



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

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

Speakers

Candace Jackson, ADN

Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

Alex Feilmeier, MHA

Program Manager
Value, Incentives, and Quality Reporting (VIQR) Validation Support Contractor

July 6, 2022

2:00 p.m. Eastern Time (ET)

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Hospital Inpatient Quality Reporting (IQR) Program

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

Candace Jackson: Good afternoon. Welcome to the *Overview of FY2025 Inpatient Data Validation Efforts for Randomly Selected Hospitals* webinar. My name is Candace Jackson, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event. Before we begin, I would like to make a few announcements. This 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 was sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that is at www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link to 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. We will answer questions as time allows. Our speaker for today's event is Alex Feilmeier, 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 (IQR) Program fiscal year 2025 payment determination and the Hospital-Acquired Condition Reduction Program fiscal year 2025 program year, which validates calendar year 2022 data.

At the conclusion of this webinar, participants will be able to understand the inpatient data validation process for fiscal year 2025 data validation efforts, identify the deadlines and associated required activities relating to data validation, submit healthcare-associated infection validation templates through the CMS Managed File Transfer web-based application, submit

Hospital Inpatient Quality Reporting (IQR) Program

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

medical records requested by the CDAC), and receive and interpret validation results.

This slide displays a list of 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 in 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 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 the measure specifications. CMS performs a random and targeted selection of inpatient prospective payment system hospitals on an annual basis.

Now, we are going to go over the data validation efforts, beginning with alignment of data validation.

The HAC Reduction Program and Hospital IQR Program data submission quarters are aligned for chart-abstracted clinical process of care and eCQM validation. One hospital sample will be selected and used for validation for the clinical process of care measures and eCQMs 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. So, as you can see in the table on this slide, we will use Quarter 1 through Quarter 4 of calendar year 2022 for the fiscal year 2025 data validation efforts.

Hospital Inpatient Quality Reporting (IQR) Program

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

To provide a visual, you can see on this slide a table which displays a random selection of up to 200 hospitals and a targeted selection of up to 200 hospitals, totaling up to 400 hospitals selected for validation of chart-abstracted clinical process of care, HAI, and eCQM measure types.

CMS uses 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. For fiscal year 2025, 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 24 medical records are requested, at least 18 complete medical records must be submitted to meet the 75 percent requirement. Note: HAIs will continue to be scored separately, under the HAC Reduction Program.

As a part of the Hospital IQR Program, for fiscal year 2025, CMS will validate up to eight cases for chart-abstracted clinical process of care measures, 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 2025 data validation, CMS will only validate the sepsis measure within the clinical process of care measure type, as shown in this slide.

Also, as part of inpatient data validation in the Hospital IQR Program affecting the fiscal year 2025 payment determination, CMS will validate up to 24 cases from three calendar quarters of calendar year 2022 eCQM data. That is up to eight cases per quarter times three 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 the Centers for Medicare & Medicaid Services, for no more than eight cases total across all measures.

Hospital Inpatient Quality Reporting (IQR) Program

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

For example, if the hospital reports four measures, 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 LabID events; and *Clostridioides difficile* Infection 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 hospital will be validated for SSI. SSI cases are not submitted using validation templates, but they 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.

Now, we are going to go over the hospital selection process.

For fiscal year 2025, up to 200 random hospitals were selected in June of 2022, and up to 200 targeted hospitals are anticipated to be selected in early 2023.

Hospital Inpatient Quality Reporting (IQR) Program

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

The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year validation effort. The criteria for targeting hospitals is outlined in the IPPS final 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 sends an email communication directly to the hospitals selected.

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

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.

A list of the selected hospitals is available on the CMS QualityNet website by clicking on Hospitals – Inpatient, then Data Management, followed by Data Validation, then 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

Now, we will 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: 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 that these are estimates, and they could change. Also note that hospitals selected randomly should follow the deadlines associated with the randomly selected hospitals, and hospitals selected as targeted later in the year should follow the deadlines associated with targeted hospitals.

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. Hospitals deliver requested medical records to the CDAC in the order they are requested, based on the 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 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 the 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

The results will show the outcomes of abstraction determined by the CDAC on each selected case. Hospitals' registered users with the Validation role will receive email notification when their results become available to view on the *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 timely. Hospitals may submit an educational review request within 30 days of receiving notification of their 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/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 automatically 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 will be described in greater detail later in this presentation.

Now, we will go over the HAI validation template process.

Hospitals must start the entire process by filling out the HAI validation templates for the types for which they have been selected. Then, submit the 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 *HQR Secure Portal*, contact your hospital's Security Official. If your Security Official is unable to reestablish your access, contact the CCSQ Service Center. 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 a validation template cannot be changed.

This slide shows the discharge quarters and associated HAI validation template deadlines for the fiscal year 2025 randomly selected hospitals that were notified of their selection in June 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 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 a previous fiscal year is 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 template needed and save to a location of choice on a 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 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 Validation Template User Guide and Submission Instructions 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 or inpatient psychiatric facility 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 PHI 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 six-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, successful submission or errors have occurred that require your attention and re-submission.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 by the validation template by the deadline, placeholder cases will also be assigned and scored 0/1.

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, or this will be considered a CMS security incident. Validation templates may only be resubmitted during 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 Managed File Transfer message indicating that a revised template is being submitted, and please also include the words “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 submitted or the data are accurate as submitted and no changes are needed.

Hospital Inpatient Quality Reporting (IQR) Program

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

Some examples of discrepancy checks are listed CAUTI/CLABSI culture dates that 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 will 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 fulfilling the request as soon as possible. Another important note is that the medical records request will be delivered to the address listed under the Medical Records-CDAC 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 QualityNet *HQR Secure Portal* by a registered user. To access the report, log in to the *HQR Secure Portal* at the link provided on this slide. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select the applicable Case Selection Report. Under Period, select the applicable quarter or reporting period. Under Provider(s), select the applicable hospital. The report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to submit medical 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 finalized policy which will require the use of electronic file submissions via the CMS Managed File Transfer application. Submission of paper copies of medical records or copies on digital portable media such as CD, DVD, or flash drive are no longer allowed. 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 will go over validation reports, educational reviews, and reconsiderations.

There are validation 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

CMS continues to modernize the *HQR Secure Portal*. Data validation reports and the hospital data display 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 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 the email or phone number indicated on this slide.

Below are instructions on how to access the Case Selection Report in the *HQR Secure Portal*. Log in to the *HQR Secure Portal* at the link provided on this slide. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select the applicable Validation Case Selection. Under Period, select the applicable quarter or reporting period. Under Provider(s), select the applicable hospital or hospitals.

The Case Detail Report provides complete information about all abstracted elements compared to the CDAC re-abstraction on each case. Below are instructions on how to access the Case Detail Report in the new *HQR Secure Portal*. Log in to the QualityNet secure portal. From the left-side navigation dashboard, select Program Reporting, then Validation. Under Program, select Inpatient. Under Report, select the applicable Case Detail Report. Under Period, select the applicable quarter or reporting period. Under Provider(s), select the applicable hospital or hospitals.

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.

Hospital Inpatient Quality Reporting (IQR) Program

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

The information needed to request a review can be found on the QualityNet website by navigating to the Educational Reviews page on 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 Hospital IQR Program, the annual confidence interval will include the updated scores for all applicable quarters of CPOC and/or eCQM measures.

For the HAC Reduction Program, the annual confidence interval will include the updated scores for any applicable quarters of HAI measures. Note that 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.

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 the cumulative results. Hospitals will receive two separate Confidence Interval Reports. One is for the clinical process of care and eCQM cases validated under the Hospital IQR Program, and one is for the HAI cases validated under the HAC Reduction Program. I'll explain each of these in the next two slides. You will receive communication from the Validation Support Contractor when the Confidence Interval Reports become available. A detailed fiscal year 2025 confidence interval document will be 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.

Hospital Inpatient Quality Reporting (IQR) Program

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

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] 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 that 75 percent eCQM requirement.

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 inpatient validation will also automatically be selected for inpatient validation in the next fiscal year. For fiscal year 2025 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2024, and the APU results are expected to be released around May 2024. Additional information regarding APU can be found on the APU page of the Hospital IQR Program page of QualityNet. A direct link is provided on this slide.

For the HAC Reduction Program, if the upper bound of 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 the inpatient validation requirement will also automatically be selected for inpatient validation in the next fiscal year. As described in the fiscal year 2019 final rule [83 FR 41481 through 41482], for hospitals that fail validation, CMS will assign the maximum Winsorized z-score only for the set of measures validated.

Hospital Inpatient Quality Reporting (IQR) Program

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

For example, if a hospital was selected to be validated for CLABSI, CAUTI, and SSI, but failed the validation requirement, that hospital would receive the maximum Winsorized z-score, which is the worst score, for the CLABSI, CAUTI, and SSI measures.

For the fiscal year 2025 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 the 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.

Reconsideration of validation results for the 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. They 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 email on this slide. The HAC Reduction Program does not have a reconsideration process. Therefore, CMS urges hospitals to submit reconsideration reviews within the 30-day timeframe of receiving their quarterly results.

Now, we will go over the final resources.

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

Hospital Inpatient Quality Reporting (IQR) Program

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

Questions may be asked by directly emailing the Validation Support Contractor or by using the [CMS Question and Answer Tool](#) on QualityNet. Direct links are provided on this slide.

Whether asking a question directly to the Validation Support Contractor email or through the CMS Question and Answer Tool, please include the hospital six-digit CCN/Provider ID as this will expedite a reply with information specific to your hospital. That's all I have, so I'll hand it back to Candace for a question-and-answer session. Thank you.

Candace Jackson: Great. 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 websites. So, we will go ahead and get started with our questions for today.

Our first question is going to be in relation to passing and failing validation. Back to the matching and mismatching of outcomes, 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: As long as the end result, or the measure outcome, is the same between a 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 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, rather validation occurs at the outcome level.

Candace Jackson: Thank you, Alex. What would happen if the hospital "over abstracts" a case, if a 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, passed, but the CDAC determines that the patient was a transfer and has a measure outcome of B and that the case shouldn't have been abstracted any further. Will the case be a mismatch or receive an educational comment?

Hospital Inpatient Quality Reporting (IQR) Program

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

Alex Feilmeier: This is a perfect example of the question that you previously asked. As long as the end result, or the measure outcome, is the same between a CDAC abstractor and what the hospital originally submitted, then it would be considered a match. In this particular example, the CDAC may provide an educational comment describing what they found for the element that didn't align, despite the case result being a match for the purposes of data validation efforts.

Candace Jackson: Great. Thank you. I know the confidence interval can be difficult to understand. To go over that a little bit more, would you fail validation if your confidence interval upper bound is 97 percent and lower bound is 66 percent?

Alex Feilmeier: If the confidence interval upper bound is 75 percent or higher, the hospital will pass the validation requirement; if the confidence interval upper bound is below 75 percent, the hospital will fail the validation requirement and may not receive their full APU. If a hospital passes the 75 percent confidence interval *upper bound* requirement, but it passes that confidence interval with a *lower bound* score that does not exceed 75 percent, the hospital may be targeted for validation in the following fiscal year validation effort. So, that is one example where you could pass the validation effort, your APU may not be affected immediately at this time, but you may be selected to be targeted for next year's validation effort.

Candace Jackson: Thank you, Alex. On the same line of passing and failing, what happens if the hospital misses submitting the requested charts within the submission deadline?

Alex Feilmeier: If a hospital misses the charts within the submission deadline, and the CDAC did not receive those records by the deadline, those cases are not eligible for abstraction and they will automatically receive a 0/1 score. We strongly recommend that you submit those medical records by or prior to the deadline, otherwise your score will be affected.

Hospital Inpatient Quality Reporting (IQR) Program

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

Candace Jackson: We had a lot of questions in regard to the validation templates. Our first question is, “Will the fiscal year 2025 templates remain the same for all four quarters?”

Alex Feilmeier: 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. If there are any changes to the templates, this will be communicated by CMS and the Validation Support Contractor.

Candace Jackson: Thank you, Alex. I think you touched on this, but we will reiterate since we had a couple of questions. If the hospital does not have surgical site infection cases since none were done at that hospital, will additional cases be selected from catheter-associated urinary tract infections and central line-associated bloodstream infections? Furthermore, if I know that our CAUTI and CLABSI cases are low, should I automatically send templates for the other measures?

Alex Feilmeier: 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 those sample size targets. However, CMS will only select candidate cases from other infection types for which your hospital has already been selected. In other words, if a hospital is selected for CLABSI, CAUTI, and SSI, CMS will not select from MRSA or CDI within the same fiscal year validation efforts. Hospitals should *only* submit HAI validation templates with data applicable to the template type for which they have been selected. They should not submit templates for other template types.

Candace Jackson: So, Alex, what would a hospital do if they were selected for CLABSI and CAUTI validation, but they do not have an intensive care unit? Would they submit “No” for positive cultures on the HAI validation templates?

Hospital Inpatient Quality Reporting (IQR) Program

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

Alex Feilmeier: That is exactly correct. You would submit a No on your HAI template. The Validation User Guide and Submission Instruction document, found on the [Inpatient Data Validation Resources](#) page of *QualityNet*, will provide information on how to how to fill out templates in that specific scenario.

Candace Jackson: On that same line then, Alex, for the MRSA and CDI validation, should all patients with identified infections be included on the respective template or just the hospital-onset infections?

Alex Feilmeier: You will need to 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.

Candace Jackson: For the validation template submission, can they submit all of the templates at the same time?

Alex Feilmeier: You can submit templates for quarters that have been completed. In other words, you can submit templates for first quarter, second quarter, as we said towards the end. Yet, fourth quarter, for example, at this time, has not yet completed. So, you will not be able to submit fourth quarter templates until that quarter is completed.

Candace Jackson: In your presentation Alex, you did talk about submitting the medical record and the templates. Can you please explain why the entire inpatient medical record for CDI or MRSA are not submitted? So, what is the consequence if the entire record was submitted?

Alex Feilmeier: 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 the episode of care, all other admissions to the hospital 14 days prior, I believe, for the episode of care. The reason for this is simply because information outside of the specified timeframe is not needed for these validation efforts for those measures. Additional pages cause additional unnecessary paperwork, storage, labor, etc.

Hospital Inpatient Quality Reporting (IQR) Program

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

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 the CDAC in that medical records request packet that you will receive.

Candace Jackson: Thank you, Alex. You talked about the importance of having contacts updated. How do I verify who has the validation role in my hospital?

Alex Feilmeier: It is very important to verify that you have multiple contacts at your hospital with that validation role. Each hospital's Hospital Quality Reporting Security Official has the ability to view who has the validation role at their hospital. We would suggest reaching out to your Security Official. If your Security Official is unable to determine it, they may reach out to the CCSQ Service Center.

Candace Jackson: Alex, did you say that medical record submissions will be accepted through the portal only?

Alex Feilmeier: That is correct. As finalized through the final rule last year, beginning with calendar year 2021 Quarter 1 discharge data, those paper copies and removable media became no longer submission options for medical records submitted to the CDAC; all hospitals will be required to submit PDF copies of medical records electronically via the CMS Managed File Transfer web-based application. Records not received by the due date via the Managed File Transfer application will not be eligible for abstraction and will be scored 0.

Candace Jackson: Thank you, Alex. Going on to looking at a few questions that came in about the validation hospital selection, 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: Yes. 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 prior performance and confidence interval results.

Hospital Inpatient Quality Reporting (IQR) Program

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

Candace Jackson: Does the random selection happen before or after the targeted selection?

Alex Feilmeier: For CMS inpatient data validation efforts, the random selection of hospitals happens before the targeted selection. The targeted hospitals are selected after the confidence interval is calculated for the previous fiscal year validation effort. As of this point, the previous year's validation fiscal year has not concluded.

Candace Jackson: Thank you, Alex. We have time for a couple more questions. Will a hospital selected for validation be notified whether their selection was based on a random selection or a targeted selection?

Alex Feilmeier: The email notification that is sent to each hospital indicates if they are part of the random or targeted group of hospitals. If you are unsure, you can reach out to us directly at validation@telligen.com. Please include your six-digit CCN/Provider ID when you do that so we know that we are providing information specific to your hospital.

Candace Jackson: Alex, what should a hospital do if they do not receive their FedEx packet within two weeks of it being sent?

Alex Feilmeier: Any questions about the initial request or receipt of your medical records should be sent to the CDAC help desk directly at CDAC_Provider_Helpdesk@tistatech.com. That email address was included in the slides.

Candace Jackson: Thank you, Alex. Just a couple more questions here, and we will have a few questions about the validation results. This question states: There seems to be a lag time from the date when the Case Detail Reports are posted and when they are available on the QualityNet website; this 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? Are we held firmly to the 30 days from the report posted date, even if it is not available on QualityNet on the same date as posted on the report?

Hospital Inpatient Quality Reporting (IQR) Program

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

Alex Feilmeier: CMS has been working to update the new *HQR Secure Portal* with reports for data validation. Some results for selected cases have been 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. It's not from the hospital's report posted date that you see. This is in the hospital's benefit. Once modernization of the reports to those hospitals is complete, the CMS portal will have the report posted aligned with that 30-day time frame. CMS does not anticipate lag time in the delivery of the email notification in the future. At this time, again, you have 30 days from when you are notified via email.

Candace Jackson: Great. Thank you, Alex. Our last question: Are quarterly validation results provided for the HAI measures?

Alex Feilmeier: Yes. A hospital's Case Detail Report, which is really quarterly, does include feedback on the clinical process of care as well as those HAI measure results. Also, to note, there is a separate eCQM Case Detail Report, which will provide feedback on eCQM data validation efforts. The Case Detail Report includes clinical process of care and HAI results on one of them and a separate eCQM Case Detail Report on another one of them.

Candace Jackson: Thank you, Alex. We appreciate all your insight and the presentation from today. Again, if your question did not get responded to today, all questions will be responded to and posted at a later time.

Again, this program has been approved for one continuing education credit, which you can get by going to the link on this slide.

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