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 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 questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Fiscal Year (FY) 2026 Validation Efforts

Question 1: **If a hospital submits data for healthcare-associated infection (HAI) measures, chart-abstracted clinical process of care measures, and electronic clinical quality measures (eCQMs), would you validate them for the Hospital Inpatient Quality Reporting (IQR) Program and the Hospital-Acquired Condition (HAC) Reduction Program?**

Yes, if a hospital has an active Notice of Participation (NOP) for the Hospital IQR Program and submits all three types of data, the chart-abstracted clinical process of care measure (sepsis and PC-01) data and eCQM data will be validated under the Hospital IQR Program, and the HAI measure data will be validated under the HAC Reduction Program. If a hospital does *not* have an active NOP for the Hospital IQR Program, only the HAI measure data would be validated under the HAC Reduction Program.

Question 2: **What happens if a hospital only has a few sepsis cases? Will cases for other measures be selected for validation?**

CMS will select up to eight cases for chart-abstracted clinical process of care measure(s) per quarter. If the hospital has less than eight cases available, CMS will select only from clinical process of care measure data that are available; cases will not be supplemented from other measure types.

Question 3: **What process does CMS follow if a hospital does not have any HAI cases in one or more of the quarters?**

If a hospital does not have any HAI cases, then CMS will not select any HAI cases to be validated. Not having any HAI cases to select will not negatively affect a hospital's final confidence interval (CI) score.

Question 4: **If my hospital had no HAIs for one of the quarters, how do I complete the HAI validation template to reflect this?**

You will need to complete all required fields of the hospital information section of the template. Then select No in the Positive (Y/N) column. Instructions are within the FY 2026 Validation Template User Guide and Submission Instructions document posted on the Inpatient Data Validation Resources page of the CMS QualityNet website.

Hospital Selection

Question 5: **If a facility passed validation for the Hospital IQR Program but failed validation for the HAI measures in the HAC Reduction Program, will the facility be targeted for both Hospital IQR Program and HAI measures, or just HAI measures, the next year?**

If a hospital fails to meet the 75 percent CI upper bound validation requirement in either the Hospital IQR Program or the 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 eCQMs, chart-abstracted clinical process of care measures, and HAI measures.

Question 6: **How often are facilities "randomly selected?" Could a hospital be selected for three or four years in a row if there were no issues with their 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 7: **What's the main difference between the outpatient and inpatient data validation for selected hospitals?**

The method by which validation occurs is the same. You may review the inpatient and outpatient data validation overview pages on the CMS QualityNet website for a description of each program.

Inpatient: https://qualitynet.cms.gov/inpatient/data-management/data-validation

Outpatient: https://qualitynet.cms.gov/outpatient/data-management/data-validation

Question 8: **Is there a list of hospitals selected for eCQM validation on QualityNet? I only see a list that includes hospitals for HAI validation.**

As finalized in the FY 2021 Inpatient Perspective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule, CMS will select one single sample of IPPS hospitals annually through random selection and one sample of hospitals annually using targeting criteria for both chart-abstracted measures and eCQMs (85 FR 58944–58945).

Under the validation process, any hospital selected for validation will be expected to submit data for chart-abstracted clinical process of care measures, HAI measures, and eCQMs.

The list posted on QualityNet only indicates the HAI template type for which each hospital is selected because *all* hospitals are selected for eCQM and clinical process of care measures.

Question 9: **Will a list of the selected targeted hospitals post to a website like the randomly selected hospitals list?**

The list posted on QualityNet contains both random and targeted selected providers, but it does not publicly indicate which hospitals were selected randomly and which were targeted.

Question 10: **Our hospital is selected for FY 2025 validation. We are not currently selected for FY 2026 validation. If we were to fail FY 2025 validation, would we then be selected for FY 2026 validation? If so, when would we be notified?**

If a hospital fails validation, they may be included in the targeted sample for validation in the following year. Targeted hospitals selected for FY 2026 will be notified around late January 2024.

Processes, Results, and Scores

Question 11: **Is the CI calculated for each submitted quarter? To pass the validation, does the CI have to be above 75 percent for each quarter or just the total of the four quarters?**

The final CI will not be calculated until after all four quarters of validation has been completed. For further information on how it is calculated, please review the FY 2026 Confidence Interval document on the Inpatient Data Validation Resources page on QualityNet: https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

Question 12: **Can you clarify how the eCQM data roll into the CI report for the Hospital IQR Program? If it's 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?**

With a weight of 0 percent on the validation reliability of eCQMs, the results of eCQM data validation don't technically impact the CI calculation currently. However, there are two separate sub-requirements to meet:

1) Chart-abstracted measures are weighted at 100 percent. Hospitals must attain at least a 75 percent CI Upper Bound score to pass the validation requirement.

2) For eCQMs, successful submission of 100 percent of requested medical records is required.

In the CI report, the "Met eCQM Medical Record Submission Requirement" column will contain a "Y" (Yes) or "N" (No), indicating whether your hospital met or did not meet this eCQM requirement.

Question 13: **Can you clarify how SEP-1 cases are validated? Is it at the data element level? How does a case match? Is there additional information on this available?**

Validation is not scored at the element level; it is scored at the outcome level. If the end result, or the measure outcome, is the same between a Clinical 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; validation occurs at the outcome level.

Question 14: **What if the validation team chooses an element from the patient chart that is incorrect, and the element is in the chart in a different place? If this caused a mismatch, how do we resolve this?**

If you have case-specific questions, CMS offers educational reviews of validation results. The deadline for requesting an educational review is within 30 days of receiving an email notification from validation@telligen.com letting you know your results are available. To request a review, please follow the Educational Review Request process found on the respective Data Validation Educational Reviews page of the CMS QualityNet website. Direct link: https://qualitynet.cms.gov/inpatient/data-management/data-validation/educational-reviews

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

Question 15: **Since eCQM validation is pass/fail based on whether 100 percent of requested medical records were successfully submitted, will the CDAC look at the electronic health record (EHR) portable document format (PDF) for information based on the measure specifications like they do with chart abstracted measures?**

Yes, the CDAC will review the PDF medical records to review and provide feedback based on the measure specifications, and hospitals will be able to view that feedback on their eCQM Case Detail Report once it's released; however, since eCQMs are not currently validated for accuracy, eCQMs will receive a weight of 0, and the chart-abstracted clinical process of care measures will receive a weight of 100 percent (85 FR 58952).

Although the accuracy of eCQM data and the validation of eCQM measure reporting will not affect payment in the Hospital IQR Program at this time, hospitals will pass or fail the eCQM validation criteria based on the successful submission of the eCQM records CMS requests.

Question 16: **If the facility fails validation for the HAC Reduction Program, does that mean it will automatically receive the worst score for the HAC Reduction Program?**

As described in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41481–41482), 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 on central line-associated blood stream infection (CLABSI), catheter-associated urinary tract infection (CAUTI), and surgical site infection (SSI), but failed validation, that hospital will receive the maximum Winsorized z-score (worst score) for CLABSI, CAUTI, and SSI.

Question 17: **If we fail HAC Reduction Program HAI measure validation but pass the Hospital IQR Program validation, will we be subject to a possible reimbursement penalty for both programs or just the HAC Reduction Program?**

A hospital would only be subject to potential payment implications for the program for which they failed to meet the data validation requirement.

For example, if a hospital passed the HAC Reduction Program validation requirement, but failed the Hospital IQR Program validation requirement, the hospital would be subject to potential payment implications under the Hospital IQR Program, but not the HAC Reduction Program. However, if a hospital fails to meet the validation requirement in *either* program, the hospital may be selected again for inpatient data validation efforts for *both* programs in the following year.

Question 18: **When did CMS begin validating sepsis cases?**

CMS first requested medical records for the SEP-1 measure from hospitals selected for Hospital IQR Program data validation efforts starting with Quarter 4 2015 data.

Question 19: **When will CMS begin validating the accuracy of eCQM data?**

CMS has not yet established when eCQM data validation may be scored based on accuracy. CMS would propose any changes to the data validation process through rulemaking.

Question 20: **How are the HAI measures validated?**

CMS assesses the accuracy of HAI data in the HAC Reduction Program through the validation process. CMS verifies on a quarterly basis that hospital data submitted to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) can be reproduced by a trained abstractor using a standardized protocol. At a high level, the CDAC abstractors utilize and compare information obtained from the submitted medical records and from data files submitted from the CDC's NHSN to determine if reporting guidelines were followed as expected.

HAI Templates

Question 21: **In our healthcare system, we have two hospitals that have two different locations in the NHSN with two separate NHSN IDs, but they share the same CMS Certification Number (CCN). How do we submit the HAI validation templates for them? Do we include all the information on the same template for both hospitals, or do we use separate templates?**

All hospitals falling under the same CCN should be submitted on the same template. Reach out to the Validation Support Contractor directly with any specific questions.

Question 22: **When completing the HAI validation templates, do we report hospital onset cases only, or do we also include community onset cases?**

Hospitals should report all positive cultures/specimens that meet the requirements outlined on each HAI template type's Definitions worksheet.

Question 23: **Where would we find the information to report the total intensive care unit (ICU) patient discharges? Does it include only ICU patients discharged to home? Is it the same as ICU patient days?**

This is the total number of patients discharged during the reporting quarter who had an ICU stay. However, this is not a required field. Also, it is not a validated field within the CMS data validation efforts, so that field in and of itself will not result in a mismatch.

Question 24: **Should we include urine results in the range of 50,000–100,000 colony forming units (CFU)/milliliter (mL) in the CAUTI HAI validation template?**

On the CAUTI template, the line list should include all final results for all positive urine cultures with >= 10^5 CFUs/ml collected during an ICU stay.

Question 25: **Where can I find the HAI validation template forms?**

HAI validation templates can be found on the Inpatient Data Validation Resources page of the CMS QualityNet website. Direct link: https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

Medical Record Requests and Submissions

Question 26: **Which department within our facility receives the CDAC package?**

The CDAC will send a written request via a mail delivery service to the "Medical Records Director" asking for submission of a patient medical record for each case and candidate case that CMS selected for validation.

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 Identification to the Inpatient Value, Incentives and Quality Reporting (VIQR) Support Contractor at QRFormsSubmission@hsag.com.

Question 27: **Is there a plan to switch from a mail delivery service to email for the delivery of medical record requests?**

At this time, CMS data validation requests for medical records will only be sent via a mail delivery service, i.e., FedEx. Any future changes to the request method will be communicated to hospitals.

Question 28: **When emails regarding validation are sent to facilities, could you include the CCN? It would be especially helpful when covering multiple facilities.**

When validation result notifications go to hospitals, the CCN is included; however, we do understand that submission reminder emails do not currently indicate the CCN in the email. We will consider this for the future.

Question 29: **When will FY 2025/calendar year 2022 eCQM validation record requests be sent to hospitals and how will they be notified?**

FY 2025 eCQM record requests were sent on April 26, 2023. Hospitals were sent a request packet via FedEx from the CDAC. An email notification was also sent to hospitals letting them know the packet had been sent.

Question 30: **When submitting a medical record, is a PDF of a screenshot of a time that is found using the "hover" time of a field an acceptable document?**

Screenshots of information contained within the EHR are technically part of the medical record. Therefore, screenshots will be considered acceptable sources when submitted with the record. Additionally, if a note or text field within the actual EHR contains information/explanation of the referenced documentation, it may be taken into consideration during abstraction. It is important to note that, although this information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. The CDAC abstractors will still need to follow data element specific guidelines.

Question 31: **If a hospital finds it is unable to submit the requested medical records for validation by the deadline, could the hospital submit an Extraordinary Circumstances Exception (ECE) request?**

A facility may be eligible for an exception from CMS quality reporting and payment program requirements due to extraordinary circumstances beyond the control of the facility.

To request an exception, follow the instructions found on the ECE policy page on QualityNet. Direct link:
https://qualitynet.cms.gov/inpatient/iqr/participation#tab3

Please note the Validation Support Contractor does not receive, process, or make decisions on ECE requests.

Question 32: **Will medical record submissions be accepted only through the *Hospital Quality Reporting (HQR) Secure Portal*?**

As finalized in the FY 2021 IPPS/LTCH PPS final rule (85 FR 58864–58865), beginning with record requests of Quarter 1 2021 discharge data, paper copies and removable media are no longer acceptable submission options for medical records submitted to the CDAC; hospitals will be required to submit PDF copies of medical records electronically via the CMS Managed File Transfer (MFT) web-based application. A direct link to the MFT web-based application will be provided in the medical records request packet sent by CDAC, as well as in data validation resource documents and notification emails. Records not received by the specified due date are not eligible for abstraction and will be scored a 0.

Question 33: **If we submitted a question related to a sepsis data element via the QualityNet Question and Answer Tool, and the answer impacted how we abstracted that data element, should we include our question and the answer with the patient record if it is selected for validation?**

The CDAC abstractors would not be able to reference any type of letter/memo/explanation as to how and/or why documentation was abstracted a particular way by your hospital's abstractors. CDAC abstractors would disregard written notes that are not part of the original medical record based on the General Abstraction Guidelines: "It is not the intent to have documentation added at the time of abstraction to ensure the passing of the measure." The General Abstraction Guidelines also state that the medical record must be abstracted as documented (taken at "face value"). If a note or text field within the actual EHR contains information/

explanation of the referenced documentation, it may be taken into consideration during abstraction.

It is important to note that, although this information may be present in the EHR submitted to the CDAC, it does not necessarily indicate that it will be abstracted. The CDAC abstractors will still need to follow data element specific guidelines.

Reports, Educational Reviews, and Reconsiderations

Question 34: **Is having two separate CI reports new? We underwent the inpatient validation process in FY 2020, and I don't remember two different CI reports.**

As described in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41478–41484), because the Hospital IQR Program finalized the removal of the CDC NHSN HAI measures from its program, CMS adopted processes to validate the CDC NHSN HAI measure data used in the HAC Reduction Program. One hospital sample is now selected and used for validation for the clinical process of care measures and eCQMs under the Hospital IQR Program, as well as the HAI measures under the HAC Reduction Program. This change occurred beginning with FY 2023 data validation efforts. Hospitals now receive a separate CI report for each program.

Question 35: **Do the validation results include the data element details or just the measure outcome match versus mismatch?**

The Case Detail Report displays the results of abstraction determined by the CDAC on each selected case, which includes element-level information as well as measure outcomes and educational comments related to any discrepancies between the hospital and CDAC.

Question 36: **After receiving results with educational comments, what is the time frame to appeal any mismatches?**

If you have case-specific questions, CMS offers educational reviews of validation results. The deadline for requesting an educational review is within 30 days of receiving an email notification from validation@telligen.com letting you know your results are available.

Question 37: **Once we request an educational review, how long will it be before we have the results?**

Educational reviews are considered in the order they are received. A response is typically sent within a few weeks.