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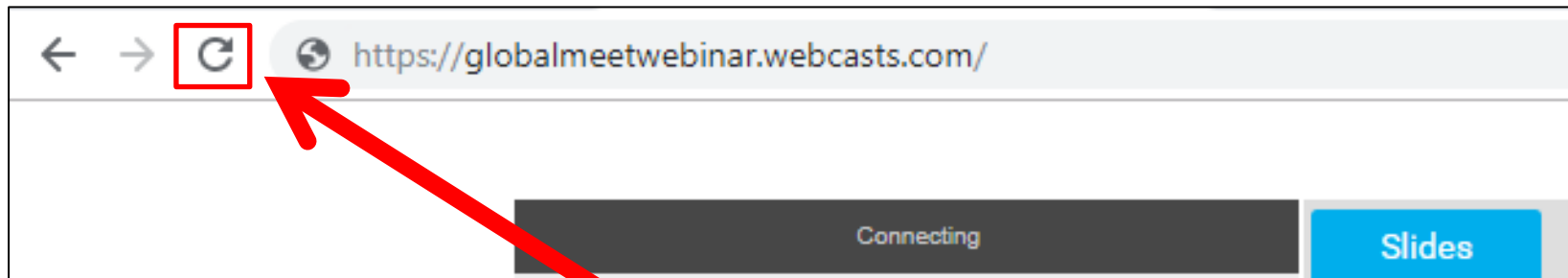
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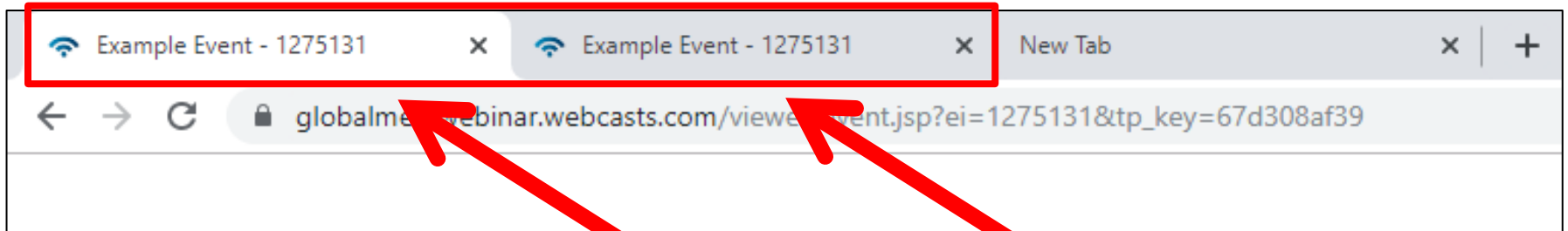
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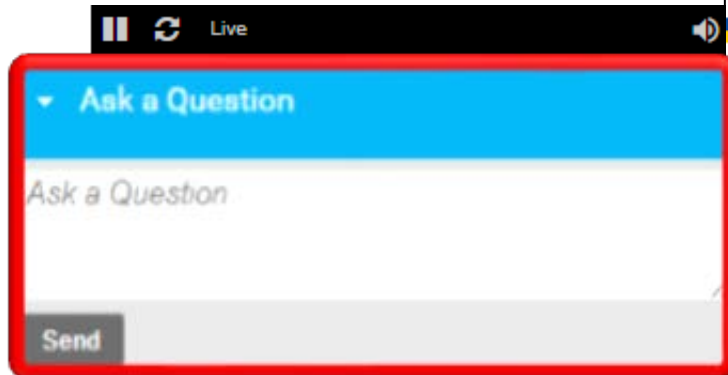
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor



Today's Presentation



Overview of FY 2025 Inpatient Data Validation Efforts for Randomly Selected Hospitals

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Purpose

This webinar will discuss the Centers for Medicare & Medicaid Services (CMS) inpatient data validation process for the Hospital Inpatient Quality Reporting (IQR) Program fiscal year (FY) 2025 payment determination and the Hospital-Acquired Condition (HAC) Reduction Program FY 2025 program year, which validates calendar year (CY) 2022 data.

Objectives

Participants will be able to:

- Understand the FY 2025 inpatient data validation process for the Hospital IQR and HAC Reduction Programs.
- Identify data validation deadlines and required activities.
- Submit healthcare-associated infection (HAI) validation templates through the CMS Managed File Transfer (MFT) web-based application.
- Submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC).
- Receive and interpret validation results.

Acronyms and Abbreviations

APU	annual payment update	EHR	electronic health record	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CAUTI	Catheter-Associated Urinary Tract Infection	FR	<i>Federal Register</i>	NHSN	National Healthcare Safety Network
CCN	CMS Certification Number	FY	fiscal year	NQF	National Quality Forum
CCSQ	Center for Clinical Standards and Quality	HAC	Hospital-Acquired Condition	PC	Perinatal Care
CDAC	Clinical Data Abstraction Center	HAI	healthcare-associated infections	PPS	prospective payment system
CDC	Centers for Disease Control and Prevention	HQR	Hospital Quality Reporting	Q	quarter
CDI	<i>Clostridium difficile</i> Infection	HSR	Hospital-Specific Report	QRDA	Quality Reporting Document Architecture
CLABSI	Central Line-Associated Blood Stream Infection	IPF	inpatient psychiatric facility	SEP	sepsis
CMS	Centers for Medicare & Medicaid Services	IPPS	inpatient prospective payment system	SO	Security Official
CPOC	clinical process of care	IQR	Inpatient Quality Reporting	SSI	Surgical Site Infection
CY	calendar year	IRF	inpatient rehabilitation facility	STK	stroke
DOB	date of birth	LabID	Laboratory Identified	VIQR	Value, Incentives, and Quality Reporting
eCQM	electronic clinical quality measure	LTCH	long-term care hospital	VSC	Validation Support Contractor
ED	emergency department	MFT	managed file transfer	VTE	Venous Thromboembolism

Background

- Through the validation process, CMS assesses the accuracy of the following:
 - Chart-abstracted clinical process of care (CPOC) measure data within the Hospital IQR Program
 - Electronic clinical quality measure (eCQM) data within the Hospital IQR Program
 - HAI data within the HAC Reduction Program
- For chart-abstracted CPOC and HAI data validation efforts, CMS verifies on a quarterly basis that hospital-abstracted data submitted to the CMS Clinical Data Warehouse and to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) can be reproduced by a trained abstractor using a standardized protocol.
- For eCQM data validation efforts, CMS verifies on an annual basis that eCQM data submitted to the CMS Clinical Data Warehouse align with measure specifications.
- CMS performs a random and targeted selection of inpatient prospective payment system (IPPS) hospitals on an annual basis.

Overview of FY 2025 Inpatient Data Validation
Efforts for Randomly Selected Hospitals

FY 2025 Data Validation Efforts

Alignment of Data Validation

- HAC Reduction Program and Hospital IQR Program data submission quarters are aligned for chart-abstracted CPOC and eCQM validation (85 FR 58863–58864).
- One hospital sample will be selected and used for validation for the CPOC 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).

Quarter Alignment Used for Validation Affecting FY 2025 Validation Efforts

Measures Submitted	Required Quarters of Data for Validation
Chart-Abstracted CPOC measures and HAI measures	Q1 2022
	Q2 2022
	Q3 2022
	Q4 2022
eCQMs	Q1 2022–Q4 2022 (3 self-selected quarters)

Data Submission

Under the aligned validation process, any hospital selected is expected to submit data for chart-abstracted CPOC measures, eCQMs, and HAIs.

Validation Process for FY 2025 Validation Efforts

Selection Process	Number of Hospitals	Measure Type
Random Selection	Up to 200	Chart-Abstracted CPOC, HAI, and eCQM
Targeted Selection	Up to 200	Chart-Abstracted CPOC, HAI, and eCQM
Total	Up to 400	Chart-Abstracted CPOC, HAI, and eCQM

Scoring Processes

Under the Hospital IQR Program, there will be a combined score for the validation of chart-abstracted CPOC and eCQM measure types, with the eCQM portion of the combined score weighted at 0. HAIs will continue to be scored separately, under the HAC Reduction Program.

FY 2025 Validation Efforts

	Quarters of Data Required for Validation	Validation Pass/Fail Criteria
COMBINED Process (Chart-abstracted and eCQM Validation): Up to 200 Random Hospitals + Up to 200 Targeted Hospitals	Q1 2022, Q2 2022, Q3 2022, Q4 2022	Chart-abstracted Measures: At least 75% validation score (weighted at 100%) AND eCQM: Successful submission of at least 75% of requested medical records

CY 2022 CPOCs Validated for FY 2025

- As a part of the Hospital IQR Program, CMS will validate up to eight cases for chart-abstracted CPOC(s) per quarter per hospital.
- Cases are randomly selected from data submitted to the *HQR Secure Portal* by the hospital.
- For all quarters of FY 2025 data validation, CMS will only validate the Sepsis measure within the CPOC measure type.

Clinical Process of Care Measures Validated in Each Quarter of FY 2025

Submission Period Q1–Q4 2022	Validate up to 8 Cases per Quarter	Sepsis (SEP) measure
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CY 2022 eCQMs Validated for FY 2025

- As a part of the Hospital IQR Program, CMS will validate up to 24 cases from three calendar quarters of CY 2022 eCQM data (up to 8 cases per quarter x 3 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 (e.g., 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.

eCQMs Validated from Three Quarters of FY 2025

Submission Period of 3 Quarters (Q1–Q4)	Validate 8 cases per quarter x 3 quarters = max 24 cases	Eligible eCQMs (Cases from a mix of CY 2022 eCQMs reported)
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CY 2022 eCQMs Validated for FY 2025 (continued)

Electronic Health Record (EHR)-Based Clinical Process of Care Measures (eCQMs)

Short Name	Measure Name	NQF #	CMS #
ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	0497	111
PC-05	Exclusive Breast Milk Feeding	0480	9
STK-02	Discharged on Antithrombotic Therapy	0435	104
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436	71
STK-05	Antithrombotic Therapy by End of Hospital Day Two	0438	72
STK-06	Discharged on Statin Medication	0439	105
VTE-1	Venous Thromboembolism Prophylaxis	0371	108
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372	190
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	3316e	506

NQF=National Quality Forum

CY 2022 HAI Measures Validated for FY 2025

HAI Measures
Central Line-Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Laboratory Identified (LabID) Events
<i>Clostridioides difficile</i> Infection (CDI) Laboratory Identified (LabID) Events
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

CY 2022 HAI Measures Validated for FY 2025 (continued)

Candidate HAI Cases Selected for Each Quarter

Template Types Assigned to Submit	Data Selected from HAI Validation Templates	Data Selected from Medicare Claims Data	Total Cases Selected
CLABSI and CAUTI	up to 4 CLABSI + up to 4 CAUTI	up to 2 SSI	up to 10
MRSA and CDI	up to 4 MRSA + up to 4 CDI	up to 2 SSI	up to 10

CMS will select and validate up to ten candidate HAI cases total per quarter per hospital.

- All selected hospital will be validated for SSI.
 - SSI cases are not submitted using validation templates but are selected from Medicare claims-based 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 cases from other infection types to meet sample size targets.

Overview of FY 2025 Inpatient Data Validation
Efforts for Randomly Selected Hospitals

Hospital Selection

Hospital Selection

Any hospital selected will be expected to submit data for CPOC measures, HAI measures, and eCQMs.

- For random hospital selection, up to 200 hospitals were selected in June 2022.
- The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year validation effort. The criteria for targeting hospitals are outlined in the FY 2014 and FY 2019 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (78 FR 50833–50834 and 83 FR 41480).
 - CMS anticipates up to 200 additional hospitals will be selected as targeted in early 2023.

Notification of Hospital Selection

Random and targeted hospital selections will be notified in the following ways:

- A news article, along with the list of selected hospitals, is posted on the CMS QualityNet website at <https://qualitynet.cms.gov>.
- A Listserve is released to notify the community that the selection has occurred.
- An email communication from the VSC is sent directly to the hospitals selected.

Email Notification of Selection

- The email communication is sent to the following hospital contact types listed within the official CMS contact database:
 - Chief Executive Officer (CEO) / Administrator
 - Hospital IQR
 - Infection Control
 - Medical Records – CDAC
 - Quality Improvement
- The VSC monitors email communications to ensure all hospitals are notified of selection. Undeliverable emails are researched, and hospital contacts are asked to update their information in the CMS system to ensure future notifications are received.
- We suggest hospitals ask their IT department to add validation@telligen.com to their Safe Senders List to ensure validation-related email notifications are received.

Update Contact Information

- Regularly update hospital contact information to ensure receipt of validation-related communications and reminders.
- Hospitals may check and update contacts by sending an email with their six-digit CMS Certification Number (CCN)/Provider ID number to the Inpatient VIQR Outreach and Education Support Contractor at QRFormsSubmission@hsag.com

Selected Hospital List

The list of the hospitals selected for validation can be found on the inpatient Data Validation Resources page of the QualityNet website. To access the list:

1. Navigate to the CMS QualityNet website: <https://qualitynet.cms.gov>
2. Select **Hospitals-Inpatient**.
3. Select **Data Management**.
4. Select **Data Validation**.
5. Select **Resources**. Direct link: <https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>

The screenshot shows the QualityNet website's navigation structure. At the top, there is a breadcrumb trail: Home / Hospitals - Inpatient / Data Management / Data Validation /. Below this is a blue header with the word "Resources" in white. Underneath the header is a navigation menu with four items: Overview, Educational Reviews, CDAC Information, and Resources (which is underlined). The main content area is divided into two columns. The left column has a "Resources" section with two links: "HAI Manuals & Tools" and "Archived Resources". The right column has a "Data Validation Resources" section with a paragraph of text: "This page contains information and resources regarding the Centers for Medicare & Medicaid Services (CMS) inpatient data validation efforts within the Hospital Inpatient Quality Reporting (IQR) Program, as well as the Hospital-Acquired Condition (HAC) Reduction Program, which includes the required submission of Healthcare Associated Infection (HAI) Validation Templates for the following 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)."

Overview of FY 2025 Inpatient Data Validation
Efforts for Randomly Selected Hospitals

Overview of Validation Process, Results, and Scores

Validation Process

- All selected hospitals will submit HAI Validation Templates for each quarter of the validation year.
- For FY 2025 inpatient data validation efforts, selected hospitals will receive five total medical record requests from CDAC:
 - Four quarterly requests containing clinical process of care and HAI selected cases
 - One annual request containing eCQM selected cases
- Hospitals selected *randomly* should follow the deadlines associated with the random hospitals and hospitals selected as *targeted* should follow the deadlines associated with targeted hospitals.

Estimated Arrival of Medical Record Request Packets for Hospitals Selected Randomly

Quarter/Year	Measure Types	Estimated Arrival
Q1 2022	CPOC and HAI	September 2022
Q2 2022	CPOC and HAI	December 2022
Q3 2022	CPOC and HAI	March 2023
Q4 2022	CPOC and HAI	June 2023
CY 2022	eCQM	August 2023

Validation Process (continued)

- The CDAC will send the written request using FedEx. The request will provide instructions to submit the patient medical record for each case that CMS selected for validation.
- Hospitals deliver requested medical records to the CDAC in the order they are requested (based on deadline), 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/measure. The medical record must contain sufficient information for the 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.

Validation Results

- Approximately four months after each medical record submission deadline, hospitals will see validation results for the quarter reporting period.
- The results will show the outcomes of abstraction determined by the CDAC on each selected case.
- Hospital registered users with the Validation role will receive an email notification when their results become available to view on the *Hospital Quality Reporting (HQR) Secure Portal*.
 - It is strongly recommended that hospitals have multiple active users with the Validation role in the *HQR Secure Portal* to ensure validation result notifications are received and reviewed in a timely way.
- 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*.

Validation Scores

- CMS calculates a total score reflecting the reliability of the measures validated after all quarters/reporting periods have been completed and all results are available.
- CMS computes a confidence interval around the score after the educational review results are taken into consideration.
 - If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the validation requirement.
 - If the confidence interval is below 75 percent, the hospital will fail the validation requirement.
- The Hospital IQR Program will calculate a confidence interval using only the CPOC and eCQM measures.
- The HAC Reduction Program will calculate a *separate* confidence interval using *only* the HAI measure(s).
- Hospitals that fail validation will also automatically be selected for validation in the next fiscal year.

Overview of FY 2025 Inpatient Data Validation
Efforts for Randomly Selected Hospitals

HAI Validation Template Process

HAI Validation Templates

- Hospitals fill out HAI validation templates to submit to the VSC via the CMS MFT web-based application for each quarter of the fiscal year.
 - It is strongly recommended that each hospital have at least two Security Officials (SO).
 - If you are unable to log in to the *HQR Secure Portal*, contact your hospital's SO.
 - If your SO is unable to reestablish your access, contact the Center for Clinical Standards & Quality (CCSQ) Service Center.
- HAI validation templates are not validated; they are used to prompt the selection of cases to be included in the medical records request packet.

HAI Case Selection

- CMS randomly selects cases from each HAI validation template type submitted per hospital being validated.
- Hospitals do not submit validation templates for SSI cases.
- After the HAI validation template submission deadline has passed, data submitted on HAI validation templates cannot be changed.

FY 2025 HAI Validation Template Submission Deadlines

HAI Validation Template Due Dates for Hospitals Selected Randomly	
Discharge Quarters	HAI Validation Template Deadline
Q1 2022 (January 1–March 31)	08/15/2022
Q2 2022 (April 1–June 30)	11/15/2022
Q3 2022 (July 1–September 30)	02/15/2023
Q4 2022 (October 1–December 31)	05/15/2023

- Validation templates are due no later than 11:59 p.m. Pacific Time on each associated deadline date. Hospitals may submit validation templates immediately following the last day of each quarter period.
- For the entire validation fiscal year, hospitals selected **randomly** should follow the deadlines associated with the **random** hospitals only, and hospitals selected as **targeted** should follow the deadlines associated with the **targeted** hospitals only.

HAI Validation Template Version and Location

- **Use the current template** version for each fiscal year **only**.
 - Templates from previous years will be rejected.
 - Do not save validation templates with a password and do not lock them.
- Current/correct validation template versions for the fiscal year being validated are available on the inpatient data validation resources page of QualityNet.
- To access resources:
 1. Navigate to the QualityNet website: <https://qualitynet.cms.gov>
 2. Select **Hospitals-Inpatient**.
 3. Select **Data Management**.
 4. Select **Data Validation**.
 5. Select **Resources**. Direct link: <https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>

HAI Validation Template Tabs

- There are four tabs on each validation template:
 1. Definitions
 2. Template
 3. NHSN (Intensive Care Unit) Location
 - For CLABSI and CAUTI NHSN Intensive Care Unit location
 4. FY Submission Instructions
- **Do not** alter or change the original format of the validation templates.
- **Do not** delete, rename, or change the order of the tabs.



HAI Validation Template Completion Tips

- **Refer** to *Validation Template User Guide and Submission Instructions*, 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 in this template against data entered in NHSN; stay mindful of differing CMS and NHSN deadlines.
- **Submit only** via the CMS MFT web-based application. Validation templates contain Protected Health Information and cannot be sent via email.

HAI Validation Template Processing

- Hospitals typically receive feedback regarding the status of validation templates within two business days of initial submission.
- If a processing confirmation is not received, email the VSC at validation@telligen.com.
 - Include the hospital six-digit CCN/Provider ID.
- After validation templates are 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 attention and resubmission

HAI Validation Templates Not Received

- At predetermined points leading up to the validation template deadline each quarter, the VSC will send emails and attempt to contact any hospitals that have not yet submitted.
- Validation templates with errors are **not** considered submitted.
- If a hospital does not submit the required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases.
 - Up to 10 placeholder cases can be assigned.
 - All assigned placeholder cases are scored 0/1.
- If a hospital submits a validation template and receives an error-notification email but does not make corrections and resubmit by the template submission deadline, placeholder cases will also be assigned and scored 0/1.

HAI Validation Template Processing Errors

A hospital submitting a validation template with processing errors will receive an email notification indicating which errors need correction.

- Make the corrections specified in the email.
- Resubmit the file via the CMS MFT application by the submission deadline.
 - Do **not** attach a template to the error email or this will be considered a CMS security incident.
- Validation templates may only be resubmitted until the quarterly deadline.
- If error emails are received, these errors must be corrected, and the template must be resubmitted **prior to the submission deadline**. An error in the template does **not** extend the submission deadline.
- When resubmitting a revised validation template, include a note in the CMS MFT application message indicating there is a revised template.
 - Include the word *Revised* or *Resubmission* in the file name.
 - ❑ 012345_3QYY_FYXX_CAUTI_ValTemp_**Revised**.xlsx

HAI Validation Templates

Data Discrepancy

- The validation templates are used to randomly select cases for validation. If the data are incorrect on the template, they **could** result in mismatches.
 - If a hospital receives an email from the VSC asking for review of a validation template due to a possible discrepancy, reply and indicate one of the following:
 - A new validation template has been submitted.
- OR**
- The data are accurate as submitted and no changes are needed.
 - The following are examples of discrepancy checks:
 - Listed CAUTI/CLABSI culture dates are not between the admit/discharge date.
 - Differences in data exist on multiple rows of the template that appear to be the same patient and same episode of care.
 - Discrepancies between the two assigned template types exist where a patient is listed on both templates, but the birth/admit date/discharge dates are different from what appears to be the same episode of care.

Overview of FY 2025 Inpatient Data Validation
Efforts for Randomly Selected Hospitals

Medical Record Requests and Submission

Medical Record Request Packet



- The CDAC will send a written request via FedEx addressed to “Medical Records Director” asking for submission of a patient medical record for each case and candidate case that CMS selected for validation.
- It is important that the packet be routed as soon as possible to the correct individual(s) responsible for fulfilling the request.

Note: 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 Inpatient VIQR Support Contractor at QRFormsSubmission@hsag.com.

Supplemental Medical Record Request Information

CMS will release a Case Selection Report to supplement this medical records request. This will also list the cases selected for validation and the receipt status. This report can be accessed via the *HQR Secure Portal* by a registered user with the 'Validation' role.

To access the report:

1. Log in to the *HQR Secure Portal* at <https://hqr.cms.gov/hqrng/login>.
2. From the left-side navigation dashboard, select **Program Reporting**. Then, select **Validation**.
3. Under Program, select **Inpatient**.
4. Under Report, select the applicable **Case Selection**.
5. Under Period, select the applicable quarter/reporting period.
6. Under Provider(s), select the applicable hospital(s).

Medical Record Submission

- Hospitals are not allowed to submit records or additional documentation after CDAC receives the record; this applies even if the wrong record is sent or if pages are missing, or illegible, etc.
- The CDAC will only abstract every case with the **original** applicable documentation that was received from the hospital.
- It is critical that hospitals have a process for reviewing each of their records before they are submitted to the CDAC.
 - Consider having an abstractor review your records prior to submission. They are most familiar with the location of the information needed for abstraction.
 - **This is especially important if exporting records from an EHR to ensure all necessary information is present.**
 - Compare extracted data with other information in the record to ensure Quality Reporting Document Architecture (QRDA) submissions report quality in alignment with the measure specifications.
 - Closely examine time stamp accuracy (e.g., arrival and medication administration).

Medical Record Submission Deadline

- Hospitals have until the date listed on the request to send their records to the CDAC.
 - Inpatient medical records must be received within 30 calendar days of the request date.
- CMS finalized policy which requires the use of electronic file submissions via the CMS MFT application.
- Submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive are not allowed.
- Additional information regarding medical records requested by the CDAC can be found on inpatient data validation CDAC Information page of QualityNet: <https://qualitynet.cms.gov/inpatient/data-management/data-validation/cdac-info>.

Medical Record Submission

“Do’s and Don’ts”

- A helpful document, *Record Submission Do’s and Don’ts*, is found on the inpatient Data Validation CDAC Information page of QualityNet.
 - Direct link:
<https://qualitynet.cms.gov/inpatient/data-management/data-validation/cdac-info>
- This document provides tips for avoiding medical record submission errors.

Overview of FY 2025 Inpatient Data Validation
Efforts for Randomly Selected Hospitals

Validation Reports, Educational Review, and Reconsideration

Validation Reports

Validation reports are on the *HQR Secure Portal*:

- Case Selection Report
- Case Detail Report
- Confidence Interval Report

CMS continues to modernize the *HQR Secure Portal*.
Data validation reports and the way hospital data display may change in the coming months.

Case Selection Report

- The report displays the patient-identifying information pertaining to the cases selected for validation. The cases on this report are the same cases as outlined within the medical records request packet sent by the CDAC.
- The report displays the **Medical Record Request Date**, the **Due to CDAC Date**, and the **Record Received Date** (after the CDAC has received the hospital's records).
- It could take up to 24 hours for the Record Received Date to populate. To verify receipt of records, contact the CDAC directly at 717-718-1230, ext. 201, or email CDAC_Provider_Helpdesk@tistatech.com.

Patient Identifier	Patient Last Name	Patient First Name	DOB	Admit Date	Discharge Date	Measure Set	Abstraction Control Number	Medical Record Request Date	Due to CDAC By	Record Received
Patient1	Doe	John1	1/1/2020	1/1/2020	1/2/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient2	Doe	John2	1/2/2020	1/2/2020	1/3/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient3	Doe	John3	1/3/2020	1/3/2020	1/4/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient4	Doe	John4	1/4/2020	1/4/2020	1/5/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient5	Doe	John5	1/5/2020	1/5/2020	1/6/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient6	Doe	John6	1/6/2020	1/6/2020	1/7/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient7	Doe	John7	1/7/2020	1/7/2020	1/8/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient8	Doe	John8	1/8/2020	1/8/2020	1/9/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	

Accessing the Case Selection Report

To access the Case Selection Report from the *HQR Secure Portal*:

1. Log in to the *HQR Secure Portal* at <https://hqr.cms.gov/>.
2. From the left-side navigation dashboard, select **Program Reporting**. Then, select **Validation**.
3. Under Program, select **Inpatient**.
4. Under Report, select the applicable **Validation Case Selection**.
5. Under Period, select the applicable quarter/reporting period.
6. Under Provider(s), select the applicable hospital(s).

Accessing the Case Detail Report

- The Case Detail Report provides a list of all elements abstracted compared to the CDAC re-abstraction on each case and becomes available after the hospital receives results for the quarter.
- To access the Case Detail Report in the *HQR Secure Portal*:
 1. Log in to the *HQR Secure Portal* at <https://hqr.cms.gov/>.
 2. From the left-side navigation dashboard, select **Program Reporting**. Then, select **Validation**.
 3. Under Program, select **Inpatient**.
 4. Under Report, select the applicable **Case Detail Report**.
 5. Under Period, select the applicable quarter/reporting period.
 6. Under Provider(s), select the applicable hospital(s).

Requesting an Educational Review

- If a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review within 30 days of validation results being posted on the *HQR Secure Portal*.
- The educational review process and educational review forms can be found on the inpatient Data Validation Educational Reviews page of QualityNet:
<https://qualitynet.cms.gov/inpatient/data-management/data-validation/educational-reviews>.

Educational Review: Corrected Scores

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 Report will not change to reflect updated results.)

Hospital IQR Program: The annual confidence interval will include the updated scores for any applicable quarters of CPOC and/or eCQM measures.

HAC Reduction Program: The annual confidence interval will include the updated scores for any applicable quarters of HAI measures. Since the HAC Reduction Program does not have a reconsideration process, CMS urges hospitals to submit educational reviews within the 30-day timeframe of receiving their quarterly results.

Confidence Interval Report

- CMS computes a confidence interval around the score after the educational review results are taken into consideration.
- Hospitals will receive two *separate* Confidence Interval Reports:
 1. CPOC cases and eCQM cases validated under the Hospital IQR Program
 2. HAI cases validated under the HAC Reduction Program
- A detailed FY 2025 confidence interval document will be posted on the inpatient Data Validation Resources page of QualityNet:
<https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>

Confidence Interval Report: Hospital IQR Program

- CMS will calculate a combined reliability score reflecting the validation results of both chart-abstracted CPOC measures and eCQMs.
 - This single score will reflect a weighted combination of a hospital's validation performance for chart-abstracted CPOC measures *and* eCQMs.
- Since eCQMs are not currently scored for accuracy, eCQMs will receive a weight of 0. Chart-abstracted CPOC measures will receive a weight of 100 percent (85 FR 58952).
- 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 validation criteria based on the timely and complete submission of at least 75 percent of the eCQM records CMS requests.
 - For example, if 24 eCQM medical records are requested, at least 18 complete eCQM medical records must be submitted to meet the 75 percent requirement.

Confidence Interval Report: Hospital IQR Program (continued)

- For the Hospital IQR Program validation requirement:
 - 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 confidence interval is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement and may not receive the full Annual Payment Update (APU).
- **Hospitals that fail an inpatient validation requirement will also automatically be selected for inpatient validation in the next fiscal year.**
- The Hospital IQR Program validation Confidence Interval Report for FY 2025 payment determination is expected around January 2024, and the APU results are expected around May 2024.
- Additional information is on the APU page of the Hospital IQR Program page of QualityNet: <https://qualitynet.cms.gov/inpatient/iqr/apu>

Confidence Interval Report: HAC Reduction Program

- For the HAC Reduction Program validation requirement:
 - If the confidence interval is 75 percent or higher, the hospital will pass the HAC Reduction Program validation requirement.
 - If the confidence interval is below 75 percent, the hospital will fail the HAC Reduction Program validation requirement.
- **Hospitals that fail an inpatient validation requirement will also automatically be selected for inpatient validation in the next fiscal year.**
- As described in the FY 2019 IPPS/LTCH PPS Final Rule (83 FR 41481–41482), for hospitals that fail validation, CMS will assign the maximum Winsorized z-score (worst score) only for the set of measures validated.
 - For example, if a hospital was selected for validation on CLABSI, CAUTI, and SSI, but failed validation, that hospital will receive the maximum Winsorized z-score for CLABSI, CAUTI, and SSI.

Confidence Interval Report: HAC Reduction Program (continued)

- The FY 2025 program year HAC Reduction Program validation Confidence Interval Report is expected around January 2024.
- The HAC Reduction Program Hospital-Specific Report (HSR), expected in July 2024, includes the hospital payment adjustment notification.
- Additional information can be found on the HAC Reduction Program Payment Adjustment page of QualityNet:
<https://qualitynet.cms.gov/inpatient/hac/payment>

Reconsideration Of Validation Results for Hospital IQR Program

- Within the Hospital IQR Program, if a hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital will receive a letter in late spring indicating they have not met the validation requirement of the Hospital IQR Program and may be subject to a reduction of their APU.
 - At that time, a hospital may request a reconsideration of their failure. The hospital would then provide the reason they are asking CMS to reconsider their results.
- For information specific to the APU determination and/or reconsideration process under the Hospital IQR Program, you may reach out to the Inpatient Support Contractor at the following email: IQR@HSAG.com.
- The HAC Reduction Program does not have a reconsideration process; therefore, CMS urges hospitals to submit educational reviews within the 30-day timeframe of receiving their quarterly results.

Overview of FY 2025 Inpatient Data Validation
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Resources

Resources

- To access data validation resources discussed in this presentation, as well as some resources not covered:
 1. Navigate to the *QualityNet* website: <https://qualitynet.cms.gov>
 2. Select **Hospitals-Inpatient**.
 3. Select **Data Management**.
 4. Select **Data Validation**.
 5. Select **Resources**. Direct link: <https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources>
- For assistance logging into the *HQR Secure Portal*, contact the Center for Clinical Standards & Quality (CCSQ) Service Center:
 - Call 866-288-8912, Monday to Friday, 8 a.m. to 8 p.m. Eastern Time
 - Email QNetSupport@cms.hhs.gov

Validation Questions

When submitting a question, include the hospital six-digit CCN/Provider ID to expedite a reply that includes information specific to your hospital.

- Validation Support Contractor (VSC) email:
 - validation@telligen.com
- CMS Hospital Inpatient Questions and Answers Tool:
 - https://cmsqualitysupport.servicenowservices.com/qnet_qa

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Question and Answer Session

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Note: To verify continuing education approval for any other state, license, or certification, please check with your licensing or certification board.

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