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

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Purpose

This webinar will discuss the Centers for Medicare & Medicaid Services (CMS) inpatient data validation process for the Hospital Inpatient Quality Reporting (IQR) Program fiscal year 2027 payment determination and the Hospital-Acquired Condition (HAC) Reduction Program FY 2027 program year, which validates calendar year (CY) 2024 data.

Acronyms

Objectives

Participants will be able to:

- Understand the FY 2027 inpatient data validation process for the Hospital IQR Program and HAC Reduction Program.

- Identify data validation deadlines and required activities.

- Submit healthcare-associated infection (HAI) validation templates through the CMS Managed File Transfer (MFT) web-based application.

- Submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC).

- Receive and interpret validation results.

Acronyms

Acronyms and Abbreviations

APU	annual payment update	**eCQM**	electronic clinical quality measure	**LabID**	Laboratory Identified
CAUTI	Catheter-Associated Urinary Tract Infection	**ED**	emergency department	**LTCH**	long-term care hospital
CBE	Consensus-Based Entity	**EHR**	electronic health record	**MFT**	Managed File Transfer
CCN	CMS Certification Number	**FY**	fiscal year	**MRSA**	Methicillin-Resistant *Staphylococcus aureus*
CCSQ	Center for Clinical Standards and Quality	**GMCS**	global malnutrition composite score	**NHSN**	National Healthcare Safety Network
CD	compact disc	**HAC**	Hospital-Acquired Condition	**ORAE**	Opioid Related Adverse Event
CDAC	Clinical Data Abstraction Center	**HAI**	health-care associated infection	**PC**	Perinatal Care
CDI	*Clostridioides difficile* Infection	**HH**	Hospital Harm	**PPS**	Prospective Payment System
CLABSI	Central Line-Associated Blood Stream Infection	**HQR**	Hospital Quality Reporting	**Q**	quarter
CMS	Centers for Medicare & Medicaid Services	**Hyper**	hyperglycemia	**SO**	Security Official
CPOC	clinical process of care	**Hypo**	hypoglycemia	**SSI**	Surgical Site Infection
CSV	comma-separated values	**ICU**	intensive care unit	**STK**	stroke
CY	calendar year	**ID**	identification	**VIQR**	Value, Incentives, and Quality Reporting
DOB	Date of Birth	**IPPS**	inpatient prospective payment system	**VSC**	Validation Support Contractor
DVD	digital video disc	**IQR**	Inpatient Quality Reporting	**VTE**	Venous Thromboembolism

Background

- Through the validation process, CMS assesses the accuracy of the following:
  - Chart-abstracted clinical process of care (CPOC) measure data within the Hospital IQR Program
  - Electronic clinical quality measure (eCQM) data within the Hospital IQR Program
  - HAI data within the HAC Reduction Program
- For chart-abstracted CPOC and HAI data validation efforts, CMS verifies on a quarterly basis that hospital-abstracted data submitted to the *Hospital Quality Reporting (HQR) Secure Portal* and the Centers for Disease Control and Prevention National Healthcare Safety Network (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* align with measure specifications.
- CMS performs a random and targeted selection of inpatient prospective payment system (IPPS) hospitals on an annual basis.

Acronyms

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

FY 2027 Data Validation Efforts

Alignment of Data Validation

- HAC Reduction Program and Hospital IQR Program data submission quarters are aligned for chart-abstracted CPOC and eCQM validation: FY 2021 IPPS/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule (page 58863)

- One hospital sample will be selected and used for validation for the CPOC and eCQM measures under the Hospital IQR Program, as well as the HAI measures under the HAC Reduction Program.

- Hospitals without an active Notice of Participation for the Hospital IQR Program will only be validated under the HAC Reduction Program: FY 2019 IPPS/LTCH PPS final rule (page 41479)

Quarter Alignment Used for Validation Affecting FY 2027 Validation Efforts	
Measures Submitted	**Required Quarters of Data for Validation**
Chart-Abstracted CPOC measures and HAI measures	Quarter (Q)1 2024
	Q2 2024
	Q3 2024
	Q4 2024
eCQMs	Q1 2024–Q4 2024 (all four quarters)

Data Submission

Under the aligned validation process, any hospital selected is expected to submit data for chart-abstracted CPOC measures, eCQMs, and HAIs.

Validation Process for FY 2027 Validation Efforts		
Selection Process	**Number of Hospitals**	**Measure Type**
Random Selection	Up to 200	Chart-Abstracted CPOC, HAI, and eCQM
Targeted Selection	Up to 200	Chart-Abstracted CPOC, HAI, and eCQM
Total	Up to 400	Chart-Abstracted CPOC, HAI, and eCQM

Scoring Processes

Under the Hospital IQR Program, there will be a combined score for the validation of chart-abstracted CPOC and eCQM measure types, with the eCQM portion of the combined score weighted at 0. CMS will continue to separately score HAIs under the HAC Reduction Program.

FY 2027 Validation Efforts		
	Quarters of Data Required for Validation	**Validation Pass/Fail Criteria**
COMBINED Process (chart-abstracted and eCQM Validation): Up to 200 Random Hospitals + Up to 200 Targeted Hospitals	Q1 2024, Q2 2024, Q3 2024, Q4 2024	Chart-Abstracted Measures: At least 75% validation score (weighted at 100%) **AND** eCQM: Successful submission of 100% of requested medical records

CY 2024 CPOCs Validated for FY 2027

- As a part of the Hospital IQR Program, CMS will validate up to eight cases for chart-abstracted CPOC(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 FY 2027 data validation, CMS will only validate the Sepsis measure within the CPOC measure type.

Clinical Process of Care Measures Validated in Each Quarter of FY 2027		
Submission Period Q1–Q4 2024	Validate up to 8 Cases per Quarter	Sepsis measure

CY 2024 eCQMs Validated for FY 2027

As part of the Hospital IQR Program, CMS will validate up to 32 cases per hospital from all four calendar quarters of CY 2024 eCQM data (up to 8 cases per quarter x 4 quarters): [FY 2021 IPPS/LTCH PPS final rule](#) (page 58950). From each quarter, CMS will randomly select up to eight cases per hospital from all eligible eCQMs that were reported.

eCQMs Validated from Four Quarters of FY 2027		
Submission Period of all Quarters (Q1–Q4)	Validate 8 cases per quarter x 4 quarters = max 32 cases	Eligible eCQMs

CY 2024 eCQMs Validated for FY 2027 (Continued)

EHR-Based Clinical Process of Care Measures (eCQMs)		
Short Name	**Measure Name**	**CBE #**
GMCS	Global Malnutrition Composite Score	3592e
HH-ORAE	Hospital-Harm—Opioid-Related Adverse Events	3501e
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by End of Hospital Day Two	0438
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372
PC-02	Cesarean Birth	N/A
PC-07	Severe Obstetric Complication	N/A
Safe Use of Opioids	Safe Use of Opioids – Concurrent Prescribing	3316e
HH-Hypo	Hospital Harm – Severe Hypoglycemia Measure	3503e
HH-Hyper	Hospital Harm – Severe Hyperglycemia Measure	3533e

CBE=Consensus-Based Entity   HH=Hospital Ham
EHR=electronic health record   PC=Perinatal Care

CY 2024 HAI Measures Validated for FY 2027

HAI Measures
Central Line-Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory Identified (LabID) Events
Clostridioides difficile Infection (CDI) Laboratory Identified (LabID) Events
Surgical Site Infection (SSI)

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.

CY 2024 HAI Measures Validated for FY 2027 (Continued)

Candidate HAI Cases Selected for Each Quarter			
Template Types Assigned to Submit	Data Selected from HAI Validation Templates	Data Selected from Medicare Claims Data	Total Cases Selected
CLABSI and CAUTI	Up to 4 CLABSI + Up to 4 CAUTI	Up to 2 SSI	Up to 10
MRSA and CDI	Up to 4 MRSA + Up to 4 CDI	Up to 2 SSI	Up to 10

CMS will select and validate up to 10 candidate HAI cases total per quarter per hospital.

- All selected hospital 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 readmission record. When both types are requested, both records should be submitted.
- When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet sample size targets.

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

Hospital Selection

Hospital Selection

- **Random hospital selection**
  - In June 2024, up to 200 hospitals were randomly selected.
- **Targeted hospital selection**
  - In January 2025, up to 200 additional hospitals are anticipated to be selected as targeted.
  - The targeted hospital selection is identified after the confidence interval is calculated for the *previous fiscal year's* validation effort.

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 vs. targeted.

Acronyms

Hospital Targeting

Targeting criteria apply to hospitals that:

- Fail to meet validation requirements in FY 2026.

- Have abnormal or conflicting data patterns.

- Have rapidly changing data patterns.

- Submit data to NHSN after the submission deadline.

- Have not been validated in the previous three years.

- Have a lower bound confidence interval less than or equal to 75% in FY 2026 and/or fail to report at least half of HAI events detected during FY 2026 to NHSN.

- Have an upper bound confidence interval less than 75% and submitted less than four quarters of data due to receiving an Extraordinary Circumstance Exception.

FY 2014 IPPS/LTCH PPS final rule (page 50833); FY 2019 IPPS/LTCH PPS final rule (page 41479); and FY 2024 IPPS/LTCH PPS final rule (page 59113) contain a summary of targeting criteria.

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Notification of Hospital Selection

Random and targeted hospital selections will be notified.

- A news article, along with the list of selected hospitals, is posted on the CMS QualityNet website: https://qualitynet.cms.gov

- A Listserve is released to notify the community that the selection has occurred.

- An email communication from the VSC is sent directly to the hospitals selected.

Acronyms

Email Notification of Selection

- The email communication is sent to the following hospital contact types listed within the official CMS contact database:
  - Chief Executive Officer/Administrator
  - Hospital IQR
  - Infection Control
  - Medical Records – CDAC
  - Quality Improvement
- The VSC monitors email communications to ensure all hospitals are notified of selection. Undeliverable emails are researched, and hospital contacts are asked to update their information in the CMS system to ensure future notifications are received.
- We suggest hospitals ask their Information Technology department to add validation@telligen.com to their Safe Senders List to ensure validation-related email notifications are received.

Acronyms

Update Contact Information

- Hospitals should regularly update their contact information to ensure receipt of validation-related communications and reminders.

- Hospitals may check and update contacts by sending an email with their six-digit CMS Certification Number (CCN)/Provider ID number to the Inpatient VIQR Outreach and Education Support Contractor at QRFormsSubmission@hsag.com.
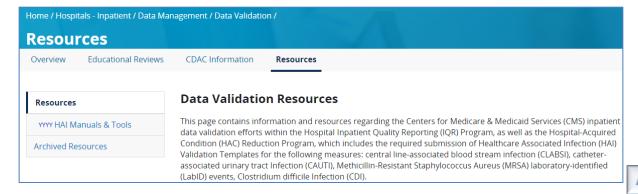
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Selected Hospital List

The list of the hospitals selected for validation can be found on the inpatient Data Validation Resources page of the QualityNet website. To access the list:

1. Navigate to the CMS QualityNet website at https://qualitynet.cms.gov.
2. Select **[Hospitals-Inpatient].**
3. Select **[Data Management].**
4. Select **[Data Validation].**
5. Select **[Resources].**

Direct link:
https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

Acronyms

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

HAI Validation Template Process

HAI Validation Templates

- Hospitals fill out HAI validation templates to submit to the VSC via the CMS MFT web-based application for each quarter of the fiscal year.

  - It is strongly recommended that each hospital have at least two Security Officials (SO).

  - If you are unable to log in to the *HQR Secure Portal*, contact your hospital's SO.

  - If your SO is unable to reestablish your access, contact the Center for Clinical Standards & Quality (CCSQ) Service Center.

- HAI validation templates are not validated; they are used to prompt the selection of cases to be included in the medical records request packet.

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HAI Case Selection

- CMS randomly selects cases from each HAI validation template type submitted per hospital being validated.

- Hospitals do not submit validation templates for SSI cases.

- After the HAI validation template submission deadline has passed, data submitted on HAI validation templates cannot be changed.

Acronyms

FY 2027 HAI Validation Template Submission Deadlines

HAI Validation Template Due Dates for Hospitals Selected Randomly	
Discharge Quarters	**HAI Validation Template Deadline**
Q1 2024 (January 1–March 31)	08/15/2024
Q2 2024 (April 1–June 30)	11/18/2024
Q3 2024 (July 1–September 30)	02/18/2025
Q4 2024 (October 1–December 31)	05/15/2025

- Validation templates are due no later than 11:59 p.m. Pacific Time on each associated deadline date. Hospitals may submit validation templates immediately following the last day of each quarter period.

- For the entire validation fiscal year, hospitals selected **randomly** should follow the deadlines associated with the **random** hospitals only, and hospitals selected as **targeted** should follow the deadlines associated with the **targeted** hospitals only.

HAI Validation Template Version and Location

- **Use** the **current template** version for each fiscal year **only.**
  - Templates from previous years will be rejected.
  - Do not save validation templates with a password and do not lock them.
- Current/correct validation template versions for the fiscal year being validated are available on the inpatient data validation resources page of QualityNet.
- To access resources:
  1. Navigate to the QualityNet website: https://qualitynet.cms.gov
  2. Select **[Hospitals-Inpatient].**
  3. Select **[Data Management].**
  4. Select **[Data Validation].**
  5. Select **[Resources].**

  Direct link:
  https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

HAI Validation Template Tabs

- There are four tabs on each validation template:
  1. Definitions
  2. Template
  3. NHSN Intensive Care Unit (ICU) Location
     - For CLABSI and CAUTI NHSN ICU Location
  4. FY Submission Instructions
- **Do not** alter or change the original format of the validation templates.
- Do **not** delete, rename, or change the order of the tabs.

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HAI Validation Template Completion Tips

- **Refer** to the *Validation Template User Guide and Submission Instructions* document posted on the inpatient Data Validation Resources page of QualityNet.

- **Review** the Definitions tab on each validation template for direction on filling out specific fields.

- **Do not alter** the original format of the validation templates.

- **Use** the drop-downs provided in the templates to select valid values.

- **Check** all dates for accuracy, as well as ensure any cases with a separate Inpatient Rehabilitation Facility or Inpatient Psychiatric Facility CCN are not included on the template.

- **Perform** a quality check of data entered in this template against data entered in NHSN; stay mindful of differing CMS and NHSN deadlines.

- **Submit only** via the CMS MFT web-based application, as validation templates contain Protected Health Information and cannot be sent via email.

HAI Validation Template Processing

- Hospitals typically receive feedback regarding the status of validation templates within two business days of initial submission.

- If a processing confirmation is not received, email the VSC at validation@telligen.com.
  - o Include the hospital six-digit CCN/Provider ID.

- After validation templates are 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:

  1. Successful submission

  OR

  2. Errors have occurred that require attention and resubmission

HAI Validation Templates Not Received

- At predetermined points leading up to the validation template deadline each quarter, the VSC will send emails and attempt to contact any hospitals that have not yet submitted.

- Validation templates with errors are **not** considered 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.

  - All assigned placeholder cases are 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 template submission deadline, placeholder cases will also be assigned and scored 0/1.

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HAI Validation Template Processing Errors

A hospital submitting a validation template with processing errors will receive an email notification indicating which errors need correction.

- Make the corrections specified in the email.

- Resubmit the file via the CMS MFT application by the submission deadline.
  - Do **not** attach a template to the error email or this will be considered a CMS security incident.

- Validation templates may only be resubmitted 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 application message indicating there is a revised template.
  - Include the word *Revised* or *Resubmission* in the file name.
    - 012345_3QYY_FYXX_CAUTI_ValTemp_**Revised**.xlsx

Acronyms

HAI Validation Templates Data Discrepancy

- The validation templates are used to randomly select cases for validation. If the data are incorrect on the template, they **could** result in mismatches.

- If a hospital receives an email from the VSC asking for review of a validation template due to a possible discrepancy, reply and indicate one of the following:

  o A new validation template has been submitted.

  OR

  o The data are accurate as submitted and no changes are needed.

- The following are examples of discrepancy checks:

  o Listed CAUTI/CLABSI culture dates are not between the admit/discharge date.

  o Differences in data exist on multiple rows of the template that appear to be the same patient and same episode of care.

  o Discrepancies between the two assigned template types exist where a patient is listed on both templates, but the birth/admit date/discharge dates are different from what appears to be the same episode of care.

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

Medical Record Requests and Submission

Medical Record Request Timeline

- For FY 2027 inpatient data validation efforts, selected hospitals will receive five total medical record requests from CDAC:
  - Four quarterly requests containing clinical process of care and HAI selected cases
  - One annual request containing eCQM selected cases
- 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.

Estimated Arrival of Medical Record Request Packets for Hospitals Selected Randomly		
Quarter/Year	Measure Types	Estimated Arrival
Q1 2024	CPOC and HAI	August 2024
Q2 2024	CPOC and HAI	December 2024
Q3 2024	CPOC and HAI	February 2025
Q4 2024	CPOC and HAI	May 2025
CY 2024	eCQM	spring 2025

Medical Record Request Packet

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

- It is important that the packet be routed as soon as possible to the correct individual(s) responsible for fulfilling the request.

  Note: The medical records request will be delivered to the address listed under the CDAC MEDICAL RECORDS contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the Inpatient VIQR Support Contractor at QRFormsSubmission@hsag.com..

Medical Record Submission

- Hospitals are not allowed to submit records or additional documentation after CDAC receives the record; this applies even if the wrong record is sent or if pages are missing, or illegible, etc.

- The CDAC will only abstract every case with the **original** applicable documentation that was received from the hospital.

- It is critical that hospitals have a process for reviewing each of their records before they are submitted 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 time-stamps such as arrival times and medication administration times.

Medical Record Submission Deadline

- Hospitals have until the date listed on the request to send their records to the CDAC.
  - Inpatient medical 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 MFT application.
- Submission of paper copies of medical records or copies 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 inpatient Data Validation CDAC Information page of QualityNet: https://qualitynet.cms.gov/inpatient/data-management/data-validation/cdac-info

Medical Record Submission "Do's and Don'ts"

- A helpful document titled *Record Submission Do's and Don'ts* can be found on the Inpatient Data Validation CDAC Information page of QualityNet*.*

  o Direct link: https://qualitynet.cms.gov/inpatient/data-management/data-validation/cdac-info

- This document provides tips for avoiding medical record submission errors.

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Overview of FY 2027 Inpatient Data Validation Efforts
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Validation Results, Reports, Educational Reviews, and Reconsiderations

Validation Results

- For all measure types, the CDAC will abstract from the complete medical record submitted by the hospital, based on the specifications for each respective program/measure.

- The medical record must contain sufficient information for the CDAC to determine measure eligibility and/or outcome.

- When validating cases, the CDAC reviews data found in both discrete and non-discrete fields in the medical records submitted as portable document format files.

- CMS data validation is at the measure level; it is not scored at the individual question/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.

Acronyms

Notification of Result Availability

- Approximately four to five months after each medical record submission deadline, hospitals will see validation results for the quarter/reporting period.

- Hospitals' registered users with the Validation permission will receive email notification when their results become available to view on the *HQR Secure Portal*. Results will be displayed on the Case Detail Report, which will be covered in a subsequent slide.

- It is strongly recommended that hospitals have multiple active users with the Validation permission in the *HQR Secure Portal* to ensure validation result notifications are received and reviewed timely.

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Validation Reports

Validation reports are on the *HQR Secure Portal*:

- Case Selection Report

- Case Detail Report

- Confidence Interval Report

CMS continues to modernize the *HQR Secure Portal*. Data validation reports and the way hospital data display may change in the coming months.

Accessing Validation Reports

To access validation reports:

1. Log in to the *HQR Secure Portal:* https://hqr.cms.gov/

2. From the left-side navigation dashboard, select **Program Reporting.** Then, select **Validation.**

3. Under Program, select **Inpatient.**

4. Under Report, select the applicable report.

5. Under Period, select the applicable quarter/reporting period.

6. Under Provider(s), select the applicable hospital(s).

7. Click the Export CSV button.

Acronyms

Case Selection Report

- The report displays the patient-identifying information pertaining to the cases selected for validation. The cases on this report are the same cases as outlined within the medical records request packet sent by the CDAC.

- The report displays the **Medical Record Request Date**, the **Due to CDAC Date**, and the **Record Received Date** (after the CDAC has received the hospital's records).

- It could take up to 24 hours to populate the Record Received Date. To verify receipt of records, contact the CDAC directly at 717-718-1230, ext. 201, or CDAC_Provider_Helpdesk@tistatech.com.

Patient Identifier	Patient Last Name	Patient First Name	DOB	Admit Date	Discharge Date	Measure Set	Abstraction Control Number	Medical Record Request Date	Due to CDAC By	Record Received
Patient1	Doe	John1	1/1/2020	1/1/2020	1/2/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient2	Doe	John2	1/2/2020	1/2/2020	1/3/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient3	Doe	John3	1/3/2020	1/3/2020	1/4/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient4	Doe	John4	1/4/2020	1/4/2020	1/5/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient5	Doe	John5	1/5/2020	1/5/2020	1/6/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient6	Doe	John6	1/6/2020	1/6/2020	1/7/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient7	Doe	John7	1/7/2020	1/7/2020	1/8/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	
Patient8	Doe	John8	1/8/2020	1/8/2020	1/9/2020	IQR-SEP	MA010A000XXX	10/8/2020	11/16/2020	

Case Detail Report

- The Case Detail Report provides a list of all elements abstracted compared to the CDAC re-abstraction.

- This report becomes available after the CDAC has completed their validation efforts for the quarter/reporting period.

- Mismatches are displayed, and a quarterly score shows the agreement between the measure results from the hospital's originally submitted data and the results obtained by CDAC.

- Educational comments are shown for any mismatched elements, which describes what the CDAC found that differed from the hospital.

Acronyms

Requesting an Educational Review

- If a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review within 30 days of the Case Detail Report posting on the *HQR Secure Portal*.

- The educational review process and educational review forms are on the inpatient Data Validation Educational Reviews page of QualityNet: https://qualitynet.cms.gov/inpatient/data-management/data-validation/educational-reviews

Acronyms

Educational Review: Corrected Scores

If a hospital requests an educational review and this review yields incorrect CMS validation results, the corrected scores will be used to compute the final confidence interval. (The Case Detail Report will not be changed to reflect updated results.)

Confidence Interval Report

- CMS computes a confidence interval around the score after the educational review results are taken into consideration.

- Hospitals will receive two *separate* Confidence Interval Reports:

  o One for the clinical process of care and eCQM cases validated under the Hospital IQR Program

  o One for the HAI cases validated under the HAC Reduction Program

- A detailed FY 2027 confidence interval document will be posted on the inpatient Data Validation Resources page of QualityNet: https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

Acronyms

Confidence Interval Report: Hospital IQR Program

- CMS will calculate a combined reliability score reflecting the validation results of both chart-abstracted CPOC measures and eCQMs.

  o This single score will reflect a weighted combination of a hospital's validation performance for chart-abstracted CPOC measures *and* eCQMs.

- Since eCQMs are not currently scored for accuracy, eCQMs will receive a weight of 0. Chart-abstracted CPOC measures will receive a weight of 100%: FY 2021 IPPS/LTCH PPS final rule (page 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 timely and complete submission of all the eCQM records CMS requests.

  o For example, if 32 eCQM medical records are requested, all 32 eCQM medical records must be submitted to meet the 100% requirement.

Acronyms

Confidence Interval Report: Hospital IQR Program (Continued)

- For the Hospital IQR Program validation requirement:
  - If the upper bound of the confidence interval is 75% or higher, the hospital will pass the Hospital IQR Program validation requirement.
  - If the confidence interval is below 75%, the hospital will fail the Hospital IQR Program validation requirement and may not receive the full Annual Payment Update (APU).
- Hospitals that fail an inpatient validation requirement will also automatically be selected for inpatient validation in the next fiscal year.
- The Hospital IQR Program validation Confidence Interval Report for FY 2027 payment determination is expected around January 2026, and the APU results are expected around March 2026.
- Additional information is on the APU page of the Hospital IQR Program page of QualityNet: https://qualitynet.cms.gov/inpatient/iqr/apu

Confidence Interval Report: HAC Reduction Program

- For the HAC Reduction Program validation requirement:
  - If the confidence interval is 75% or higher, the hospital will pass the HAC Reduction Program validation requirement.
  - If the confidence interval is below 75%, the hospital will fail the HAC Reduction Program validation requirement.
- Hospitals that fail an inpatient validation requirement will also automatically be selected for inpatient validation in the next fiscal year.
- As described in the FY 2021 IPPS/LTCH PPS final rule (page 41481) for hospitals that fail validation, CMS will assign the maximum Winsorized z-score (worst score) only for the set of measures validated.
  - For example, if a hospital was selected for validation on CLABSI, CAUTI, and SSI, but failed validation, that hospital will receive the maximum Winsorized z-score for CLABSI, CAUTI, and SSI.

Acronyms

Confidence Interval Report: HAC Reduction Program (Continued)

- The FY 2027 program year HAC Reduction Program validation Confidence Interval Report is expected around January 2026.

- The HAC Reduction Program Hospital-Specific Report, expected in July 2026, includes the hospital payment adjustment notification.

- Additional information can be found on the HAC Reduction Program Payment Adjustment page of QualityNet: https://qualitynet.cms.gov/inpatient/hac/payment

Hospital IQR Program Validation Results Reconsideration

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

  - At that time, a hospital may request a reconsideration. The hospital would provide the reason they are asking CMS to reconsider their results.

- For information specific to the APU determination and/or reconsideration process under the Hospital IQR Program, you may reach out to the Inpatient Support Contractor at the following email: InpatientSupport@hsag.com

HAC Reduction Program Validation Results Reconsideration

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

  o At that time, a hospital may request a reconsideration. The hospital would provide the reason they are asking CMS to reconsider their results.

- Additional information regarding the HAC Reduction Program payment adjustment process can be found on https://qualitynet.cms.gov. To access, select **[Hospitals–Inpatient]**. Then, select **[Hospital-Acquired Condition (HAC) Reduction Program]** and **[Payment]**.

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

Resources

Resources

- To access data validation resources discussed in this presentation, as well as some resources not covered:

  1. Navigate to the *QualityNet* website: https://qualitynet.cms.gov
  2. Select **[Hospitals-Inpatient].**
  3. Select **[Data Management].**
  4. Select **[Data Validation].**
  5. Select **[Resources].**

  Direct link: https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

- For assistance logging into the *HQR Secure Portal*, contact the CCSQ Service Center:

  o Call 866-288-8912 from 8 a.m. to 8 p.m. Eastern Time, Monday–Friday.
  o Email QNetSupport@cms.hhs.gov.

Validation Questions

When submitting a question, include the hospital six-digit CCN/Provider ID to expedite a reply that includes information specific to your hospital.

- VSC email: validation@telligen.com
- CMS Hospital Inpatient Questions and Answers Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa

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Overview of FY 2027 Inpatient Data Validation Efforts
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Question and Answer Session

Continuing Education Approval

This program has been approved for one [continuing education credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify continuing education approval for any other state, license, or certification, please check with your licensing or certification board.

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Acronyms