



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program Fiscal Year 2020 Chart-Abstracted Validation Overview for Randomly Selected Hospitals

Questions and Answers Transcript

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Question 1: When will the Validation Summary Report be available for quarter (Q)1 2017 data results?

This webinar is for fiscal year (FY) 2020, which encompasses only Q3 2017, Q4 2017, Q1 2018, and Q2 2018. If you have questions regarding FY 2019 quarters, please send an email to validation@hcqis.org.

Question 2: My facility will be switching to a different software vendor during the validation period. During one of the quarters there will be charts from two different electronic health records (EHRs). What is the best way to notify the Clinical Data Abstraction Center (CDAC) of this situation?

For the medical records requested for the quarter, the hospital will need to ensure that the entire medical record for the episode of care is included when the medical record is submitted to the CDAC. It is recommended that the hospital has a staff member provide quality assurance (QA) to review the records and see that all the fields anticipated are included, especially with the switch to a different EHR. There are EHRs that do not include all the anticipated fields when medical records are submitted, and this has a potential to cause mismatches. CDAC is not able to accept additions to the original medical record submitted, nor are they able to accept a different additional medical record if a hospital discovers that all the necessary documentation was not included in the original medical record submitted. It is the hospital's responsibility to ensure that all fields used for abstraction are included in the submitted medical record. As for notifying the CDAC, it may be noted on the cover page of the records, but it is not necessary.

Question 3: Regarding slide 43, why does the inpatient program have a confidence interval (CI) report released, but there is not one for the outpatient program?

Within the next several weeks, an outpatient CI document is anticipated to be



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posted on the [outpatient data validation resources page](#) of *QualityNet*. If you need additional assistance, please send an email to validation@hcqis.org.

Question 4: Why are some hospitals chosen for validation two and three years in a row?

Whether the selection of a provider is due to complete random chance or as a targeted provider, it is possible for a hospital to be selected in consecutive years.

Question 5: You said at least 10 days before we receive the medical record request. What is the maximum time? For example, if we don't receive the medical record request by X days after February 1, we should start hunting. What is X?

Ten days after the clinical submission deadline is an approximation; however, there are some instances which may cause that to be delayed.

If you ever have questions about when the medical records request packet will be sent, or whether you should have received the packet already, it is best to reach out directly to the CDAC for assistance.

Question 6: Does the sepsis validation score impact the annual payment update (APU)? It hasn't impacted it in the recent past.

At this time, sepsis will be included in the fiscal year 2020 CI calculation. Per a notification released by CMS back in 2016, sepsis was not included in the calculation of the final CI for fiscal year 2018, but sepsis will be included in fiscal year 2019 and fiscal year 2020. If CMS decides not to include sepsis or any other measure in the calculation of the CI, hospitals will be notified.

Question 7: When will the deadline for Q3 2017-Q2 2018 be posted on *QualityNet*?



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All deadline documents for fiscal year 2020 data validation are available on the chart-abstracted data validation resources page of *QualityNet*.

Question 8: **Do the infection control validation results get added to the abstracted validation results to determine 75 percent compliance, or is each a separate 75 percent compliance?**

The Clinical Process of Care and healthcare-associated infection (HAI) measures are combined for all four quarters of validation. For FY 2020, the finalized validation process for chart-abstracted measures includes two separate validation strata:

- HAI, weighed at 66.7 percent
- Other/Clinical Process of Care, weighed at 33.3 percent

At the end of the fiscal year, APU results are expected to be released in April or May. (For FY 2020, this will be April or May 2019.) CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the Clinical Process of Care and HAI measure sets. After the educational review results are taken into consideration and scores are combined, CMS computes a CI around the combined score. If the upper bound of this CI is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the CI is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement.

Question 9: **We do not have an intensive care unit (ICU), although we report central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) data from our medical surgical unit to the National Healthcare Safety Network (NHSN). Should we report through the template?**

Please see the “FY 2020 Validation Template User Guide and Submission Instructions” document posted on the chart-abstracted data validation



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resources page of *QualityNet*.

There are two possibilities for hospitals selected for CAUTI/CLABSI data validation to report their quarterly data listed below. You will need to determine which one applies to your hospital.

1. When a hospital has been selected to complete CLABSI and CAUTI Validation Templates and has an HAI exception on file (indicating no ICU locations), the hospital does not need to submit the associated CLABSI and/or CAUTI Validation Templates for the quarter(s) in which the exception applies. This only applies to hospitals with a current valid exception on file. This information is found on page 3 of the user guide.

2. When a hospital has no ICU locations or no positive cultures/specimens to report for a quarter (and no current exception on file with CMS), only the Hospital Information Section (light blue-colored columns) on the first row of the template should be completed, indicating “No” positive cultures/specimens. This would meet the submission requirement for each quarter. This information is found on page 5 of the user guide.

If you have additional questions after reading the materials found on the chart-abstracted data validation pages of *QualityNet*, please reach out to the Validation Support Contractor for clarification.

Question 10: **Is severe sepsis considered a piece of the validation results (75 percent) or are these data collected for different reasons?**

Yes. Sepsis validation scores are part of the overall validation score and will be included in calculation of the CI.

Question 11: **Can you please provide directions to the template or the link in the chat box?**

The most current versions of the Validation Templates can be found on



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www.qualitynet.org by hovering over the **Hospitals - Inpatient** drop-down, selecting the **[Data Validation (Chart-Abstracted & eCQM)]** link, and selecting the **[Chart-Abstracted Data Validation]** program. From the navigation bar on the left side of the Chart-Abstracted Data Validation - Overview page, select **[Resources]**. The direct link is:
<https://www.qualitynet.org/dcs/ContentServer?cid=%201140537256076&pageName=QnetPublic%2FPage%2FQnetTier3&c=Page>.

Question 12: For FY 2020, is it true that paper medical records are not being sent to CDAC?

Hospitals have the option to submit the requested medical records in paper format, on removable media, or via the *QualityNet Secure Portal* Secure File Transfer application. Additional information regarding medical records requested by the CDAC can be found on www.qualitynet.org by hovering over the **Hospitals - Inpatient** drop-down, selecting the **[Data Validation (Chart-Abstracted & eCQM)]** link, and selecting the **[Chart-Abstracted Data Validation]** program. From the navigation bar on the left side of the Chart-Abstracted Data Validation - Overview page, select **[CDAC Information]**.

Question 13: When will the 2018 Inpatient Quality Reporting (IQR) final rule be available?

The IQR final rule for FY 2018 was posted on August 14, 2017.

Question 14: What is an educational review request?

Within 30 days of validation results being posted on the *My Reports* section of the *QualityNet Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. For the FY 2020 payment determination and subsequent years, if a



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hospital requests an educational review for any of the first three quarters of validation and this review yields incorrect CMS validation results for chart-abstracted measures, the corrected quarterly score will be used to compute the final CI. Note: The quarterly validation reports issued to hospitals will not be changed to reflect the updated score due to the burden associated with reissuing corrected reports. Due to the need to calculate the CI in a timely manner, and the insufficient time available to conduct educational reviews, the existing reconsideration process will be used to dispute an unsatisfactory validation result for the last quarter of validation. If a hospital does not fail validation, the hospital still would have the opportunity to request an educational review within 30 days of receiving the results. Additional information regarding educational reviews can be found on www.qualitynet.org by hovering over the **Hospitals - Inpatient** drop-down, selecting the **[Data Validation (Chart-Abstracted & eCQM)]** link, and selecting the **[Chart-Abstracted Data Validation]** program. From the navigation bar on the left side of the Chart-Abstracted Data Validation - Overview page, select **[Educational Reviews]**.

Question 15: **Just to clarify, are patients submitted for a quarter based on their discharge date?**

There are no start and stop dates for reporting on the Validation Templates, as directed by CMS. CMS did not want to create an additional burden, so the reporting is at your discretion. The hospital may choose how to enter the data, whether they will be by admit, discharge, or culture date. Strictly for your information, the majority of hospitals chose to report by discharge date on the templates.

Question 16: **If chosen for, for example, Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile infection (CDI) audits, are all cases with that diagnosis for the respective quarter to be listed on the templates for selection?**



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Please refer to the Definitions tab of each Validation Template for detailed instructions on how to report. If after reviewing the Definitions tab you have questions, please reach out to the Validation Support Contractor at validation@hcqis.org.

Question 17: Will the eight clinical records be validated for multiple measures? In other words, would you look at sepsis only or sepsis/emergency department/immunization/venous thromboembolism, if applicable?

It is possible for a record to be reviewed for more than one clinical measure. Yes. That is correct; it will be a random selection of all the measures.

Question 18: What if you have a very low number of CAUTI or CLABSI cases per quarter? For instance, in Q3 of FY 2017 we had zero CAUTI and zero CLABSI cases.

If there are not enough CLABSI or CAUTI cases, you could be selected for more surgical site infections (SSIs), as can be found on slide 31 of the presentation. If you have no HAI cases at all to be validated for a quarter, there will be no HAI cases requested for your hospital for that quarter. However, you may still receive Clinical Process of Care cases in your medical records request packet.

Question 19: On the FY 2020 listing of hospitals selected for chart-abstracted data validation, my facility was listed, but the Validation Template type was just for CAUTI/CLABSI. Does this mean that they will not be reviewing IQR cases?

All providers that are selected for the chart-abstracted data validation process will be validated for both Clinical Process of Care measures and HAI measures. The list denotes CAUTI/CLABSI or MRSA/CDI so that hospitals know which quarterly Validation Template types they are required to submit to CMS. The reason the list does not include any mention of clinical cases is



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because all providers are validated for the Clinical Process of Care measures.

Question 20: **When will we be able to pull the case selection report from *QualityNet*? The choice for Q3 2017 is not available.**

The Q3 2017 case selection report will not be available to run on the *QualityNet Secure Portal* until *after* the submission deadline has passed and the medical records request packet has been sent by the CDAC, which for Q3 2017 is anticipated to be in late February of 2018.

Question 21: **When you are saying “medical records request,” is that for both (HAI and chart-abstracted data) or will we only receive the medical records request for HAI after template submission? Will we receive the chart-abstracted data request before that/separately?**

Good question. The Clinical Process of Care data, as well as the HAI data, will all be requested at the same time from the CDAC.

Question 22: **If we do not have a sufficient number of HAIs for this quarter, are we then omitted from this section on the Hospital Value-Based Purchasing (VBP) Program? We have been unable to participate in the HVBP Program a couple of times due to this. It seems that we should not be docked for not having sufficient number of infections.**

CMS requires hospitals to receive scores in three of the four domains in the Hospital VBP Program in FY 2018 to receive a Total Performance Score (TPS). To receive a Safety domain score, the domain in which the HAIs are measured, hospitals were required to have measure scores in three of the seven measures. If hospitals do not receive a domain score in the Safety domain, for example, it is still possible to receive a TPS by receiving scores in the remaining three domains.

It is also important to note that CMS does not require hospitals to have a



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specific number of infections (observed or actual) to receive a measure score in the HAI measures. Instead, CMS uses a value of 1.000 predicted number of infections as calculated by the Centers for Disease Control and Prevention (CDC) as the minimum data required to receive a measure score. For example, hospitals that have no infections during the measurement period and have at least 1.000 predicted infections, as calculated by the CDC, will receive a measure score.

Question 23: When we get our results, is an “overall score” given (versus an individual answer that agrees or disagrees upon validation)?

Quarterly validation scores are displayed as a numerator over a denominator on the Validation Case Detail and Validation Summary Reports for the Hospital IQR Program. To calculate the percentage for each measure group, you may divide the numerator by the denominator in each section of the report; however, please remain aware that the end-of-year CI calculation involves specific weighting and cannot be calculated with a simple percentage. If you would like to know more about how the FY 2020 CI is calculated, you may view the CI document, which will be posted on the chart-abstracted data validation resources page of *QualityNet* after FY 2019 has been completed.

Question 24: Is it two percent of the APU that is impacted?

Hospitals not receiving full APU (i.e., hospitals that did not satisfactorily meet the criteria for the Hospital IQR Program) will receive their annual market basket update with a reduction by one-fourth of the applicable market basket update.

Question 25: Regarding the list of cases to add to the HAI template, are they the total number of patients with positive cultures reported to NHSN?



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There are some reporting differences between what you report to NHSN and what is expected to be submitted on the templates. Please refer to the Definitions tab on each respective Validation Template to determine how to best report.

Question 26: How do I select the eight cases for the process measures, such as emergency department (ED) and immunization (IMM)? We reported over 200 cases. How do I know which ones to select?

CMS will validate up to eight cases for Clinical Process of Care measures per quarter per hospital. These cases are randomly selected from data submitted to the warehouse by the hospital. The CDAC request for medical records will contain information regarding the specific records selected each quarter. Hospitals do not select the Clinical Process of Care cases themselves.

Question 27: Do hospitals create the medical record cover sheets?

No. The CDAC provides a cover sheet for each case selected to be validated in the medical record request packet mailed to the hospital each quarter.

Question 28: Typically, what is the involvement with third-party vendors that abstract the measures?

Many hospitals utilize third-party vendors; however, it is ultimately the hospital's responsibility to review and quality check all data before they are submitted for validation.

Question 29: Is there a template to enter cases for the Clinical Process of Care measures?

Clinical Process of Care cases are selected from cases that the hospitals submit to the CMS Clinical Warehouse. Hospitals do not submit a template



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for Clinical Process of Care measures, only for HAI measures (excluding SSI).

Question 30: **Our hospital has a list of patients selected in the cases selected in *QualityNet*. We did not receive a packet from CDAC. We called and we were informed our hospital was under the Hurricane Harvey exclusion. Is there something in writing regarding this situation? We did submit Q1 2017 data and have received the results.**

This is a question specific to FY 2019. If you are still in need of assistance, please reach out to validation@hcqis.org and provide your six-digit CCN/Provider ID.

Question 31: **Approximately how long does it take after the point of submission to get your validation results?**

It typically takes approximately four months after each quarter's submission deadline for hospitals to be notified that quarterly validation results are available.

Question 32: **How do you tell if you were randomly selected or targeted?**

An email which was sent to FY 2020 selected providers on December 12, 2017, includes a statement about the hospital being randomly selected. The same will be true when targeted providers are selected in the Spring of 2018. Following CMS guidance, no public lists distinguish between those hospitals that have been randomly selected and those that have been targeted.

Question 33: **What happens if you do not have HAI cases?**

The Hospital Information Section (light blue colored columns) on the first row of the template should be completed, indicating "No" positive



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cultures/specimens. This would meet the submission requirement for each quarter.

This information is found on page 5 of the template user guide.

Your hospital may still be validated for Clinical Process of Care measures, even if no HAI cases are available for a quarter.

Question 34: How does the facility decide or obtain the list of the patients that are reported out on the template?

Please refer to the Definitions tab located on each of the templates for details.

Question 35: What is the earliest date the Validation Template can be submitted to ensure the deadline is not missed?

Hospitals may submit a Validation Template immediately following the last monthly calendar day of the quarter being validated.

Question 36: Is sepsis validated as one score or is each data element validated?

Validation is at the measure level; it is not scored at the individual question/data element level. The questions are answered to determine the outcome at the measure level for each measure set. Answering a question/data element determines which way the measure algorithm flows. Some questions will stop the algorithm and others will keep going to the next data element. The final outcome is determined by where the algorithm stops (e.g., whether a case is measure category “B” and not included in the measure or whether it is a measure category “E” and included in the numerator and so on).

Some of the data elements are not used to determine outcomes. The list of these is found in both the inpatient and outpatient specifications manuals in



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the Data Dictionary Introduction.

For validation of SEP-1, the maximum score is 1; possible scores are 0/1 or 1/1.

Question 37: **In the past, in addition to the written request for medical records, we also received an email notifying the facility that the request has been sent. Can we expect to see these emails for FY 2020 quarters?**

Yes. The VSC will continue to send these emails in coordination with CDAC mailing the medical records request packets to hospitals each quarter.

Question 38: **Is there information on FY 2019 validation findings of the sepsis measure available to hospitals (e.g., common mismatches, etc.)?**

Hospitals being validated will receive a Case Detail Report with findings of sepsis validation, if they had any sepsis cases selected for validation in a quarter. No other information is available at this time.

Question 39: **Are infection control and chart abstraction results added together to determine the 75 percent?**

CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the Clinical Process of Care and HAI measure sets. After the educational review results are taken into consideration and scores are combined, CMS computes a CI around the combined score. If the upper bound of this CI is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the CI is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement.

Question 40: **I think the question about infection control and chart-abstracted asks if they are combined. I think they meant, if infection control has low**



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numbers but chart-abstracted has good numbers, will they all be included for a lower number and vice versa?

There are up to eight Clinical Process of Care cases and up to 10 HAI cases selected for validation each quarter. No more than 10 HAI cases or eight Clinical Process of Care cases will be selected per quarter, regardless of how many cases are available.

Question 41: Are all measures combined to determine the 75 percent confidence level, or does each individual measure need to score 75 percent for the year?

CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the Clinical Process of Care and HAI measure sets. After the educational review results are taken into consideration and scores are combined, CMS computes a CI around the combined score. If the upper bound of this CI is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the CI is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement.

At the end of the fiscal year, APU results are expected to be released in April or May. (For FY 2020, this will be April or May 2019.)

Question 42: How were hospitals chosen for this validation process? How will targeted hospitals be chosen?

The random selection of 400 hospitals for FY 2020 occurred in December of 2017. These hospitals were randomly selected from a list of hospitals participating in the Hospital Inpatient Prospective Payment System (IPPS). In April/May of 2018, an additional targeted provider sample of up to 200 hospitals will be selected based on CMS targeting criteria as outlined in the FY 2014 IPPS/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (78 FR 50833 through 50834).



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Question 43: Please clarify the overall mission of this work.

Assuring data accuracy is vital to public reporting programs. CMS assesses the accuracy of chart-abstracted and HAI data submitted to the Hospital IQR Program through the validation process. CMS verifies on a quarterly basis that hospital-abstracted data submitted to the CMS Clinical Warehouse and data submitted to the NHSN can be reproduced by a trained abstractor using a standardized protocol.

Question 44: When will the electronic clinical quality measure (eCQM) validation hospitals be selected?

Important to Note: Hospitals selected for Hospital IQR Program chart-abstracted data validation will *not* be selected for Hospital IQR Program eCQM validation, and vice versa.

CMS identifies a random and targeted sample of IPPS hospitals on an annual basis for IQR validation of chart-abstracted measures. Starting with FY 2020 APU determination, **CMS will randomly select an additional sample of up to 200 hospitals for eCQM validation, which is anticipated to occur in April/May 2018.** This process, as outlined in the FY 2018 IPPS/LTCH PPS Final Rule (pages 38398-38402), will cover CY 2017 eCQM data submitted in 2018.

Question 45: If your hospital has less than 10 total combined cases in a quarter, what is the process?

There are up to eight Clinical Process of Care cases and up to 10 HAI cases selected for validation each quarter. No more than 10 HAI or eight Clinical Process of Care cases will be selected per quarter, regardless of how many cases are available. For the HAI measure sets, when there are not enough candidate cases for any one specific infection to meet the targeted number of



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cases, CMS will select candidate cases from other infection types to meet sample size targets.