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 Targeted Hospitals**

Presentation Transcript

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

Candace Jackson: Good afternoon. Welcome to the *Overview of Fiscal Year 2024 Inpatient Data Validation Efforts for Targeted 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 a 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, a link 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 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. So, 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 questions into the Ask a Question window with the slide number associated, and we will answer questions as time allows after the event. Our speaker for today's event is Alex Feilmeier, the Program Manager for the Value, Incentives, and Quality Reporting Validation Support Contractor.

The purpose of this webinar is to educate and share information regarding CMS's 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 2024 program year.

At the conclusion of this webinar, participants will be able to understand the inpatient data validation process for fiscal year 2024 data validation efforts, identify the deadlines and associated required activities relating to data validation, submit the healthcare-associated infection validation templates through the CMS Managed File Transfer web-based application, submit medical records requested by the CDAC, and receive and interpret validation results.

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

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

Now, we'll go over fiscal year 2024 data validation efforts.

In order to align the quarters used for HAC Reduction Program and Hospital IQR Program data validation, CMS finalized the use of measure data from only the third and fourth quarters of 2020 for the 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 [85 FR 58863–58864]. One hospital sample will be selected and used for validation for the clinical process of care and eCQM measures under the Hospital IQR Program, as well as the HAI measures under the HAC Reduction Program. Hospitals without an active Notice of Participation for the Hospital IQR Program will only be validated under the HAC Reduction Program [83 FR 41479]. So, as you can see on the table on this slide, we only use Quarter 1 through Quarter 4 of calendar year 2021 data for the fiscal year 2024 data validation efforts.

Under the aligned validation process, beginning with fiscal year 2024, any hospital selected will now be expected to submit data for chart-abstracted clinical process of care measures, eCQMs, and HAIs. To provide a visual of the finalized changes to combine the validation samples, as well as reduce the total number of hospitals selected for 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 measures. 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 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 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 a part of the Hospital IQR Program, for fiscal year 2024, CMS will validate up to eight cases for chart-abstracted clinical process of care measure(s) per quarter per hospital. 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 fiscal year 2024 payment determination, CMS will validate up to 16 cases from two calendar quarters of calendar year 2021 eCQM data (up to 8 cases per quarter x 2 quarters) [85 FR 58950]. From each quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reported to CMS, for no more than eight cases total across all measures. For example, if the hospital reports four measures (like ED-2, VTE-1, VTE-2, STK-2), CMS may randomly select two cases from each measure without exceeding eight total eCQM cases per quarter. This process will ensure CMS evaluates a mix of eCQMs, rather than those eCQMs reported with the greatest frequency. CMS may group eCQMs prior to selection to support this strategy.

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

As part of the HAC Reduction Program, CMS will validate candidate cases sampled for the following HAI measures: central line-associated blood stream infection (CLABSI), catheter-associated urinary tract Infection (CAUTI), Methicillin-Resistant *Staphylococcus aureus* (MRSA) laboratory-identified (LabID) events, *Clostridium difficile* Infection (CDI) LabID events, and Surgical Site Infection (SSI). Selected hospitals will be randomly assigned to submit, for each quarter of the fiscal year, either CLABSI and CAUTI validation templates or MRSA and CDI validation templates. CMS will select and validate up to ten candidate HAI cases total per quarter per hospital. All selected hospitals will be validated for SSI. SSI cases are not submitted using validation templates but are selected from Medicare claims based on data submitted to CMS. Requests identified from Medicare claims data may include a request for an index admission and readmission record. When both types are requested, both records should be submitted.

When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate case from other infection types to meet sample size targets.

Now, we'll go over hospital selection.

For fiscal year 2024, up to 200 hospitals will be [were] randomly selected in June of 2021, and up to 200 targeted hospitals were selected in February 2022. The targeted hospital selection is identified after the confidence interval is calculated from the previous fiscal year validation effort. The criteria for targeting hospitals is outlined in the IPPS 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 also sends an email communication directly to those hospitals selected.

Hospitals that have been selected for validation are notified by email; this communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, Hospital IQR, Infection Control, CDAC Medical Records, or Quality Improvement. The Validation Support Contractor monitors email communications to ensure that all hospitals are notified of selection. Any emails that bounce-back are researched, and hospital contacts are asked to be updated in the CMS system ensure that future notifications are received.

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

An updated list of the selected hospitals is available on the CMS QualityNet website by clicking on Hospitals – Inpatient, Data Management, Data Validation, and lastly Resources.

The Data Validation pages on QualityNet contain Fact Sheets, help guides, and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Now, we'll go over an overview of the validation process, the results, and the scores.

All selected hospitals will submit HAI validation templates for each quarter of the validation year. Selected hospitals will receive five total medical record requests from CMS' Clinical Data Abstraction Center [CDAC]: four quarterly requests containing clinical process of care and HAI selected cases and one annual request containing eCQM selected cases. The CDAC will send the written request using FedEx, which will provide instructions on how to submit the patient medical record for each case that CMS selected for validation. This slide displays months within which medical record request packets are estimated to be sent. Please remember these are estimates and could change. Remember that hospitals selected randomly in June of 2021 should continue to follow the deadlines associated with the random hospitals and hospitals selected as targeted should follow the deadlines associated with targeted hospitals.

The CDAC will send the written request using FedEx, which provides instructions on how to submit the medical records for each case that was selected. Hospitals deliver requested medical records to the CDAC in the order they are requested based on the deadlines, and the 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 CDAC to determine measure eligibility and/or outcome. CMS data validation is at the measure level; it is 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. When validating cases, the CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted as PDF files.

It typically takes approximately three to four months after each medical record submission deadline for hospitals to see their validation results for the quarter or reporting period. Hospitals' registered users with the Validation role will receive email notification when their results become available to view on the *Hospital Quality Reporting Secure Portal*. The results will show the outcome of 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 on the *HQR Secure Portal.*

After all quarters or reporting periods of the validation fiscal year have been completed and all results have been received, CMS calculates a total score reflecting the reliability of the measures validated. After the educational review results are taken into consideration, CMS computes a confidence interval around the score. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the validation requirement. If the upper bound is below 75 percent, the hospital will fail the validation requirement. Hospitals that fail the validation requirement will also be 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 the 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'll go over specifics on the HAI validation template process.

Hospitals start the entire process by filling out HAI validation templates for the types for which they have been selected, and then they submit those templates to the Validation Contractor via the CMS Managed File Transfer web-based application. Hospitals must submit the quarterly HAI validation templates before they receive a medical records request packet for the quarter. It is strongly recommended that each hospital have at least two registered Security Officials at all times.

If you are unable to log in to the *Hospital Quality Reporting Secure Portal*, contact your hospital's Security Official. If your Security Official is unable to reestablish your access, contact the QualityNet Service Center. Remember, validation templates are not validated; they are used to select HAI cases to be validated each quarter.

CMS performs a random selection of cases submitted from each validation template type submitted per hospital being validated. Remember, there are not validation templates for SSI cases. After a validation template submission deadline has passed, data submitted on the validation templates cannot be changed.

This slide shows the discharge quarters and associated HAI validation template deadlines for the fiscal year 2024 targeted selected hospitals that were notified of their selection in February 2022. Validation templates are due no later than 11:59 p.m. Pacific Time on each associated deadline date. Validation templates may be submitted immediately following the last day of each quarter period. One template is required for each quarter of data for each type of validation template assigned. For the entire validation fiscal year, hospitals selected randomly should continue to follow the deadlines associated with the random hospitals, and hospitals selected as targeted should follow the deadlines associated with targeted hospitals.

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

There are four tabs on each validation template. The tabs are as follows: A Definitions tab provides directions specific to the submission of the template's HAI type. The Template tab is where hospitals enter their data. An NHSN Location or NHSN ICU Location tab (depending on the template type) lists all acceptable locations for the respective HAI type. The Fiscal Year 2024 Submission Instructions tab 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 templates. Do not delete, rename, or change the order of the tabs. If any format changes are made, the template will be rejected.

Some template completion tips for avoiding validation template submission errors are as follows: Refer to the *FY 2024 Validation Template User Guide and Submission Instruction* 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 templates to select valid values. Check all dates for accuracy, as well as ensure any cases with a separate Inpatient Rehabilitation Facility (IRF) or Inpatient Psychiatric Facility (IPF) CCN are not included on the template. Perform a quality check of data entered into this template against data entered into NHSN; stay mindful of differing CMS and NHSN deadlines. Submit only via CMS Managed File Transfer web-based application, as validation templates contain Protected Health Information and cannot be sent via email.

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 6-digit CCN/Provider ID in an email addressed to Validation@telligen.com. After validation templates have been processed, the submitter of the template and the contact listed in the template's first row will receive a confirmation receipt email indicating one of two things: 1) successful submission or 2) errors have occurred that require your attention and re-submission.

At predetermined points up until the validation template deadline each quarter, the Validation Support Contractor will send emails and attempt to contact any hospitals that have not yet submitted. Validation templates with errors are not considered as submitted. If a hospital does not submit the required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases. Up to 10 placeholder cases can be assigned, and all would be scored 0/1. If a hospital submits a validation template and receives an error notification email but does not make corrections and resubmit the validation template by the deadline, placeholder cases will also be assigned and scored 0/1. You can avoid all of this by just making sure you get your templates submitted before the deadline.

A hospital submitting a validation template with processing errors will receive an email notification, which includes the errors to be corrected. Please make the corrections specified in the email and resubmit the file via the CMS Managed File Transfer application. Do not attach a template to the error email that we sent you, or this will be considered a CMS security incident. Again, templates may only be resubmitted and/or resubmitted via the CMS Managed File Transfer application. When submitting a revised validation template, include a note in the CMS Managed File Transfer message indicating that a revised template is being submitted. Please also include the word "Revised" or "Resubmitted" in the file name. This will assist the Validation Support Contractor in processing.

The Validation Support Contractor performs some courtesy checks on the validation templates to assist hospitals with submitting accurate data. The validation templates are used to randomly select cases for validation; if the data are incorrect on the template, it could result in mismatches. If the hospital receives an email from the Validation Support Contractor asking for review of a validation template due to a possible discrepancy, please reply to the email indicating either a new validation template has been or will be submitted or the data are accurate as submitted and no changes are needed.

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

Now, we'll go over medical record requests and submission.

The CDAC will send hospitals a written request addressed to "Medical Records Director," using FedEx, to submit a patient medical record for each case and candidate case that CMS selected for validation. It is important that the packet be routed to the correct individual or individuals responsible for filling 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 email with their six-digit CCN/Provider ID to the Hospital Inpatient Support Contractor at the email indicated on this slide.

CMS will release a Case Selection Report to supplement this medical records request, which will also list the cases selected for validation as well as receipt status. This report can be accessed via the *Hospital Quality Reporting Secure Portal* by a registered user. To access the report, follow the instructions on this slide. This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to submit records or additional documentation after the record has been received by the CDAC; this applies even if the wrong record is sent, or if pages are missing, or are illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital originally sent. For these reasons, it is critical that hospitals have a process for reviewing each of their records prior to them being sent to the CDAC.

Regardless of who submits your medical records (whether that be hospital medical records staff, independent delivery services, etc.), all records should be carefully reviewed prior to submitting them to the CDAC. Consider having an abstractor review your records prior to submission, as they are most familiar with the location of the information needed for abstraction. This is especially important if exporting records from an electronic health record to ensure all necessary information is present.

Hospitals have until the date listed on the request to send their records to the CDAC. Inpatient records must be received within 30 calendar days of the request date. CMS has finalized policy which will require the use of electronic file submissions via the CMS Managed File Transfer 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 drive. Additional information regarding medical records requested by the CDAC can be found on the CMS QualityNet website by clicking on the CDAC Information tab on the Inpatient Data Validation page. A direct link is provided on this slide.

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

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

There are validation-related reports that can be run through the *HQR Secure Portal*. The reports are the Case Selection Report, the Case Detail Report, and the Confidence Interval Report. Note: CMS continues to modernize the *HQR Secure Portal*. Data validation reports, and the way hospital data are displayed may change in the coming months.

The Case Selection Report lists a hospital's cases selected for validation each quarter, including all available patient identifiers. This report becomes available after the CDAC mails 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 that it could take up to 24 hours for the Record Received Date to populate. To verify receipt of your records, contact the CDAC directly via email or phone indicated on this slide.

Below are instructions on how to access the Case Selection Report in the *HQR Secure Portal*.

The Case Detail Report provides information about all of the abstracted elements compared to the CDAC abstraction on each case. Below are instructions on how to access the Case Detail Report in the *HQR Secure Portal.*

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

If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected scores will be used to compute the final confidence interval. A hospital's Case Detail Reports will not be changed to reflect updated results. For the HAC Reduction Program, the annual confidence interval will include the updated scores for HAI measures for all four quarters. For the Hospital IQR Program, the annual confidence interval will include the updated scores for four quarters of CPOC and two quarters of eCQM measures for all four quarters.

The Confidence Interval Report becomes available after all quarterly reporting period results of the fiscal year have been completed and a confidence interval has been calculated based on those cumulative results.

Hospitals will receive two separate Confidence Interval Reports in fiscal year2024, one for the clinical process of care and eCQM cases validated under the Hospital IQR Program and one for the HAI cases selected under the HAC Reduction Program. I'll explain each of these in the next two slides. You will receive email communication from us at the Validation Support Contractor once the Confidence Interval Reports become available. A detailed fiscal year 2024 confidence interval document is also posted on the Inpatient Data Validation Resources page of QualityNet. A direct link is provided on this slide.

CMS will calculate a combined reliability score reflecting the validation results of both the chart-abstracted 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. Since eCQMs are not currently scored for accuracy, eCQMs will receive a weight of 0, and the chart-abstracted clinical process of care measures will receive a weight of 100 percent [85 FR 58952]. So, although the accuracy of eCQM data and the validation of eCQM measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will still be required to meet the 75 percent submission rate of those medical records that CMS requested. 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. 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 fail the validation requirement will also be automatically 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 January 2023, and the APU results are expected to be released around May 2023. Additional information regarding APU can be found on the APU page of the Hospital Inpatient Quality Reporting Program page of QualityNet. A direct link is provided on this slide.

For the HAC Reduction Program, if the upper bound is 75 percent or higher, the hospital will pass the HAC Reduction Program validation requirement. If the upper bound is below 75 percent, the hospital will fail the HAC Reduction Program validation requirement. Hospitals that fail the inpatient validation requirement will also be selected for inpatient validation in the next fiscal year. As described in the Fiscal Year 2019 IPPS Final Rule [83 FR 41481 through 41482], for hospitals that fail validation, CMS will assign the maximum Winsorized z-score. That's the worst score only for the set of measures validated. For example, if a hospital was selected to be validated for CLABSI, CAUTI, and SSI, but failed the validation requirement, that hospital will 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 January 2023, and the notification to hospitals regarding payment adjustment via the HAC Reduction Program Hospital-Specific Report is expected to be released around July 2023. Additional information regarding HAC Reduction Program payment adjustment can be found on the Payment page of the Hospital-Acquired Condition Reduction Program page of QualityNet. A direct link is provided on this slide.

Within the Hospital IQR Program, if a hospital does not meet or exceed the 75 upper bound confidence interval threshold, the hospital will receive a letter in late spring indicating they have failed to meet the validation requirement of the Hospital IQR Program and will be subject to reduction of their APU. At that time, the hospital may request a reconsideration of their failure. The hospital would then provide the reason they are asking CMS to reconsider their results. Additional information about reconsideration requests are on QualityNet. Information about how to get there is on this slide. The HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit educational reviews within the 30-day time frame of receiving their quarterly results.

Now, I'll just briefly go over the resources for you.

The validation resources are available on the CMS QualityNet website. To access, click on Hospitals – Inpatient, Data Management, followed by Data By Validation, and lastly Resources. A direct link is provided on this slide. For assistance with QualityNet, including logging into the *HQR Secure Portal*, contact the QualityNet Service Center at the information provided on this slide.

Questions may be asked by directly emailing us at the Validation Support Contractor or by using the CMS Question and Answer Tool on QualityNet. Direct links to both are provided on this slide. Whether asking a question directly to the CMS Validation Support Contractor or through the CMS Question and Answer Tool, please include the hospital six-digit CCN/Provider ID. This will expedite or apply for information specific to your hospital. That's all I have. So, I'll hand it back to Candace for our Q&A. Thank you.

Candace Jackson: Thank you, Alex. 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 the QualityNet website. So, we will go ahead and get started with our questions for today.

Our first question: Is the match or mismatch of the validated record based on the outcome of the measure or on each individual question in the measure?

Alex Feilmeier: This is Alex. So, for sepsis, if the result or outcome is the same between CMS CDAC abstractors and what the hospital originally submitted, then it would be considered a match. If there is a mismatch on one element and that one element does not change the measure outcome, then that doesn't count as a mismatch in validation.

Candace Jackson: Thank you, Alex. We'll go to our next question that is in the same topic area. What would happen if the hospital over abstracts the case, meaning the hospital has a measure outcome of either passed or failed, but the CDAC has a measure outcome of excluded?

For example, the case is abstracted and has a measure outcome of E, but the CDAC determines the patient was a transfer and has a measure outcome of B. The case shouldn't have been abstracted any further, or the CDAC determines there was comfort care and it shouldn't have been abstracted any further. Would the case be a mismatch or receive an educational comment?

Alex Feilmeier: Yes. This one is similar to the previous one in that, as long as the end result or the measure outcome is the same between the CMS CDAC abstractor and what the hospital originally submitted, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatches on one element, for example, and that one element doesn't change the outcome of the measure, then it doesn't constitute a mismatch in terms of the validation efforts. So, individual elements are not validated in and of themselves, but rather validation occurs at the outcome level. In the particular example that the hospital gave, the CDAC might provide additional educational comment describing what they found for the elements that didn't align, despite the case being a match overall for the purpose of data validation.

Candace Jackson: Thank you, Alex. We'll kind of stay with the passing and failing of validation for right now.

We've had several questions for calendar year 2021, fiscal year 2024, electronic clinical quality measure validation. Will it be a pass/fail based solely upon 75 percent of the medical records being submitted?

Alex Feilmeier: That is correct. Although the accuracy of eCQM data and the validation of the eCQM measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on timely and complete submission of at least 75 percent of the eCQM records that CMS requests. For example, if 16 eCQM medical records are requested, at least 12 complete eCQM medical records must be submitted to meet that 75 percent requirement in order to pass the validation requirement for eCQM.

Candace Jackson: Okay. Thank you, Alex. We've received quite a few questions related to the eCQM validation. So, we'll go ahead and stay on that topic. Since eCQMs have a 0 weight, is passing validation passed on the submission of the medical records and not the matching of the measure outcomes?

Alex Feilmeier: Yes. I understand why it can be confusing to see a 0 weight in the slides earlier in the slide deck. You are correct, though. The accuracy of eCQM data in the validation efforts for fiscal year 2024 payment determination are not taken into consideration. It is truly only based on the submission of at least 75 percent of the requested eCQM records. So, although it says 0 weight in the confidence interval calculation, it is still a validation requirement that at least 75 percent of those records requested are received.

Candace Jackson: Alex, you did talk about 0 weighting. This question asks, "How would only being selected for eCQM submission affect APU, if eCQMs are weighted at 0?"

Alex Feilmeier: They ask, "How would only being selected for eCQM submission affect it?" I want to be clear that, beginning with fiscal year 2024 data validation efforts, CMS finalized just one single sample of IPPS hospitals to be selected annually through random selection and one sample of hospitals to be selected annually using targeted criteria, but it's for both chart-abstracted measures and eCQMs. So, under the alignment of the validation process, any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care and HAI measures, as well as eCQMs. CMS is going to validate a pool of those total 400 hospitals, that being 200 randomly selected and up to 200 targeted. Yet, that's across all measure types, clinical process of care, HAI, and eCQMs. So, if the hospital does not meet the requirement for all of those measure types, that would be possible to fail the validation requirement. All measure types are required for passing the validation requirement.

Candace Jackson: Thank you for clarifying that, Alex. Our next question: What happens if the hospital misses submitting the requested charts within the submission deadline?

Alex Feilmeier: So, 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 by the CDAC. So, those cases that are not received will automatically get a 0/1 score. That's why we strongly recommend that you submit the medical records by or prior to that deadline.

Candace Jackson: Thanks, Alex. We have a lot of questions. There are quite a few questions regarding the template. So, we'll try to address a few of those. How or where do we go to fill out the validation template?

Alex Feilmeier: The *Validation User Guide and Submission Instruction* document provides the best information about how to fill out those templates. Those can be found on the Inpatient Data Validation Resources page of QualityNet. You can verify that you are looking at the correct fiscal year by viewing the headers that say either fiscal year 2023 or fiscal year 2024. It is important to confirm you're looking at the correct validation templates and make sure those are the ones you're submitting for this fiscal year. You can find everything that you should need to be able to find within that user guide document. If you have questions, feel free to reach out to us at the Validation Support Contractor.

Candace Jackson: Thank you, Alex. Our next one is, "Will the fiscal year 2024 template remain the same for all four quarters?"

Alex Feilmeier: Yes, the templates will remain the same for all four quarters. It is suggested, though, like I said, that you verify which template you are using to ensure that you have the most recent version of the template in case there is a minor change within it. We will let you know via email communication if something changes to those templates, but, yes, all four quarters will use the same fiscal year 2024 templates.

Candace Jackson: Alex, for MRSA and the C. diff validation, should all patients with identified infections be included on their respective template or just the hospital-onset infections?

Alex Feilmeier: It is important that you follow the instructions for reporting all final positive cultures or specimens to CMS on each HAI validation template's Definition tab regardless of hospital-onset versus community-onset or anything like that. You are to report all final positive culture specimens that meet the Definitions tab criteria on each specific template. Again, if you have case-specific questions, feel free to reach out to us.

Candace Jackson: Great. Thank you, Alex. A hospital was chosen for validation. What email address that's within the Manage File Transfer system would I send the HAI templates?

Alex Feilmeier: I'd say the best resource for them again is that fiscal year 2024 validation template user guide document that they can find on the Inpatient Data Validation Resources page of QualityNet. It'll have clear direction on how to use Manage File Transfer, who receives it, etc.

Candace Jackson: Okay. Thank you, Alex. Then our next few questions are medical record-related questions. How can the CDAC audit eCQMs from both discrete and non-discrete data elements? Electronic medical records are not intelligent enough to review free texted progress notes for measure exclusions.

Alex Feilmeier: The CDAC is going to abstract from the complete medical record submitted by the hospital based on the specifications for each respective program measure. The medical record must contain sufficient information for the CDAC to determine measure eligibility and/or outcome, but the intent of a quality measure is to assess the quality of care provided to a patient. So, when validating cases, the CDAC is going to review data in both discrete and non-discrete fields of the record and compare the medical record data to the QRDA data based on eCQM specifications. As the CDAC completes the abstraction, the entire record is reviewed to determine if the quality of care aligns with the measure specifications. We can use patterns observed and documented data in structured and unstructured fields to share with the measure stewards and potentially make changes in the future. That's part of the reason behind validation, but, remember at this time, the accuracy of the reported eCQM data doesn't actually affect payment.

	The ultimate passing or failing of validation is just based on submission of 75 percent of those requested records to the CDAC.
Candace Jackson:	Thank you, Alex, for clarifying that. Our next question is, "Can you please explain why the entire inpatient medical record for CDI or MRSA are not submitted? What is the consequence if the entire record was submitted?"
Alex Feilmeier:	This is a good question. For CDI and MRSA medical record submissions, hospitals are directed by the CDAC to submit only specific parts of the record: admission, discharge, transfer records, lab reports from the episode of care, and other inpatient admissions at your hospital 14 days prior to those selected episodes of care. The reason for this is simply because information outside of the specified time frame is not needed for those validation efforts and additional pages cause additional unnecessary paperwork, storage, labor, etc.
Candace Jackson:	Great. Thank you, Alex. Our next question is, "How do I verify who has the Validation role in my hospital?"
Alex Feilmeier:	Each hospital's QualityNet Security Official has the ability to view who has that Validation role at their hospital. So, I'd say reach out to your Security Official to see what they can see. If they are unable to determine who at your facility has that Validation role, you will probably need to reach out to the QualityNet Service Center.
Candace Jackson:	Our next question is, "For the random selection, how often are facilities randomly selected? Could a hospital be selected for three or four years in a row if there were no issues with their confidence interval?"
Alex Feilmeier:	The random hospital selection process is completely randomized across all eligible hospitals. So, yes, it is possible for a hospital to be selected in consecutive years for that random selection, just by the luck of the draw.
Candace Jackson:	Our last question for today: Did you say that medical record submissions will be accepted through a portal only?

Alex Feilmeier: Yes, that is correct. as finalized in the rule for fiscal year 2024 validation efforts, beginning with record requests of first quarter 2021 discharge data, the discharge data that starts with this fiscal year, paper copies and removable media will be no longer accepted by the CDAC. Hospitals will be required to submit pdf copies of medical records electronically via the CMS Managed File Transfer application. Any records not received by the specified due date via Managed File Transfer will not be eligible for validation and will be scored 0.

Candace Jackson: Thank you, Alex. That concludes our presentation for today. Again, I'd like to thank Alex for providing all that useful information. As we stated earlier, this program has been approved for one continuing education credit, which you can receive by clicking on the link on this slide.

Again, we thank you all for joining us today. We hope you have a great day. Thank you.