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

Question and Answer Summary Document

Speaker

Alex Feilmeier, MHA
Program Manager
Value, Incentives, and Quality Reporting (VIQR) Validation Support Contractor (VSC)

Moderator

Candace Jackson, ADN
Project Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

March 8, 2022
2:00 p.m. Eastern Time (ET)

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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.

Passing/Failing Validation

Question 1: **Is the match or mismatch of the validated record based on the outcome of the measure or on each individual question in the measure?**

As long as the end result, or the measure outcome, is the same between a CMS Data Abstraction Center (CDAC) abstractor and the hospital's original submission, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatches on one element and that one element doesn't change the outcome of the measure, then that doesn't constitute a mismatch in terms of the validation efforts. Individual elements are not validated in and of themselves; validation occurs at the outcome level.

Question 2: **What would happen if the hospital "over abstracts" a case? What if the hospital has a measure outcome of passed (E) or failed (D), but the CDAC has a measure outcome of excluded (B)? 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," and the case shouldn't have been abstracted any further. What if the CDAC determines there was comfort care, and it shouldn't have been abstracted any further? Will the case be a mismatch or receive an educational comment?**

As long as the end result, or the measure outcome, is the same between a CDAC abstractor and the hospital's original submission, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatches on one element and that one element doesn't change the outcome of the measure, then that doesn't constitute a mismatch in terms of the validation efforts. Individual elements are not validated in and of themselves; validation occurs at the outcome level.

In this particular example, the CDAC may provide an educational comment describing their findings for the elements that didn't align, despite the case resulting in a "Match" for the purposes of data validation efforts.

Question 3: **Is calendar year (CY) 2021/fiscal year (FY) 2024 electronic clinical quality measure (eCQM) validation pass/fail based upon 75 percent of the medical records being submitted?**

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

Question 4: **Would you fail validation if your confidence interval (CI) upper bound is 97 percent and lower bound is 66 percent?**

If the CI upper bound is 75 percent or higher, the hospital will pass the validation requirement; if the CI upper bound is below 75 percent, the hospital will fail the validation requirement and may not receive full Annual Payment Update (APU). If a hospital passes the 75 percent confidence interval *upper bound* validation requirement but passes with a confidence interval *lower bound* score that does not exceed 75 percent, the hospital may be targeted for validation in the following fiscal year's validation effort.

Question 5: **The surgical site infection (SSI) case that CMS identified through the claims process was not determined by us to be an SSI according to National Healthcare Safety Network (NHSN) criteria. Will this be considered a mismatch? If so, what should we do to rectify this?**

Up to two candidate SSI cases could be randomly selected each quarter from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies. Hospitals do not fill out validation templates for SSI cases. Any time there is a discrepancy between what is reported and what is found within the medical record submitted to CDAC, there is a potential for mismatch. We may not fully understand your question, so we suggest you reach out to us directly at validation@telligen.com.

Question 6: **Since eCQMs have a zero weight, is passing validation based on the submission of the medical records and not the matching of the measure outcomes?**

For a selected hospital to pass the overall FY 2024 Hospital IQR Program data validation requirement, there are two separate sub-requirements that both must be met: Successfully submit at least 75 percent of requested medical records to meet eCQM requirement. To meet the chart-abstracted measure requirement (weighted at 100) percent, hospitals must attain at least a 75 percent upper bound score to pass the validation requirement, as finalized in the Inpatient Prospective Payment System (IPPS) final rules, FY 2013 (77 FR 53551); FY 2014 (78 FR 50823–50833); and FY 2019 (83 FR 41480).

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

Question 7: **How is our APU affected if we are only selected for eCQM submission, since eCQMs are weighted at zero?**

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

Question 8: **If we received an email noting we failed validation last year, what can we do to ensure the next year's submission passes?**

Most importantly, make sure that your hospital meets all requirements and submission deadlines. Prior to submitting any data, review it for accuracy. In particular, prior to submitting medical records to the CDAC, it is encouraged to have a trained abstractor review the medical records for accuracy and ensure all necessary information is present.

Question 9: **What happens if the hospital misses submitting the requested charts within the submission deadline?**

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. Those cases that are not received will automatically get a 0/1 score. We strongly recommend that you submit those medical records by or prior to the deadline.

Validation Templates

Question 10: **How or where do we go to fill out the validation templates?**

The Validation User Guide and Submission Instruction document will provide information on how to fill out the templates. These documents are located on the Inpatient Data Validation Resources page on QualityNet. Verify that you are looking at the correct fiscal year, as FY 2023 and FY 2024 documents are both listed. Refer to the correct header for the most up-to-date versions of the templates. You can also view the Definitions tab which explains which cases meet the criteria to be included on the template. Then, the User Guidance Submission Instruction document will show you how to submit it.

Question 11: **Will the FY 2024 templates remain the same for all four quarters?**

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

Question 12: **If the hospital does not have SSI cases, will additional cases be selected from catheter-associated urinary tract infection (CAUTI) and central-line associated bloodstream infection (CLABSI)? If I know that our CAUTI and CLABSI cases are low, should I automatically send templates for the other measures?**

When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS may select candidate cases from other infection types to meet sample size targets. However, CMS will only select candidate cases from other infection types for which your hospital has been selected.

In other words, if a hospital is selected for CLABSI/CAUTI/SSI, CMS will not select from methicillin-resistant *Staphylococcus aureus* (MRSA)/*Clostridium difficile* infection (CDI) cases within the same fiscal year's validation efforts. Hospitals should *only* submit HAI Validation Templates with data applicable to the template type for which they have been selected.

Question 13: **If a hospital was selected for CLABSI and CAUTI validation but does not have an intensive care unit (ICU), would we submit "No" for positive cultures on the HAI validation templates?**

Yes. The Validation User Guide and Submission Instruction document provides information to how to fill out the templates. These documents are located on QualityNet's Inpatient Data Validation Resources page.

Question 14: **For MRSA and CDI validation, should all patients with identified infections, or just the hospital onset infections, be included on the respective template?**

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

Question 15: **Can we submit all of the templates for validation at the same time?**

FY 2024 targeted providers can submit Quarter (Q)1 2021, Q2 2021, Q3 2021 and Q4 2021 templates at the same time; however, the HAI Validation Templates must all be submitted on their own individual template (one template per quarter for a total of four templates submitted).

Question 16: **If we were chosen for validation, what email address, within the Managed File Transfer (MFT), do I use to send the HAI templates?**

Refer to the FY 2024 Validation Template User Guidance document on the Inpatient Data Validation Resources page on QualityNet. That document provides detailed instructions to submit the HAI validation template and to submit data on the template. It also provides instructions to submit data through MFT. Additionally, on each template, there is a Submission Instructions tab that provides the link to the resource page and more information about the submission of the validation template.

Validation of Medical Records

Question 17: **How can the CDAC audit eCQMs from both discrete and non-discrete data elements? Electronic medical records (EMRs) are not intelligent enough to review free texted progress notes for measure exclusions.**

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

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

Additionally, as the CDAC completes the abstraction, the entire record is reviewed to determine if the quality of care aligns with the measure specifications. Patterns observed in documented data in structured and unstructured fields may be shared with the measure stewards. At this time, the accuracy of reported eCQM data does not affect payment, and the ultimate passing or failing of the eCQM data validation requirement is based on the timely submission of at least 75 percent of the records requested by CDAC.

Question 18: **Why is the entire inpatient medical record for CDI or MRSA not submitted? What is the consequence if the entire record was submitted?**

For CDI and MRSA medical record submissions, hospitals are directed by the CDAC to submit only the Admission, Discharge, Transfer record and all laboratory reports from this episode of care and from all other inpatient admissions at your hospital 14 days prior to the selected episode of care.

Information outside of the specified timeframe is not needed for these validation efforts, and additional pages causes additional unnecessary paperwork/storage/labor. It will not be an automatic mismatch if the entire record is submitted; however, it is strongly recommended that only the necessary information is sent for CDI and MRSA selected cases, as directed by CDAC within the medical records request packet.

Submission of Medical Records

Question 19: **How do I verify the person with the validation role in my hospital?**

Each hospital's QualityNet Security Official (SO) has the ability to view who has the Validation role at their hospital. If your SO is unable to determine, you may reach out to the Center for Clinical Standards & Quality (CCSQ) Service Center (previously called the QualityNet Service Center).

Question 20: **When you submit charts for eCQM data validation, do you submit QRDA files in the same way as the files for the *Hospital Quality Reporting (HQR) Secure Portal*?**

No, hospitals will be required to submit a portable document format (PDF) version of the medical record. Please refer to the eCQM medical records submission instructions provided by the CDAC.

Question 21: **When sending in the eCQM medical records, do you send the full medical record or just the proof the measure was met?**

Please refer to the eCQM medical records submission instructions provided by the CDAC.

Question 22: **Do we submit anything else for the chart-abstracted sepsis and eCQM measures, or will CMS collect this without further data submission from the facility like the HAI cases?**

A medical record request packet will be sent to facilities. There are no Validation Templates for the chart-abstracted sepsis measure or the eCQM measures, if that is what you are asking. For FY 2024 inpatient data validation efforts, selected hospitals will receive five total medical record requests from the CDAC: four quarterly requests containing clinical process of care (CPOC)/sepsis and HAI selected cases and one annual request containing eCQM selected cases.

Question 23: **Will medical record submissions only be accepted through the portal?**

Yes. As finalized in the FY 2021 IPPS/Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule (85 FR 58864–58865), for FY 2024 validation efforts, beginning with record requests of Q1 2021

discharge data, paper copies and removable media will no longer be submission options for medical records submitted to the CDAC.

Hospitals will be required to submit PDF copies of medical records electronically via the CMS MFT web-based application. Records not received by the specified due date are not eligible for abstraction and will be scored a 0.

Validation Hospital Selection

Question 24: **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 CI?**

The random hospital selection process is entirely randomized across all eligible hospitals. It is possible for a hospital to be selected in consecutive years, regardless of confidence interval results.

Question 25: **When is the personalized letter sent to the hospitals selected for targeted data validation? We were on the list but have not yet received a letter.**

A physical letter is not mailed to hospitals selected for CMS data validation efforts. For both the random and targeted hospital selections, a news article with the list of selected hospitals is posted on the CMS QualityNet website. Also, a Listserve is released to notify the community that the selection has occurred, and the Validation Support Contractor sends an email communication directly to the selected hospitals.

An email notification was sent to selected hospitals on February 25, 2022. To check the names listed as your hospital contacts, please send an email with your six-digit CMS Certification Number (CCN) to the Hospital Inpatient Support Contractor at QRFormsSubmission@hsag.com.

Question 26: **What is the difference between targeted selection and random selection?**

Random hospital selection is a random pull from all eligible hospitals. Targeted hospitals are identified after the CI is calculated for the previous FY validation effort.

The criteria for targeting hospitals are outlined in the FY 2014 and FY 2019 IPPS/LTCH PPS Final Rules (78 FR 50833–50834 and 83 FR

41480). If your hospital would like to know the reason for being targeted, feel free to reach out to us directly at validation@telligen.com.

Question 27: **What does our hospital do for validation if we are not included on any of the validation lists for either FY 2023 or 2024?**

Hospitals that are not selected for CMS data validation efforts are not responsible for meeting the data validation requirements explained in this presentation.

Question 28: **Does the random selection happen before or after the targeted selection?**

For CMS inpatient data validation efforts, the random selection of hospitals happens before the targeted selection. The targeted hospital selection is identified after the CI is calculated for the previous FY validation effort.

Question 29: **Will a hospital selected for validation know whether their selection was based on a random selection or a targeted selection?**

The email notification that is sent to each selected hospital indicates if they are part of the random or targeted group of hospitals. If you are unsure and would like to know, feel free to reach out to us directly at validation@telligen.com.

Question 30: **Why was our hospital selected for targeted validation this year when our Overall Yearly Estimated Reliability Score was 81 percent for CY 2020/payment year (PY) 2023? Does this mean we failed validation?**

Hospitals included in targeted selection may send questions directly to the Validation Support Contractor at validation@telligen.com. Please include your hospital's 6-digit CCN/Provider ID when inquiring. This will expedite a reply with information specific to your hospital.

Question 31: **Since the sepsis and HAI measures are validated separately, if either the sepsis or HAI measures did not meet the passing grade (above 75 percent), will the facility be targeted again for both sespis and HAI validation or just HAI since sepsis passed the validation?**

If the CI upper bound is below 75 percent in either the Hospital IQR Program or the Hospital Acquired-Condition (HAC) Reduction Program, the hospital will be selected as targeted for the following fiscal year and

will be subject to validation of all measure types (IQR-sepsis measure, HAI measures, and eCQMs).

Question 32: **If you are selected for validation again for the sepsis chart-abstracted measure for CY 2021, does that include all four quarters?**

Yes, FY 2024 data validation efforts include the following quarters: Q1 2021, Q2 2021, Q3 2021, and Q4 2021.

Question 33: **If a targeted hospital's CI bottom is around 75 percent, will that hospital be in a targeted group for the next fiscal year?**

If the CI upper bound is 75 percent or higher, the hospital will pass the validation requirement; if the CI upper bound is below 75 percent, the hospital will fail the validation requirement and may not receive full APU. If a hospital passes the 75 percent confidence interval *upper bound* validation requirement but passes with a confidence interval *lower bound* score that does not exceed 75 percent, the hospital may be targeted for validation in the following fiscal year's validation effort.

Validation Medical Records Selection

Question 34: **If you receive a request to submit HAI data for FY 2024, would you also receive a request for chart-abstracted and eCQM data in the upcoming months?**

Yes. For FY 2024 inpatient data validation efforts, selected hospitals will receive five total medical record requests from the CDAC: four quarterly requests containing CPOC and HAI selected cases and one annual request containing eCQM selected cases.

Question 35: **Will the CDAC provide the medical record numbers for the cases selected for eCQMs since these charts are not abstracted?**

The medical records request packet sent by the CDAC will contain the necessary patient identifying information.

Question 36: **What should we do if we do not receive our FedEx packet within two weeks of its mailing?**

Please contact the CDAC help desk directly at CDAC_Provider_Helpdesk@tistatech.com with questions regarding the

initial request or receipt of your medical records. Please include your six-digit CCN/Provider ID when inquiring so they can provide information specific to your facility.

Question 37: **Are there any plans to have CDAC packets sent via the MFT or other electronic means, such as email, instead of FedEx? Due to COVID-19, many hospitals have administrative staff working from home. Sending this to a physical address may delay the packet getting to the right people.**

At this time, CMS plans to continue sending medical record request packets via FedEx to a physical address.

Validation Results

Question 38: **When and how do we get results of our validated quarter? For example, when can we expect to receive validation results from records submitted for Q1 2021? When would we expect results for Q2 2021?**

CMS continues to update the new *HQR Secure Portal* with reports for data validation. Some results for selected cases were delayed during these modernization efforts. Validation results are typically completed three to four months after each medical records submission deadline. An email notification will be sent once results are available to run through the *HQR Secure Portal.*

Question 39: **There seems to be a lag time between the posting of Case Detail Reports and their availability on the QualityNet website. This delay has been anywhere from 6 to 10 days. If this occurs and it impacts the time allotted to submit an education review, which is 30 days, what is our recourse? Does 30 days begin from the date the report was posted even if it is not available on QualityNet on the same date?**

CMS continues to update the new *HQR Secure Portal* with reports for data validation. Some results for selected cases were delayed during these modernization efforts. Currently the opportunity to request an educational review is within 30-days after the Validation Support Contractor sends hospitals the email notification indicating that their results are available, not from the report's post date. This is to the hospital's benefit. Once modernization of the reports are complete, CMS does not anticipate lag time in the delivery of the email notification.

Question 40: **Are quarterly validation results provided for the HAI measures?**

The Case Detail Report displays chart-abstracted clinical process of care & HAI results and are provided to selected hospitals for each validated quarter (up to four reports per year).

Also, a separate eCQM Case Detail Report displays eCQM results and is provided to selected hospitals for all applicable quarters selected for the calendar year (one report per year).

Question 41: **Does the CDAC provide feedback on the sufficiency of the information and if CDAC abstractors felt that the intent of the eCQM was met?**

An eCQM Case Detail Report will provide feedback on eCQM data validation results.