Hospital Inpatient Quality Reporting (IQR) Program

Inpatient & Outpatient Healthcare Quality Systems Development and Program Support

Overview of FY 2027
Inpatient Data Validation Efforts
for Hospitals Selected Randomly
Presentation Transcript

Speakers

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Donna Bullock: Hello. Welcome to *Overview of Fiscal Year 2027 Inpatient Data Validation Efforts for Hospitals Selected Randomly*. My name is Donna Bullock, and I am with the Inpatient & Outpatient Healthcare Quality Systems Development and Program Support [Contractor]. I will be hosting today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A recording and a transcript of the presentation, along with a question-and-answer summary, will be posted to the Quality Reporting Center website in the upcoming weeks. That's www.QualityReportingCenter.com. If you registered for this event, a link to the slides was emailed to you a few hours ago. If you did not receive that email, you can download the slides from the Quality Reporting Center website, or, during the webinar, you can use the link provided in the handout section. This webinar has been approved for one continuing education credit. More information will be provided at the end of the event. If you have questions as we move through the webinar, please type them into the Ask a Question window along with the associated slide number if possible. We will answer as time allows after the event. 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 the CMS inpatient data validation process, as part of the Hospital Inpatient Quality Reporting Program fiscal year 2027 payment determination and the Hospital-Acquired Condition Reduction Program for the fiscal year 2027 program year. Both validate calendar year 2024 data.

At the conclusion of this webinar, participants will be able to understand the inpatient data validation process for fiscal year 2027 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, and receive and interpret validation results.

This slide displays a list of the acronyms and abbreviations that we may use throughout the presentation.

I would now like to turn the presentation over to Alex. Alex, the floor is yours.

Alex Feilmeier: Thanks, Donna. 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 *HQR Secure Portal* and data submitted to the CDC's National Healthcare Safety Network can be reproduced by a trained abstractor using a standardized protocol. For eCQM data validation efforts, CMS verifies on an annual basis that eCQM data submitted to the *HQR Secure Portal* aligns with the measure specifications. CMS performs a random and targeted selection of inpatient prospective payment system hospitals on an annual basis.

We'll begin with an overview of the data validation efforts.

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 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. So, as you can see in the table on this slide, we will use Q1 through Q4 of calendar year 2024 for the fiscal year 2027 data validation efforts.

To provide a visual, you can see on this slide a table which provides 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 2027, 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 the records CMS requests. For example, if 32 medical records are requested, all 32 eCQM medical records must be submitted to meet the 100 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 2027, 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 *HQR Secure Portal* by the hospital. For all quarters of fiscal year 2027 data validation, CMS will only validate the Sepsis measure within the clinical process of care measure type, as shown on this slide.

As part of the Hospital IQR Program, CMS will validate up to 32 cases per hospital from all four calendar quarters of calendar year 2024 eCQM data. That is up to eight cases per quarter times four quarters. From each quarter, CMS will randomly select up to eight cases per hospital from all eligible eCQMs that were reported.

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, CDI LabID events; and Surgical Site Infection.

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 10 candidate HAI cases total per quarter per hospital. All selected hospitals will be validated for SSI. SSI cases are not submitted using validation templates, but 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'll go over the hospital selection process.

For fiscal year 2027, up to 200 randomly selected hospitals were notified in June of 2024, and up to 200 targeted hospitals are anticipated to be notified in January of 2025. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year's validation effort. Additional information about targeting will be covered on the next slide. All random and targeted hospitals selected for validation are subject to the same requirements. Hospitals selected randomly cannot also be selected as targeted within the same fiscal year. The selected hospital list posted on QualityNet does not publicly indicate which hospitals were selected randomly versus targeted.

CMS targets hospitals for validation based on multiple criteria outlined in the inpatient prospective [payment] system final rules. The targeting criteria as outlined in the rule, with relevant dates for fiscal year 2027 targeting, are summarized as failure to meet validation requirements in FY 2026, abnormal or conflicting data patterns, rapidly changing data patterns, submission of data to NHSN after the submission deadline, not having been validated in the previous three years, a lower bound confidence interval less than or equal to 75 percent in fiscal year 2026,

failure to report at least half of the HAI events detected during fiscal year 2026 to the NHSN, and upper bound confidence interval less than 75 percent and submitted less than four quarters of data due to receiving an ECE.

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 Listserv 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 within 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 all hospitals are notified of selection. Any emails that bounce back are researched, and hospital contacts are asked to be updated in the CMS system to assure that future notifications are received. We suggest hospitals ask their IT department to add Validation@Telligen.com to their Safe Sender 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, Data Management, followed by Data Validation, and lastly Resources. The Data Validation pages on QualityNet contain fact sheets, help guides, and other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Now, we'll go over 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, and then submit the templates to the Validation Contractor via the CMS Managed File Transfer web-based application. Hospitals must submit the quarterly HAI Validation Template before they receive a medical records request packet for the quarter. It is strongly recommended that each hospital have at least two registered Security Officials at all times. If you are unable to log in to the *HQR Secure Portal*, contact your hospital's Security Official. If your Security Official is unable to reestablish your access, contact the Center for Clinical Standards & Quality 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 Templates cannot be changed.

This slide shows the discharge quarters and associated HAI Validation Template deadlines for the hospitals selected randomly that were notified in June 2024. 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 Validation Templates for the fiscal year being validated are available on the Inpatient Data Validation Resources page of QualityNet. A direct link is provided on this slide. Download the correct version of the Validation Templates needed and save 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.

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. A 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 dropdowns 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, and stay mindful of differing CMS and NHSN deadlines. Only submit 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.

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 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 up 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 message indicating that a revised template is being submitted, and please also include the word "Revised" or "Resubmitted" in the file name. This will assist the Validation Support Contractor in processing.

The Validation Support Contractor performs some courtesy checks on the Validation Templates to assist hospitals with submitting accurate data.

The Validation Templates are used to randomly select cases for validation; if the data are incorrect on the template, it could result in mismatches. If the hospital receives an email from the Validation Support Contractor asking for review of a Validation Template due to a possible discrepancy, please reply to the email indicating either a new Validation Template has been submitted or the data are accurate as submitted and no changes are needed. Some examples of discrepancy checks are listed CAUTI/CLABSI culture dates are not between the admit/discharge date; differences in data listed on multiple rows of the template appear to be the same patient and same episode of care; or discrepancies between the two assigned template types exist where a patient is listed on both templates, but the date of birth, admit date, or discharge date are different from what appears to be the same episode of care.

Now, we'll cover medical record requests and submission.

I want to start with a reminder that all selected hospitals will submit HAI Validation Templates before they receive a medical record request for each quarter. Selected hospitals will receive five total medical record requests from CMS' Clinical Data Abstraction Center. Four of those quarterly requests contain clinical process of care and HAI selected cases, and one of those annual requests contain eCQM selected cases. The CDAC will send the written request via a mail delivery service, currently FedEx, which will provide instruction on how to submit the patient medical record for each case that CMS selected for validation. This slide displays the estimated arrival of each medical record request packet. Please remember that these are estimates and they could change. Remember that hospitals selected randomly should follow the deadlines associated with the random hospitals, and hospitals selected as targeted should follow the deadlines associated with those selected as targeted.

The CDAC will send a written request via a mail delivery service. currently 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 to the correct individual or individuals responsible for fulfilling the request as soon as possible. Important 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 Hospital Inpatient Support Contractor at the email indicated on this slide.

Hospitals are not allowed to submit records or additional documentation after the record has been received by the CDAC; this applies even if the wrong record is sent, or if pages are missing, or are illegible. 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 or independent delivery services, 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. Compare extracted data with other information in the record to ensure QRDA submissions report quality in alignment with the measure specifications. Closely examine the accuracy of timestamps, such as arrival times and medication administration times.

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 requires 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 CDs, DVDs, or flash drives are not 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'll go over validation reports, educational reviews, and reconsiderations.

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 records must contain sufficient information for CDAC to determine measure eligibility and/or outcome. When validating cases, the CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted as PDF files. CMS data validation is at the measure level; it is not scored at the individual question or 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.

It typically takes approximately four to five months after each medical record submission deadline for hospitals to see their validation results for the quarter or reporting period. Hospital registered users with the Validation permission will receive email notification when their results become available to view on the *HQR Secure Portal*. Results will be displayed on the Case Detail Report, which will be covered in a subsequent slide. It is strongly recommended that hospitals have multiple active users with the Validation permission in the *HQR Secure Portal* to ensure validation result notifications are received and reviewed timely.

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

To access the validation reports, registered users with the Validation permission will need to log into the *HQR Secure Portal*. From the dashboard, they will select Program Reporting, and then Validation. From the Validation page, they will select the applicable program, the report, and the quarter or reporting period. Lastly, they will select their provider or providers and click the Export CSV button.

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 indicated on this slide.

The Case Detail Report provides a list of all elements abstracted compared to the CDAC re-abstraction. This report becomes available after the CDAC has completed their validation efforts for the quarter or reporting period. Mismatches are displayed, and a quarterly score shows the agreement between the measure results from the hospital's originally submitted data and the results obtained by the CDAC. Educational comments are shown for any mismatched elements; they describe what the CDAC found that differed from the hospital.

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

If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected scores will be used to compute the final confidence interval.

Note: Case Detail Reports will not be changed to reflect updated results.

The Confidence Interval Report becomes available after all quarterly and 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 for the clinical process of care and eCQM cases validated under the Hospital IQR Program and one 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 2027 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. 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. 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 all the eCQM records CMS requests. For example, if 32 eCQM medical records are requested, all 32 eCQM medical records must be submitted to meet the 100 percent 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 the APU.

Hospitals that fail inpatient validation requirements will also automatically be selected for inpatient validation in the next fiscal year. For fiscal year 2027 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2026, and the APU results are expected to be released around March 2026. Additional information regarding APU can be found on the APU page of the Hospital Inpatient Quality Reporting Program page of QualityNet. A direct link is provided on this slide.

For the HAC Reduction Program, if the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the HAC Reduction Program validation requirement; if the upper bound is below 75 percent, the hospital will fail the HAC Reduction Program validation requirement. Hospitals that fail an 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, for hospitals that fail validation, CMS will assign the maximum Winsorized z-score only for the set of measures validated. For example, if a hospital was selected to be validated for CLABSI, CAUTI, and SSI, but it failed the validation requirement, that hospital will receive the maximum Winsorized z-score, which is the worst score, for CLABSI, CAUTI, and SSI measures.

For the fiscal year 2027 program year, the HAC Reduction Program validation Confidence Interval Report is expected to be released around January 2026, and the notification to hospitals regarding payment adjustment via the HAC Reduction Program Hospital-Specific Report is expected to be released around July 2026. Additional information regarding HAC Reduction Program payment adjustment can be found on the Payment page of the Hospital-Acquired Condition Reduction Program page of QualityNet. A direct link is provided on this slide.

Within the Hospital IQR Program, if a hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital will receive a letter in spring indicating they have not met the validation requirement of the Hospital IQR Program and may be subject to a payment adjustment.

At that time, a hospital may request a reconsideration. Within that request, a hospital would 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 indicated on this slide.

Within the HAC Reduction Program, if a hospital does not meet or exceed the 75 percent upper bound confidence interval threshold, the hospital will receive a letter in spring indicating they have not met the validation requirement of the HAC Reduction Program and may be subject to a payment adjustment. At that time, a hospital may request a reconsideration. Within that request, a hospital would provide the reason they are asking CMS to reconsider their results. Additional information regarding the HAC Reduction Program payment adjustment process can be found on the CMS QualityNet website. To access, select Hospitals–Inpatient and Hospital-Acquired Condition Reduction Program, followed by Payment.

Lastly, we'll show hospitals were to find resources.

Validation resources are available on the CMS QualityNet website. To access, click on Hospitals – Inpatient, and 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.

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. This will expedite a reply with information specific to your hospital. That's all I have, so I'll hand it back to Donna for a question-and-answer session.

Donna Bullock: Thanks, Alex. We now have time to answer a few questions. Alright, Alex. We have a few questions in the queue already. Here's the first one. If the hospital fails HAC Reduction Program validation, does that mean it will automatically receive the worst score for the HAC Reduction Program?

Alex Feilmeier: Yes. As described in the fiscal year 2019 final rule that I talked about in one of those previous slides, for hospitals that fail validation, CMS will assign the maximum Winsorized z-score for only the set of measures that were validated. So, for example, if the hospital was selected for validation on the CLABSI, CAUTI, and SSI measure types, but they failed the HAC Reduction Program validation requirement, then that hospital would receive the maximum Winsorized z-score. As mentioned, that's the worst score for those CLABSI, CAUTI, and SSI measures. So, that's how that will work related to payment under the HAC Reduction Program.

Donna Bullock: Thank you. Here is our next question. If an educational review is requested by a hospital, can the hospital provide the response received from the QualityNet question-and-answer tool as part of their request if it was used as guidance for chart abstraction?

Alex Feilmeier: Hospitals are welcome to include a response received from the Q&A tool within the rationale of their educational review request. However, I would want to point out it is important to understand that guidance provided within an answer to a question may not always take into consideration the entire representation of a situation.

In other words, there may be additional information that the CDAC found within the medical record during the validation effort that may change an outcome, and that information may not have been available when providing guidance through the Q&A tool.

So, yes, you are welcome to include those responses, but I don't want everyone to think that just because somebody answered a question that made it look like it should be overturned, that that's actually the case because there's a lot that goes into the validation of each of these measures.

Donna Bullock: Okay. Here's the next question. When did CMS start using two separate confidence interval reports?

Alex Feilmeier: It's been a few years back now. I think it was talked about in the fiscal year '19 final rule where the Hospital IQR Program finalized the removal of all the NHSN HAI measures from its program. At that time, CMS adopted processes to validate those HAI measure data used in the HAC Reduction Program instead of the Hospital IQR Program.

So, under the Hospital IQR Program, one hospital sample of clinical process of care measures and eCQMs are now selected and used for validation. Then, under the HAC Reduction Program, that same hospital sample is used to validate HAI measures. I think this began in fiscal year 2023 data validation efforts. So, that's why hospitals now receive two separate Confidence Interval Reports, one from each program, the Hospital IQR Program and the HAC Reduction Program.

Donna Bullock: Thank you, Alex. We're waiting on our next question. Here's our next question. For central line-associated bloodstream infection submissions, if our EHR does not have a specific admission, discharge, and transfer record, what information do we need to include?

Alex Feilmeier: That is a quite specific question. I would say we would recommend that trained staff at your hospital review the medical record in its entirety prior to sending it to the CDAC to ensure all necessary information is present in order to determine the final outcome. That's what you're going to need to do. Make sure you have the necessary information available in that medical record to come up with the reasoning why you reported that case a certain way to the NHSN.

Donna Bullock: All right. We have another one. When submitting a medical record, is a PDF of a screenshot of a time that is found using the "hover" time of a field an acceptable document?

Alex Feilmeier: That is a good question. Screenshots of information contained within the electronic health record itself are technically part of the medical record.

Therefore, screenshots will be considered acceptable sources when submitted with the record. Also, if a note or a text field within the actual EHR contains information or an explanation of the reference documentation, it would be taken into consideration during abstraction. Yet, it is also important to note that, although this information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. The CDAC abstractors will still need to follow all data element-specific guidelines.

Donna Bullock: Thanks, Alex. Our next question is: Did you say that medical record submissions will be accepted only through the Managed File Transfer application?

Alex Feilmeier: Yes. The Managed File Transfer web-based application is the only acceptable method to submit the PDF medical records and the HAI Validation Templates to the CDAC and/or our validation support contractor team. You are not allowed to submit anything via regular email. A few years back now, CMS finalized the removal of options like paper submission of records, removable media, such as a flash drive or DVD. So, the only records that are acceptable to be received are through the CMS Managed File Transfer web-based application. Records not received by the specified due date via that method of submission are not eligible for abstracted and will be scored a 0.

Donna Bullock: Thank you, Alex. Our next question is: Can the medical record request be sent via email to hospitals?

Alex Feilmeier: At this time, CMS data validation requests for medical records are only sent via a mail delivery service. At this time, that is FedEx. Any future changes to that request method will be communicated to hospitals via rulemaking.

Donna Bullock: Here's a related question that just came in. When emails regarding validation are sent to hospitals, could you possibly include the CCN? We have multiple facilities in our system, and this would be very helpful.

Alex Feilmeier: Yes, we hear you. We do send the CCN when we send validation result emails to hospitals. We understand that submission reminder emails do not currently indicate the CCN in an email. We have considered this and are working on it for the future. Yet, at this time, they do not include the CCN in the reminder emails.

Donna Bullock: Okay. Here's our next question. Is there a guide available for what case details will be required in the template for HAIs?

Alex Feilmeier: Yes, there is a guide. In fact, it's called the *Validation Template User Guide and Submission Instructions* document. That can be found on the Data Validation Resources page of QualityNet. You can find that link in the resources slide that we went over a couple ago. So, that will be very helpful in knowing what to put on the template, how to fill it out, and how to submit it.

Donna Bullock: Thank you, Alex. Here's another one related to the medical records request. Which department within our hospital will receive the CDAC package?

Alex Feilmeier: The medical records or packets sent by the CDAC are actually sent to Medical Records Director. The reason that it is sent to that general term is because we have found over the years that, because of staff turnover when a packet gets delivered to an individual, things get lost very quickly and very easily. So, that is who the medical records request packet will go to, just Medical Records Director. So, your facility will need to look out for that request packet when it comes.

The actual address that packet goes to is in the official CMS database under the CDAC medical records contact type. If you want to know what that address is or want to change that address, you can reach out to the Inpatient Support Contractor, and they can get that changed for you. Information about that has been covered in one of the slides of this presentation as well.

Donna Bullock: Okay, here's our next question that is really kind of a couple of questions.

	Where would we find the information to report the total intensive care unit patient discharges? Does it include only ICU patients discharged to home, and is it the same as ICU patient days?
Alex Feilmeier:	Within the HAI Validation Templates, I believe the field you're talking about is asking about the total number of patients discharged during the reporting quarter who had an ICU stay. I will say this is not a required field, and it's also not a validated field within the CMS data validation efforts. So, that field will not result in a mismatch in and of itself. So, if you are unsure or if you're just not positive on how to fill that out, you are more than welcome to leave that field blank.
Donna Bullock:	Well, that's good news. Thank you, Alex. Here's our next question. How do I change the address of where CDAC sends my hospital's medical records requests?
Alex Feilmeier:	It sounds like we just got a similar one just a couple of questions ago. That address can be changed by sending an email to the Inpatient Support Contractor group. I believe that email address is QRFormsSubmission@hsag.com. Make sure you include the CCN with that and ask them what exactly you're trying to do. You're trying to change your address. Again, that information is in one of those slides we covered earlier in the presentation.
Donna Bullock:	Thank you, Alex. We have time for just a few more questions. Here's the next one. How does a hospital determine what they did wrong or why they were selected for targeted validation?
Alex Feilmeier:	First of all, I want to make sure that it's clear that everybody that was recently notified of selection for validation in this month of June 2024 is selected completely randomly. None of them were selected due to targeting reasons. So, I just want to clarify that right off the bat. Yet, there are targeting criteria that come into play for other hospitals that will happen later this year or actually early beginning of next year for fiscal year 2027.

	You can determine what it was that put you in that targeting pool by reaching out us at the Validation Support Contractor email, and we would be happy to provide the reason. Again, for all of you folks that were recently submitted in June 2024, you were selected completely and entirely randomly. It's just luck of the draw.
Donna Bullock:	Okay. This is the last question we have time for, Alex. If a hospital was already selected for random validation, can they also be selected for targeted validation?
Alex Feilmeier:	That's a good question to follow the previous one. If you are selected right now as a randomly selected hospital for fiscal year 2027, you will not also be selected as targeted for the same fiscal year 2027.
Donna Bullock:	Thank you, Alex. That is all the time we have for questions today. If we did not get to your question, please submit it using the process Alex provided on the previous slide.

This webinar has been approved for one continuing education credit. If you registered for today's event, an email with the link to the survey and continuing education information will be sent to you within two business days. If you did not register for the event, please obtain this email from someone who did register.

More information about our continuing education processes can be found by clicking the link on this slide. That concludes today's presentation. Thank you for joining us, and enjoy the rest of your day.