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 Question and Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Passing/Failing Validation

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

As long as the end result, or the measure outcome, is the same between a CMS Data Abstraction Center (CDAC) abstractor and 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.

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

As long as the end result, or the measure outcome, is the same between a CDAC abstractor and 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, but rather validation occurs at the outcome level.

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

Question 3: **Would you fail validation if your confidence interval (CI) upper bound is 97 percent and lower bound is 66 percent?**

If the CI upper bound is 75 percent or higher, the hospital will pass the validation requirement; if the CI upper bound is below 75 percent, the hospital will fail the validation requirement and may not receive full Annual Payment Update (APU).

If a hospital passes the 75 percent CI *upper bound* validation requirement but passes with a CI *lower bound* score that does not exceed 75 percent, the hospital may be targeted for validation in the following fiscal year's validation effort.

Question 4: **What happens if the hospital does not submit the requested charts within the submission deadline?**

Records that are requested, but not received by the CDAC, by the deadline listed on the request packet will not be eligible for validation and will not be abstracted by the CDAC. Those cases that are not received will automatically get a 0/1 score. We strongly recommend that you submit those medical records by or prior to the deadline.

Validation Templates

Question 5: **Will the fiscal year (FY) 2025 templates remain the same for all four quarters?**

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

Question 6: **If the hospital does not have surgical site infection (SSI) cases, will additional cases be selected from catheter-associated urinary tract infections (CAUTI) and central line-associated bloodstream infection (CLABSI) cases? If I know that our CAUTI and CLABSI cases are low, should I automatically send templates for the other measures?**

When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS may select candidate cases from other infection types to meet sample size targets. However, CMS will only select candidate cases from other infection types for which your hospital has been selected. In other words, if a hospital is selected for CLABSI/CAUTI/SSI, CMS will not select from Methicillin-resistant *Staphylococcus aureus* (MRSA)/*Clostridioides difficile* (CDI) within the same fiscal year validation efforts.

Hospitals should *only* submit Healthcare-Associated Infection (HAI) Validation Templates with data applicable to the template type for which they have been selected.

Question 7: **If a hospital was selected for CLABSI and CAUTI validation, but it does not have an intensive care unit (ICU), would we submit "No" for positive cultures on the HAI Validation Templates?**

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

Question 8: **For MRSA and CDI validation, should all patients with identified infections be included on the respective template or just the hospital onset infections?**

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

Question 9: **For the validation template submissions, can we submit all of the templates at the same time?**

FY 2025 targeted providers can submit (quarter[Q]1 2022, Q2 2022, Q3 2022 and Q4 2022) templates at the same time; however, the HAI Validation Templates must all be submitted on their own individual template (one template per quarter for a total of four templates submitted).

Question 10: **For the CDI/MRSA templates, do we only list the positives?**

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

Question 11: **When sending two separate visits for an HAI case, do we send them as two separate files or together as one?**

The meaning of your question is not clear to us. Please reach out to us directly at validation@telligen.com with additional information.

Question 12: **Do SSIs include only colon and abdominal hysterectomy cases?**

Yes. For all hospitals selected for validation, CMS will select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies. Hospitals do not fill out validation templates for SSI cases.

Question 13: **Should columns I and J on the HAI Validation Template appear in purple and not blue?**

The template columns are appropriately colored and sectioned to indicate: Required/Hospital Information as well as Patient and Culture Information.

Question 14: **How do I verify who has the Validation role in my hospital?**

Each hospital's Hospital Quality Reporting (HQR) Security Official (SO) has the ability to view who has the Validation role at their hospital. If your SO is unable to determine the person, you may reach out to the Center for Clinical Standard and Quality (CCSQ) Service Center at qnetsupport@cms.hhs.gov.

Question 15: **Did you say that medical record submissions will be accepted through the HQR system portal only?**

Yes. As finalized in the FY 2021 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule (85 FR 58864 through 58865), beginning with record requests of Q1 2021 discharge data, paper copies and removable media are no longer submission options for medical records submitted to the CDAC; hospitals will be required to submit portable document format (PDF) copies of medical records electronically via the CMS Managed File Transfer (MFT) web-based application within the HQR system. Records not received by the specified due date are not eligible for abstraction and will be scored a 0.

Validation Hospital Selection

Question 16: **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 the CI?**

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

Question 17: **If a facility passed the Hospital IQR Program validation but failed the HAI validation, will the facility be targeted for both Hospital IQR Program and HAI or just HAI validation?**

If a hospital fails to meet the 75 percent CI upper bound validation requirement in *either* the Hospital IQR Program *or* the Hospital-Acquired Condition (HAC) Reduction Program, the hospital may automatically be targeted for inpatient data validation efforts in the next fiscal year for *both* the Hospital IQR Program *and* the HAC Reduction Program. Any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care measures, HAI measures, and electronic clinical quality measures (eCQMs).

Question 18: **If a hospital was selected for MRSA and CDI validation, will they also have eCQMs validated?**

Yes. For FY 2025 inpatient data validation efforts, selected hospitals will receive five total medical record requests from the CDAC: They include four quarterly requests containing clinical process of care and HAI selected cases and one annual request containing eCQM selected cases.

Question 19: **If the lower CI is less than 75 percent, are you automatically selected for targeted validation, or is the hospital just in the sample to be selected for targeted validation?**

If a hospital passes the 75 percent CI *upper bound* validation requirement but passes with a CI *lower bound* score that does not exceed 75 percent, the hospital may be targeted for validation in the following fiscal year's validation effort.

Question 20: **Does the random selection happen before or after the targeted selection?**

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

Question 21: **Where can I find the list of hospitals selected for validation?**

The list of hospitals selected for FY 2025 inpatient data validation efforts are on CMS's *QualityNet* website: https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources.

The posted list of selected hospitals does not identify and differentiate random and targeted hospitals. If you have questions regarding for which group your hospital was selected, please contact validation@telligen.com.

Question 22: **Will CMS notify a selected hospital whether the selection was random or targeted?**

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

Question 23: **What should we do if we do not receive our FedEx packet within two weeks of mailing?**

Contact the CDAC help desk (CDAC_Provider_Helpdesk@tistatech.com) with questions regarding the initial request or to confirm receipt of your medical records. Please include your six-digit CMS Certification Number (CCN)/Provider Identification (ID) when inquiring to ensure you receive information specific to your facility.

Validation Results

Question 24: **There seems to be a lag time from the date when the Case Detail Reports are posted and when they are available in the HQR Secure Portal; this lag time can last six 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 in HQR on the same date as posted on the report?**

CMS is 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 that indicates their results are available, not from the report's post date.

This is to the hospital's benefit. Once modernization of the reports are complete, CMS does not anticipate lag time in the delivery of the email notification.

Question 25: **Are quarterly validation results provided for the HAI measures?**

A hospital's Case Detail Report includes feedback on clinical process of care measure and HAI measure results. Also, a separate eCQM Case Detail Report will provide feedback on eCQM data validation results.

Medical Records Data Submission

Question 26: **For eCQM medical records, do we send the Quality Reporting Document Architecture (QRDA) files, that were submitted to the HQR system, or a PDF file of the actual medical record?**

The request for eCQM medical records requires the sending of a PDF file of the actual medical record. Detailed submission instructions will be included within the eCQM medical record request packet.

Question 27: **Will there be on-site or virtual chart reviews of the selected medical records?**

The CDAC does not perform on-site or virtual reviews of the medical records/charts. All requested medical records should be submitted to the CDAC in PDF file format through the CMS MFT application. Detailed submission instructions will be included within the medical record request packet.

Question 28: **Can you explain the CMS MFT application? How do we find the CMS MFT application?**

Please reference **Section 3: Submitting Validation Templates** of the HAI Validation Template User Guide & Submission Instructions. This manual can be found on the on the Inpatient Data Validation Resources page of the QualityNet website.

Question 29: **Would CMS consider extending the medical record due date to 45 days from the request date?**

The Hospital IQR Program has had a 30-day medical record submission time frame for many years. Based on the submission data from the CDAC, that time frame has not led to any issues.

Furthermore, CMS believes 30 days is necessary to maintain the timeline needed to complete validation efforts within the payment determination/payment adjustment timeline and provide hospitals with timely feedback on abstraction accuracy.

Question 30: **Are there any mechanisms to update data submission from prior periods?**

All submissions must be made prior to the identified deadlines. Submitting data after a submission deadline has passed is not permissible.

Miscellaneous

Question 31: **If a facility disagrees with the results of an educational review, what recourse is there? Can we request a re-review?**

Within the Hospital IQR Program, 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 (ERUB) is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement and may not receive full APU. If a hospital receives an APU letter indicating failure of the validation requirement, the hospital may at that time request a reconsideration of their failure. The hospital would then provide the reason they are asking CMS to reconsider their results. The HAC Reduction Program does not have a reconsideration process.

Question 32: **Have the calendar year (CY) 2021/FY 2024 eCQM validation letters been sent out to the selected hospitals? If not, when will the letters be mailed?**

eCQM medical record requests for FY 2024 (CY 2021 discharges) have not yet been sent. They are estimated to be sent around fall 2022.

eCQM medical record requests for FY 2025 (CY 2022 discharges) are anticipated to be sent around summer/fall 2023.

Question 33: **Will we receive reminder emails to notify us of when the MFT is open for submission of validation templates and upcoming deadlines?**

The Validation Support Contractor will send email notifications related to HAI Validation Template and medical record submission deadlines as they approach. The Managed File Transfer (MFT) application becomes available for use at this time.

Question 34: **Is it possible to send an electronic notification (email) for data validation? So many colleagues work from home, and it is difficult to locate the packets when they arrive at a hospital.**

At this time, the initial request for medical records for CMS data validation purposes will continue to be delivered to a physical location. CMS is aware that some hospitals would prefer an electronic request (email) and are investigating this possibility.

Of note, CMS releases a Case Selection Report on the HQR Secure Portal to supplement the medical records request packet. The Case Selection Report lists the cases selected for validation. Note: To view this report, a user must have the Validation role in the HQR Secure Portal.

Question 35: **Can you provide more information regarding the Quality and Safety Review System (QSRS) validation process?**

QSRS does not pertain to Hospital IQR Program or HAC Reduction Program data validation. It is another type of request from the TISTA Science and Technology Company, CMS' Clinical Data Abstraction Contractor. This clinical data abstraction activity constitutes a review function under 42 CFR §476.71(a)(5) performed by CMS' Beneficiary Centered Care Quality Improvement Organization (BFCC-QIO) Program, which is separate from the Hospital IQR Program data validation efforts.

We received the following information from the BFCC-QIO Program: The general process for this review begins with a standardized abstraction to identify inpatient harms that may have occurred during the inpatient stay. The initial abstraction will identify inpatient harms which may or may not have been preventable by the hospital. If such harms are identified, the Clinical Data Abstraction Contractor will forward the medical record for a further clinical review by the BFCC Program. In the event that a medical error or a preventable harm is detected during the clinical review, your hospital will be duly notified. In the event that you receive no notification, then the BFCC Program identified no preventable harms/medical errors in the randomly sampled medical records that you submitted.