



## Hospital Inpatient Quality Reporting (IQR) Program

### Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

#### Overview of FY 2027 Inpatient Data Validation Efforts for Hospitals Selected Randomly Question and Answer Summary Document

##### Speakers

**Donna Bullock, MPH, BSN, RN**

Lead, Hospital IQR Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support  
(Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor)

**Alex Feilmeier, MHA**

Program Manager

Value, Incentives, and Quality Reporting Validation Support Contractor

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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.**

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#### Validation Efforts

**Question 1: Is inpatient chart-abstracted measure validation only focusing on sepsis because the measure is in the Hospital Value-Based Purchasing (VBP) Program? Will all hospitals selected for random validation submit sepsis charts?**

Currently the Severe Sepsis and Septic Shock: Management Bundle (SEP-1) is the only chart-abstracted measure in the Hospital Inpatient Quality Reporting (IQR) Program. CMS believes it is important for chart-abstracted measures to undergo the validation process, especially measures within the Hospital VBP Program.

All hospitals with eligible sepsis cases selected for CMS inpatient data validation efforts will receive requests for medical records applicable to the sepsis measure.

**Question 2: Will electronic clinical quality measure (eCQM) validation only include cases that we submitted to the Hospital Quality Reporting (HQR) System?**

Yes, eCQM data validation efforts are limited to the data that providers submitted to CMS via the HQR system by the submission deadline.

**Question 3: Why is CMS validating eCQMs? CMS does not score them for accuracy, and they carry a weight of zero. How will CMS look at them during validation?**

CMS has been validating eCQM data over the last several years-- without scoring-- in order to orient hospitals with the validation process before scoring for accuracy. In the FY 2025 Inpatient Prospective Payment System/Long-Term Care Hospital PPS final rule, CMS has finalized scoring for accuracy, beginning with fiscal year (FY) 2028 data validation efforts. At this time, however, selected hospitals only will need to submit 100% of the requested eCQM medical records to meet the requirement for FY 2027 payment purposes.

Hospitals will continue to submit the Quality Reporting Document Architecture (QRDA) files as usual for eCQM data submission. Beginning with FY 2028, for data validation purposes CMS will ask selected hospitals to submit a sample of portable document format (PDF) medical records extracted from their electronic health record (EHR). The CMS Clinical Data Abstraction Center (CDAC) will

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review those PDF medical records against the QRDA data submitted to compare extracted data with other information in the medical record to ensure QRDA submissions report quality in alignment with the measure specifications.

After submitting the requested PDF medical records, selected hospitals will have the opportunity to review the results of the data validation efforts and learn from the process for future years.

**Question 4:** **For eCQM data validation, how can you review non-discreet data fields when the information sent to you is pulled from a QRDA Category I file, a file entirely populated from discreet data fields? How does the CDAC pull the same data we submit via QRDA Category 1 files?**

Hospitals will continue to submit the QRDA files as usual for eCQM data submission. However, for data validation purposes, selected hospitals will be asked to submit a sample of PDF medical records extracted from their EHR. The CDAC will review those PDF medical records against the QRDA data submitted to compare extracted data with other information in the medical record to ensure that QRDA submissions report quality in alignment with the measure specifications.

After submitting the requested PDF medical records, selected hospitals will have the opportunity to review the results of the data validation efforts and learn from the process for future years.

### Hospital Selection

**Question 5:** **For FY 2027, will CMS add the list of targeted hospitals on QualityNet to the current list of selected hospitals, or is the posted list the final list. including random and targeted hospitals?**

For FY 2027 data validation efforts, only the randomly selected hospitals are included on the list of selected hospitals on QualityNet at this time. The list of selected hospitals posted on QualityNet will be updated to include targeted hospitals in late January of 2025.

**Question 6:** **If a targeted hospital is notified in January of 2025, when do they submit healthcare-associated infection (HAI) measure data?**

Hospitals must submit HAI data to the National Healthcare Safety Network (NHSN) by the normal submission deadlines for each quarter.

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If a hospital is selected as targeted in January of 2025, they will receive instructions on when CMS HAI Validation Templates are due to CMS. A document on the [QualityNet Inpatient Data Validation Resources page](#), *FY 2027 Healthcare Associated Infection (HAI) Validation Template Due Dates*, will be updated.

**Question 7: What is the probability of CMS randomly selecting us two or three years in a row? If a hospital was already selected for random validation, can they also be selected for targeted validation?**

The random hospital selection is entirely randomized within the CMS HQR system: All eligible hospitals have the same likelihood of being randomly selected each year. It is possible to be selected multiple years in a row. Hospitals selected randomly for data validation efforts cannot also be selected as targeted within the same program and fiscal year.

**Question 8: If CMS selects a hospital for HAI validation, will CMS automatically select that hospital for clinical process of care (CPOC) measures and eCQMs? Could CMS select a hospital just for HAI validation? If a hospital is selected for targeted validation for HAI, do they submit HAI cases or both HAI and sepsis cases?**

All selected hospitals will have cases randomly selected for CMS data validation efforts from any/all eligible measure types. In other words, all hospitals that have eligible HAI cases will have HAI cases randomly selected; all hospitals that have eligible CPOC cases will have CPOC cases randomly selected; and all hospitals that have eligible eCQM cases will have eCQM cases randomly selected.

**Question 9: How does a hospital determine what they did wrong or why they were selected for targeted validation?**

Targeted selection does not automatically indicate that a hospital did something “wrong.” There are several different criteria that a hospital could meet that which would place a hospital in the pool of hospitals to be selected as targeted. Some of those criteria are related to data submission issues, but CMS selects others simply because they were not selected for validation in the recent past.

If a hospital would like to know what criteria they met that made them eligible for targeted selection, they can reach out to the Validation Support Contractor at [validation@telligen.com](mailto:validation@telligen.com).

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#### HAI Templates

**Question 10:** 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?

Within the HAI Validation Templates, the field you are referring to is asking for 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. If you are unsure, you are able to leave that field blank.

**Question 11:** For the ICU stay, it is the total number of patients discharged during the reporting quarter who had an ICU stay. Patients with positive blood cultures are a subset of this group. Should we only count a patient once if they are transferred to multiple ICU units?

Within the HAI Validation Templates, patients with positive blood cultures are a subset of the total number of patients discharged during the reporting quarter who had an ICU stay. There is no specific direction regarding whether a patient should be counted more than once if transferred to multiple ICUs. Please note that this field is optional, so if your hospital does not have a way to accurately track it, or if the number is difficult to determine, you may leave it blank.

**Question 12:** Should we include observation patients, who do not become inpatients and are discharged directly from observation status, with the HAI validation?

Each HAI Validation Template contains a Definitions tab with instructions specific to the measure you are submitting. If a patient was only seen in the emergency department and/or 24-hour observation and never was admitted as an acute inpatient status, do not include these on the HAI Validation Template. Reach out to the Validation Support Contractor email ([validation@telligen.com](mailto:validation@telligen.com)) if you have specific questions.

**Question 13:** For the Methicillin-Resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* Infection (CDI) Validation Template requests, should hospitals submit all positive cases or only the cases that were sent to the NHSN? Should hospitals submit all positive results submitted to NHSN for the respective time periods? For

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**Lab ID submissions, does this includes positive results for outpatient and inpatient areas and all community onset and hospital onset cases?**

Each HAI Validation Template contains a Definitions tab with instructions specific to the measure that you are submitting. Reach out to the Validation Support Contractor email ([validation@telligen.com](mailto:validation@telligen.com)) if you have specific questions.

**Question 14:** **If a hospital has been selected for MRSA validation, do we submit all positive MRSA blood cultures, or do we submit only the cases that were sent to NHSN? For example, one positive MRSA blood culture was sent to NHSN, but two positive cultures resulted for the same unit.**

Each HAI Validation Template contains a Definitions tab with instructions specific to the measure that you are submitting. Reach out to the Validation Support Contractor email ([validation@telligen.com](mailto:validation@telligen.com)) if you have specific questions.

**Question 15:** **If we have been selected to submit MRSA and CDI validation records, how will CMS notify us of which surgical site infection (SSI) records to submit? Will that request go to the Medical Records person defined in the CMS Contact List?**

Hospitals do not submit HAI Validation Templates for SSI cases. Candidate SSI cases are randomly selected from claims data submitted by the hospital to CMS. The medical records request sent by CDAC will contain any selected HAI cases, including SSIs.

**Question 16:** **How does the hospital receive the templates for HAI? Is there a guide available for what case details will be required in the template for HAIs?**

HAI Validation Templates, as well as *Validation Template User Guide and Submission Instructions*, are on the [Inpatient Data Validation Resources](#) page of the QualityNet website.

### Medical Record Requests and Submissions

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**Question 17:**           **How do I change the address of where CDAC sends my medical records request?**

The address can be changed by sending an email to the forms submission email box, [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com), with the CMS Certification Numbers (CCNs) and the address.

**Question 18:**           **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 and Outpatient Healthcare Quality Systems Development and Program Support at [QRFormsSubmission@hsag.com](mailto:QRFormsSubmission@hsag.com).

**Question 19:**           **We were informed that the Security Official (SO) was notified when hospitals are selected for Hospital IQR Program and Hospital Outpatient Quality Reporting (OQR) Program validation. In the slide, I do not see SO listed as a contact type for receiving information about selection. Do we need to update the Contact Change Form to include the SO to be notified for the Hospital IQR and OQR Programs?**

SOs and registered users with the Validation permission within the *HQR Secure Portal* are notified when a hospital receives validation results within the *HQR Secure Portal*.

The Contact Change Form is specific to email notifications sent to hospitals regarding initial hospital selection notices, case selection notices, HAI Validation Template reminders, and medical record submission reminders, etc. A person does not have to be a registered user in the *HQR Secure Portal* to receive these types of notifications.

**Question 20:**           **Do hospitals with electronic medical records need to grant access to the CDAC reviewers, or do they make paper copies for shipment?**



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The CDAC does not remotely access hospital EHR for CMS data validation efforts; hospitals export PDF copies of medical records from the EHR and submit those electronically via the CMS Managed File Transfer (MFT) web-based application.

**Question 21: Can the medical record request be sent via email to the facilities?**

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

**Question 22: Is MFT in HQR? Where do I access it?**

Hospitals can get to MFT using the following link: <https://qnetmft.cms.gov/>. Detailed information regarding the submission of files via MFT can be found within HAI Validation Templates and within the CDAC's medical record request packet.

**Question 23: Will medical record submissions be accepted only through the MFT application?**

As finalized in the [FY 2021 IPPS/LTCH PPS final rule](#) (page 58864), beginning with record requests of Quarter 1 2021, discharge data, paper copies and removable media are not 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 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. A direct link to the MFT web-based application will also appear 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 24: When submitting a medical record, do you submit the record as it is upon request or when it was abstracted? There are cases that were abstracted and submitted, then additional documentation (e.g., an Emergency Medical Service record) was received and scanned into the system.**

**These documents were not available at the time of abstraction; therefore, CDAC may receive different times for data points. How should a hospital handle this situation?**



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Hospitals should not purposefully add or remove information from an official medical record in an attempt to match that record with one that was previously submitted to CMS's HQR system.

A potential for a mismatch exists any time there is a difference between what was abstracted/submitted to the CMS *HQR Secure Portal* by the data submission deadline and what is found within the PDF medical record submitted to the CDAC.

**Question 25:**      **For central line-associated blood stream infection (CLABSI) submissions, if your EHR does not have a specific Admission, Discharge, and Transfer (ADT) record, what information do you need to include?**

Hospitals should follow the instructions provided in the medical records request packet received by the CDAC, which indicates recommended documentation. If your EHR does not have an ADT record, you may want to speak with your EHR vendor. CDAC compares the medical record received to the identifiers on the cover sheet to verify it is the correct medical record for the requested dates of service as indicated. CMS recommends trained staff review the medical record prior to sending it to CDAC to ensure all necessary information is present in order to determine the final outcome.

### Results, Reports, Educational Review, and Reconsiderations

**Question 26:**      **When did CMS start using two separate Confidence Interval (CI) reports?**

As described in the [FY 2019 IPPS/LTCH PPS](#) final rule (page 41478), CMS adopted processes to validate the NHSN HAI measure data used in the Hospital-Acquired Condition (HAC) Reduction Program because the Hospital IQR Program finalized the removal of the NHSN HAI measures from its program. Under the Hospital IQR Program, one hospital sample of CPOC measures and eQMs is now selected and used for validation, and, under the HAC Reduction Program, one hospital sample of HAI measures is selected and used for validation. This change occurred beginning with FY 2023 data validation efforts. Hospitals now receive a separate CI report for each program.

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**Question 27:** **To meet the 75% score to pass validation, does each quarter need to score a minimum of 75%, or are the validation results averaged at the end of four quarters?**

Hospitals do not have to score above 75% in every quarter to meet the validation requirement. The end-of-year confidence interval is a cumulative score of all data across the year. In other words, a hospital could score 74% or below in one or more of the quarters and still meet the overall validation requirement if the other quarters performed well enough to offset the lower scores. A detailed Confidence Interval document can be found on the [Inpatient Data Validation Resources](#) page of QualityNet.

**Question 28:** **If selected for Catheter-Associated Urinary Tract Infection (CAUTI) and CLABSI, is it possible to fail the validation for just one of the HAIs (e.g., CAUTI), or is the confidence interval a combination of both measures, leading the hospital to fail CAUTI, CLABSI, and SSI?**

The HAC Reduction Program confidence interval calculation uses the results of all selected HAI measures combined. Whether the hospital performed poorly on just one, or all, of the selected measures, if the upper bound of the confidence interval does not meet the 75% requirement, the hospital will not pass the validation requirement and CMS will assign the maximum Winsorized z-score for all the 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 (worst score) for CLABSI, CAUTI, and SSI.

**Question 29:** **If the validation report reflects all Match on the review, but the validated data are different and an Educational Comment is given, does it mean that the record passed validation?**

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 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.

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**Question 30:** **If the educational review process confirms that the hospital abstracted correctly, why are the reports not updated with correct information?** The HQR system does not currently support educational reviews overturning data corrections. This is something CMS is considering for a future upgrade.

**Question 31:** **If a hospital requests an educational review, can the hospital provide the response received from the [QualityNet Question and Answer Tool](#) as part of their request if it was used as guidance in chart abstraction?**

Hospitals are welcome to include a response received from the [QualityNet Question and Answer Tool](#) within the rationale of their Educational Review request; however, it is important to understand that guidance provided within an answer to a question may not always take into consideration the entire representation of a situation. In other words, additional information found within the medical record during the validation effort may change an outcome, and that information may not have been available when providing guidance through the Q&A tool.

**Question 32:** **Is requesting an educational review a prerequisite for the Hospital IQR Program reconsideration request process?**

Requesting an educational review is not a pre-requisite for the Hospital IQR Program reconsideration request process; however, CMS strongly suggests that hospitals submit educational review requests throughout the year to answer any questions and make any corrections before the end of the year, when time and resources are limited.

**Question 33:** **If the facility fails HAC Reduction Program validation, 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 (page 41481), 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 for validation on CLABSI, CAUTI, and SSI, but failed validation, that hospital will receive the maximum Winsorized z-score (worst score) for CLABSI, CAUTI, and SSI.

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**Question 34:** Is the date column on the HAI template incorrect? The template is autoformatted to “mm/dd/yy,” but the requirement is to submit “mm/dd/yyyy.”

The requirement instructs hospitals to enter dates in the “mm/dd/yyyy” format and use leading zeros (e.g., 01/01/2024). If leading zeroes drop off the display on your screen, that is fine and acceptable if the characters are entered as full dates. We are happy to help you with your submission. If you have any further questions, reach out to us at the Validation Support Contractor email ([validation@telligen.com](mailto:validation@telligen.com)).