Hospital Inpatient Quality Reporting (IQR) Program

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

Overview of FY 2026 Inpatient Data Validation Efforts for Hospitals Selected Randomly
Presentation Transcript

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Donna Bullock: Welcome to today's event, *Overview of FY 2026 Inpatient Data Validation Efforts for Hospitals Selected Randomly*. My name is Donna Bullock, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will host today's event. Before we begin, I would like to make a few announcements. This program is being recorded. The recording, a transcript of the presentation, along with a question-and-answer summary, will be posted in the upcoming weeks to the inpatient Archived Events section of the Quality Reporting Center website. That's www.QualirtyReportingCenter.com. 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 www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. More information will be provided at the end of the webinar. If you have questions as we move through the webinar, please type the questions into the Ask a Question window. Be sure to include the slide number associated with your question. We will answer questions as time allows after the event. Our speaker for today's event is Alex Feilmeier, the 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 IQR Program FY 2026 payment determination and the HAC Reduction Program FY 2026 program year, which validates calendar year 2023 data.

At the conclusion of this webinar, participants will be able to understand the inpatient data validation process for fiscal year 2026 data validation efforts, identify the deadlines and associated required activities related to the data validation efforts, submit HAI validation templates through the CMS Managed File Transfer web-based application, submit medical records requested by the CMS Clinical Data Abstraction Center, and receive and interpret validation results.

This slide displays a list of the acronyms and abbreviations that we will use during 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 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 *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 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 2023 data for the fiscal year 2026 data validation efforts.

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 2026, 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 all 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 eCQM requirement. Note that HAIs will continue to be scored separately, under the HAC Reduction Program.

As a part of the Hospital IQR Program, for fiscal year 2026, CMS will validate up to eight cases for chart-abstracted clinical process of care measure(s) 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 2026 data validation, CMS will only validate the Sepsis measure within the clinical process of care measure type, as shown on this slide.

Also, as part of inpatient data validation of the Hospital IQR Program affecting the fiscal year 2026 payment determination, CMS will validate up to 32 cases from all four calendar quarters of calendar year 2023 eCQM data. That is up to eight cases per quarter times four quarters. From each quarter, CMS will randomly select one to eight cases per measure, depending on how many measures a hospital reported to CMS, for no more than eight total across all measures. For example, if a hospital reports four measures, CMS may randomly select two cases from each measure without exceeding eight total eCQM cases per quarter. This process ensures 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; catheter-associated urinary tract infection, Methicillin-Resistant *Staphylococcus aureus* LabID events, *Clostridium difficile* infection LabID events, as well as 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 ten 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 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 a readmission record. When both types are requested, both records should be submitted. When there are not enough candidate cases for 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 2026, up to 200 randomly selected hospitals were notified in June of 2023, and up to 200 targeted hospitals are anticipated to be notified in early 2024. 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 are outlined in the rule, with relevant dates for fiscal year 2026 targeting, and are summarized as failure to meet validation requirements for fiscal

year 2025, 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, lower bound confidence interval less than or equal to 75 percent in fiscal year 2025, and/or failure to report at least half of the HAI events detected during the fiscal year 2025 efforts to the National Healthcare Safety Network.

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 within the official CMS contact database: CEO, Hospital IQR, Infection Control, CDAC Medical Records, Quality Improvement. The Validation Support Contractor monitors email communications to ensure 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 ensure that future notifications are received. We strongly suggest that 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 and then 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 cover results and 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 the estimated arrival of each medical record request packet. Please remember these are estimates and could change. Note that hospitals selected randomly should follow the deadlines associated with the randomly selected hospitals, and hospitals selected as targeted later this 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 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 and 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 or data element level. If CDAC does not reach the same outcome as the hospital's original submission, then the case may be considered a mismatch. When validating cases, the CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted as PDF files.

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. The results will show the outcome of abstraction determined by the CDAC on each selected case. Hospitals' registered users with the Validation permission 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 permission 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 quarterly results. Completed educational review forms must be submitted within 30 days of the validation results being posted on *HQR Secure Portal*.

After all quarters and 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 validation will also automatically be selected for validation in the next fiscal year. The Hospital IQR Program will calculate the 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 determination or adjustment will be described in greater 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 templates 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 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 for 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 2026 randomly selected hospitals that were notified of their selection in June 2023. 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 the 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 with 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 templates needed and save to a location of choice on your 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, which provides directions specific to the submission of the template's HAI type; the Template tab, where hospitals enter their data; an NHSN Location or NHSN ICU Location tab, depending on the template type, which lists all acceptable locations for the respective HAI type; and the Fiscal Year Submission Instructions tab, which 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 directions 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 CCNs 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; and submit only via the CMS Managed File Transfer web-based application, as validation templates contain Protected Health Information 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 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,

either 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 Resubmission in the file name, as 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:

Indicate 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 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 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 submission and requests.

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. It is important to note that 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.

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 *Hospital Quality Reporting Secure Portal* by a registered user with the Validation permission. 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, select the applicable hospitals. This report will be discussed in greater detail later in this presentation.

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, etc. 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. Compare extracted data with other information in the record to ensure Quality Reporting Document Architecture 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 or medical records on digital portable media, such as CD, DVD, or flash drive, are not allowed. Additional information regarding medical records requested by the CDAC can be found on 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.

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. CMS continues to modernize the *HQR Secure Portal*, and data validation reports and the way 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 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 case selection report. Under Period, select the applicable quarter/reporting period. Under Providers, 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 *HQR 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/reporting period. Under Provider, 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.

The information needed to request a review can be found on the QualityNet website by navigating to the Educational Reviews 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 correct scores will be used to compute the validation confidence interval. Hospital 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 any applicable quarters of clinical process of care and/or eCQM measures. Under the HAC Reduction Program, the annual confidence interval will include the updated scores for any applicable quarters of HAI measures.

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 for the clinical process of care and eCQM cases validated under the Hospital IQR Program and one for the HAI cases selected and 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 Report become available. A detailed fiscal year 2026 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 eCQM validation based on the timely and complete submission of all 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 full APU. Hospitals that fail inpatient validation will also automatically be selected for inpatient validation in the next fiscal year.

For fiscal year 2026 payment determination, the Hospital IQR Program validation Confidence Interval Report is expected to be released around January 2025, and the APU results are expected to be released around March 2025. 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 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 failed validation, that hospital will receive the maximum Winsorized z-score, which is the worst score, for CLABSI, CAUTI, and SSI measure types.

For the fiscal year 2026 program year, the HAC Reduction Program validation Confidence Interval Report is expected to be released around

January 2025, and the notification to hospitals regarding payment adjustment via the HAC Reduction Program Hospital-Specific Report is expected to be released around July 2025. Additional information regarding HAC Reduction Program payment adjustment can be found on the Payment page of the HAC 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 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. The hospital would then provide the reason they are asking CMS to reconsider their results. For information specific to the APU determination and/or reconsideration process under the Hospital IQR Program, you may reach out to the Inpatient Support Contractor at the email indicated on this slide. Currently, 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. I do want to note that, in the proposed rule, CMS has proposed to create a reconsideration process for the HAC Reduction Program. This would mimic the Hospital Inpatient Quality Reporting Program's reconsideration process, but that has not yet been finalized.

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

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

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 Donna for a question-and-answer session. Thank you.

Donna Bullock: If you have a question, please type it into the Ask a Question window. Be sure to include the slide number associated with your question. OK, Alex. Here is our first question. If the facility fails HAC validation, does that mean they will automatically receive the worst score for the HAC Reduction Program?

Alex Feilmeier: So, as described in the rule, for hospitals that fail validation, CMS will assign the maximum Winsorized z-score only for those set of measures validated. So, for example, if a hospital was selected to be validated on CLABSI, CAUTI, and SSI, but they failed validation, then that hospital would receive the maximum Winsorized z-score, and that is the worst score, for the CLABSI, CAUTI, and SSI measures.

Donna Bullock: OK, thank you, Alex. The next question is: When emails regarding validation are sent out to facilities, could the CCN be included? It would be especially helpful when covering multiple facilities.

Alex Feilmeier: Yes. So, when validation result notifications go out to the hospitals, the CCN is currently being included. However, we do understand that the submission reminder emails do not currently indicate the CCN on the email. We are looking into this for the future, but there are some roadblocks with that. Thank you for the suggestion and we'll look into it.

Donna Bullock: OK, here's our next question: What if the validation team chooses an element from the patient chart that is incorrect, and the element is located in the chart in a different place? If this causes a mismatch, how do you go about getting this resolved?

Alex Feilmeier: This one sounds like a more case-specific question. If you have case specific questions, CMS offers educational reviews of validation results.

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	The deadline for requesting an educational review is within 30 days of receiving that email notification from validation@intelligen.com. That lets the hospital know that the results have become available. So, to request a review, I would follow the educational review request process found on the Data Validation Educational Reviews page of the CMS Quality Net website. You can find a link to that in the presentation earlier.
Donna Bullock:	OK, thanks, Alex. Here's our next one. Will a list of the selected targeted hospitals be posted on the website, like the randomly selected hospitals?
Alex Feilmeier:	The list that's posted out there for fiscal year 2026 right now would only be inclusive of the hospitals that have been selected randomly thus far. The targeted hospitals that will be selected later will be added to that list at a later date once they have been selected, but that won't happen until January of 2024. When that happens, it will not publicly indicate which hospitals were selected randomly versus targeted. That's just a heads up on that.
Donna Bullock:	OK, thank you, Alex. Can you clarify how sepsis cases are validated? Is it at the data-element level? How does a case match? Is there additional information on this available?
Alex Feilmeier:	Yes. So, the first thing to note is validation is not scored at the element level. It's scored at the outcome level. So, as long as the end result, or the measure outcome, is the same between the CMS CDAC abstractor and what the hospital had originally submitted to CMS, then it would be considered a match. If the abstractor at your hospital and the CDAC mismatch on one element and that one element doesn't change the overall outcome of the measure, then that would not constitute a mismatch in terms of validation efforts. So, individual elements are not validated in and of themselves. Validation occurs at the outcome level. That is the point, here, with this question.
Donna Bullock:	OK. Our next question: Is there a list of hospitals selected for eCQM validation on QualityNet? I only see a list that includes hospitals for HAI validation.

Alex Feilmeier: Yes, So, the list that you see on QualityNet, the reason that it only lists the HAI side of things is because the hospitals are randomly selected to submit either MRSA, CDI, and SSI cases, or CLABSI , CAUTI and SSI cases. So, that's why it's distinguished between those two types on the list. Your question if a hospital gets selected for eCQM validation as well, the answer is yes. All hospitals that are selected are selected for both the chart-abstracted, clinical sepsis cases, the eCQM cases, and the HAI cases. So, every hospital that is selected is eligible to be selected for all of those types, and they must submit all types that are selected as cases. Hopefully, that helps clarify.

Donna Bullock: Thank you, Alex. Here's our next question: Can you clarify how the eCQM data rolls into the CI report for the [Hospital] IQR [Program]? If it is weighted 0, but you need to ensure all reports are there at 100 percent, how does this factor in the CI report for validation results?

Alex Feilmeier: That's a good question. With the weight of 0 percent on the validation and reliability of eCQMs, the results of eCQM data validation don't technically impact the confidence interval calculation at this time. However, there are two separate sub requirements that must both be met. So, you've got the chart-abstracted measures weighted at 100 percent. That's the sepsis measure. The hospitals have to score at least 75 percent confidence interval, upper bound, to pass the validation requirement for that side of things. Then, there's also the eCQM side where you have to successfully submit 100 percent of requested medical records. There will be a column on the Confidence Interval Report at the end of the year titled Met eCQM Medical Record Submission Requirement, and that will contain Yes or No, indicating whether the hospital met or did not meet the eCQM side of the confidence interval requirement, but, yes, with a weight of 0 percent on the eCQM side of the confidence interval, that's where the eCQMs are not being scored in their confidence interval calculation. It's just the sepsis that are being scored at this time. In the future, eCQMs will also be scored, and the eCQM confidence interval will be involved as well.

Donna Bullock: OK. Here's our next question: Is it new that there are two separate Confidence Interval Reports? Last time we had IP validation, I don't remember there being two different CI reports.

Alex Feilmeier: This kind of ties into the last question. Things have changed a little bit in the validation side of things since probably the last time you were selected a few years ago. The reason that there are two Confidence Interval Reports now is because there was a split between the [Hospital] IQR [Program] measures, the sepsis measure, and the eCQM measures, and the HAI measures, which are in the HAC Reduction Program. So, you will receive two separate Confidence Interval Reports, one for the [Hospital] IQR [Program] and one for the HAC Reduction Program. Each program requires you to meet the 75 percent upper bound confidence interval requirement in order to pass validation for each program.

Donna Bullock: Thank you. Here is another question: Where within our facility, which department, is the FedEx package sent?

Alex Feilmeier: I think it said on one of the slides. The CDAC sends the written request via FedEx addressed to "Medical Records Director." So, the reason that it goes to the Medical Records Director and not an individual person is because, historically, CMS has found that, with turnover, it can be difficult to reach the correct person at your facility who needs to fulfill the requested records. So, that's why it's sent not directly to a person but to Medical Records Director. If you want to check to see who is listed at the address to where that medical records packet goes, you can reach out to the Inpatient Support Contractor and figure out the medical record address where it will be sent. You can find that information on the slide as well, but I know it's on the Inpatient Support Contractor forms. I think it's QRFormsSubmission@hsag.com. You'll be able to figure out who gets that packet, or rather what address it will go, and your hospital will be responsible for making sure it lands in the right person's hands.

Donna Bullock: Here's our next question: So, do I understand that, regardless of whether we pass or fail the audit, as long as we provide all of the requested records, our reimbursement is not impacted?

Alex Feilmeier: That is specific only to eCQM data validation. Again, I want to clarify that is specific only to eCQM data validation requirements. The eCQMs are not currently validated for accuracy. That goes back to the question I was answering earlier. The eCQMs receive a weight of 0, and the chart-abstracted clinical processes of care, sepsis, measure will receive a weight at 100 percent. So, all the accuracy of eCQM data and validation of the eCQM measure reporting does not impact payment in the Hospital IQR Program at this time. The hospitals will still pass or fail eCQM validation based on successfully submitting all of the eCQM records that CMS requests.

Donna Bullock: Thank you, Alex. Our next question is: After receiving results with educational comments, what is the time frame to appeal any mismatches?

Alex Feilmeier: CMS does offer those educational reviews of validation reports. The deadline for requesting an educational review is within 30 days of receiving notification letting you know that your results are available from validation@telligen.com. So, 30 days is the answer.

Donna Bullock: Thank you. This is our next question. **If the hospital receives the maximum Winsorized z-score for CDI, MRSA, and SSI, is it possible not to be penalized financially in the HAC Reduction Program?**

Alex Feilmeier: For that question, I will have to refer you to the HAC Reduction Program team. So, I would say additional information about HAC reduction payment adjustment process can be found on QualityNet, and you can find the way to get to that page within the slides, I believe, that I've already presented.

Donna Bullock: The eCQM validation is a pass/fail on whether the submission was successful of 100 percent of requested medical records. They will not be looking at the EMR PDF to see if the correct medication was given, or is there a reason for not prescribing a certain medicine, for example, based on the measure specifications like they do with chart-abstracted measures.

Alex Feilmeier: CMS's CDAC contractor will be reviewing the PDF medical records, but, again, they're not currently validated for accuracy. So, eCQMs will receive the weight of 0 and chart-abstracted will receive the weight of 100 percent in how things are scored.

	Again, although the accuracy of data is not being scored for eCQM, you do still have to submit all those records. Hopefully, that helps.
Donna Bullock:	Thanks, Alex. Our next question: Is the confidence interval calculated for each submitted quarter? To pass the validation, does the confidence interval have to be above 75 percent for each quarter or just the total of the four quarters? For example, use Quarter 1, 74 percent; Quarter 2, 80 percent; Quarter 3, 85 percent; and Quarter 4, 90 percent.
Alex Feilmeier:	The confidence interval is calculated cumulatively, and your end score will be all four quarters combined. So, you could receive a 74 percent in the first quarter, and greater than 74 percent in other quarters, and still pass the validation requirement. So, it's important to note that you do not receive a Confidence Interval Report until the very end of the year when you're completely done validating all of your quarters, and only then you will receive the Confidence Interval Report, which will show you the final score.
Donna Bullock:	OK. Here's our next question: What's the main difference, if any, between the outpatient and inpatient data validation for hospitals selected?
Alex Feilmeier:	I would say the method by which validation occurs is the same on the inpatient and outpatient side of things. I would say, you can review the inpatient/outpatient data validation pages on CMS, if you would like a description of each of the programs. but, as far as how validation occurs, it's essentially the same in both the inpatient and outpatient side of things.
Donna Bullock:	Our next question: Did you say that medical record submissions will be accepted through the portal only?
Alex Feilmeier:	Yes, that is correct. Back a few years ago in the final rule, it was finalized that paper copies and removable media are no longer submission options for medical records submitted to the CDAC. So, hospitals are required to submit PDF copies of the medical records electronically via the CMS Manage File Transfer web-based application. It's important to note that records that aren't received via that method are not accepted, and they will be scored a 0 if received by an unapproved method.

Donna Bullock: OK, thank you, Alex. Here is the next question: For random selection, how often are facilities "randomly selected"? Could a hospital be selected for three or four years in a row, even if there were no issues with their confidence interval?

Alex Feilmeier: Yes, that is true. Random hospital selection is entirely randomized across all eligible hospitals. So, it is possible for a hospital to be selected in consecutive years, regardless of confidence interval results or any performance, for that matter.

Donna Bullock: OK. We're almost out of time for questions, Alex. This will be our last one to answer during the webinar. If a facility passed the [Hospital] IQR validation but failed the HAI validation, will that facility be targeted for both [Hospital] IQR and HAI in the future, or just HAI validation?

Alex Feilmeier: This is a good question, especially knowing now that the two programs have split apart and that you will receive two separate Confidence Interval Reports, one for the [Hospital] IQR Program and one for the HAC [Reduction] Program. If a hospital fails to meet the 75 percent confidence interval upper bound requirement in either the [Hospital] IQR Program or the HAC Reduction Program, then the hospital may automatically be targeted for inpatient validation in the following year. So, any hospitals selected for validation will be expected to submit data for the chart-abstracted, clinical process of care, the HAI measures, as well as eCQMs, whether they fail to meet the competence interval in either of the programs.

Donna Bullock: Thank you. This presentation has been approved for one continuing education credit. The link to the event survey is posted in the Chat section. This survey must be completed in order to obtain continuing education credit. However, if you registered for the webinar, you will receive an email that includes this survey and other continuing education information within 24 hours. If you attended this event but did not register, please obtain this email from someone who did register. You can obtain more information about our continuing education process by clicking the link on this slide. Thank you for attending. This concludes today's presentation. Please enjoy the rest of your day.