the Data Accuracy and Completeness Acknowledgement (DACA), which they must do to meet Hospital IQR Program requirements, they attest, “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 [XXXX] Program is accurate and complete.”

Any time data are inaccurately reported, there is the potential for a mismatch in the data validation process; however, for eCQM data validation, at this time, the accuracy of eCQM data and the validation of measure reporting will not affect payment.

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Hospitals will 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 your hospital did submit to the CMS.

**Question 28:**      **Does CMS know for which fiscal year hospitals will start being scored on accuracy? When will mismatches begin to impact payment determination?**

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

**Question 29:**      **When will we receive our validation results?**

Results for data validation are typically received within four months after the medical record request deadline.

**Question 30:**      **Are hospitals allowed to submit educational review requests for eCQM validation results?**

Yes, hospitals have 30 calendar days following the date validation results are posted to submit an educational review request for eCQM validation results. Hospitals can find the instructions and request form on the [Data Validation Educational Reviews](#) page of QualityNet.

#### **Validation Reports and Reporting**

**Question 31:**      **Even though the records are not scored for accuracy, will the eCQM Validation Case Detail Report still provide hospitals with information regarding the accuracy of the abstracted data elements and measures?**

Yes. The results of the CDAC's findings are captured on the Case Detail Report as a way of providing feedback to a hospital.

**Question 32:**      **If the accuracy of eCQMs is not evaluated for CY 2021, what does the validation detail summary include?**

The accuracy of eCQMs are being evaluated during CMS data validation efforts, and the results of the CDAC's findings will be captured on the eCQM Case Detail Report. The eCQM Case Detail Report identifies any inaccuracies that were discovered, per data element, as a way of providing feedback to a hospital.

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However, the accuracy does not impact a hospital's payment determination at this time. Rather, hospitals will pass or fail validation based on the timely and complete submission of at least 75 percent of the records CMS requests.

**Question 33: Will the CY 2020 eCQM validation results be posted publicly?**

CMS has no plans at this time for eCQM data validation hospital-specific results to be publicly posted on the Care Compare sites or elsewhere.

#### **Hospital Validation Contacts**

**Question 34: Should we update each one of our hospital contact types that are listed? Should we update just one of them? Who should be updated?**

At different points throughout the validation cycle, CMS and the CDAC may use all of the different contact types to communicate information to hospitals. Depending on the type of communication, as well as the urgency of the message, some contacts may not be included in the distribution. For example, chief executive officers/administrators will not receive regular, non-imperative communications. In general, the Hospital IQR and Quality Improvement contact types will receive all communications. If you would like to know more, please send the Validation Support Contractor an email at [validation@telligen.com](mailto:validation@telligen.com).

**Question 35: Have you ever considered using someone other than the Medical Records contact? Maybe the QualityNet Security Official, the Clinical Improvement, or the Quality Improvement contact should be used to receive this information?**

Due to hospital staff turnover, CMS has determined that sending the medical records request packet to a title (like Medical Records Director) and not an individual's name has been most effective. 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 by completing the [Hospital Contact Change Form](#) and submitting it to [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com).

**Question 36: If our medical records staff is working remotely and the medical records packet is sent to our hospital's address, how will we know that it has been delivered?**

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The Validation Support Contractor sends a supplemental email notification on or around the time the CDAC sends the medical records request packet to the hospital's physical address. That email should assist you in knowing when the packet is anticipated to arrive.

#### **Other**

**Question 37:**      **For many of the Hospital IQR Program measures (like the chart-abstracted measures), CY 2020 is applicable for FY 2022. Can you explain the differences in calendar years and fiscal years for eCQM data validation versus chart-abstracted data validation?**

For validation, the fiscal year (FY) and the reporting calendar year (CY) may appear differently. For FY 2023 payment determination, we are using CY 2020 eCQM data that your hospital submitted in early 2021.

Due to the different submission deadlines, the calendar years that are used for eCQM validation may be different than those used for some of the other Hospital IQR Program measures. Please review the [Inpatient Data Validation Resources](#) page on QualityNet for additional guidance.

**Question 38:**      **Can you provide an example of how an Extraordinary Circumstance Exception (ECE) would be used for validation?**

Hospitals may request an exception from various quality reporting requirements due to extraordinary circumstances beyond the control of the hospital. Such circumstances may include, but are not limited to, natural disasters (such as a hurricane or flood) or systemic problems with CMS data collection systems that directly affected the ability of facilities to submit data. The [ECE Policy](#) can be found on QualityNet.