Questions Asked During Navigating CMS's 2025 eCQM Validation Changes

Q: With CMS validation, it's more important than ever to review our data. It's difficult to validate records in its current format because files upload and we don't know which records we have reviewed/validated for accuracy/documentation/mapping issues, etc. I'm sure my Clinical Quality Advisor is tired of me asking this, but could an enhancement be added to the eCQM platform so that we can "check-off" or "acknowledge" records we've already reviewed so that we don't check the same records over and over?

A: Question will be answered live on the Medisolv Minute Radio Show hour. https://medisolvinc.mixlr.com/events/4279578

Q: Will we be notified in June 2025 if we are picked for validation of CY 2024 eCQM data?

A: This was the information received from the Telligen Validation Support: *A detailed FY 2028 Confidence Interval document will be published to the inpatient data validation resources page of QualityNet when FY 2028 (CY 2025) selected hospitals are notified of their selection. ==We anticipate this selection notification to occur sometime in June 2025.==*
That document will go into greater detail to explain how the scoring will apply to the Hospital IQR Program eCQM data validation requirement.
https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

Q: You may get to this later, apologies if so, but- we have to map data to discrete fields within the EHR, as selected by our EHR vendor (i.e., Epic). Does CMS account for this mapping to discrete fields? We know provider doc in discrete fields doesn't always happen, and sometimes the provider will doc in a random, unmapped note. Will

CMS "ding" us as a mismatch, for that note of provider doc for appropriate contraindication, but not doc in the discrete field? So, our mapping counted as a miss, but CMS validation will count it as an exclusion?

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Q: Would love a Medisolv community post or something on how large hospital systems have been successful in provider education to ensure documentation in discrete fields, not just non-discrete, random notes etc in the whole encounter record.

A: Great idea! Thank you for the suggestion. We will look into doing that.

Q: How will the validation of the submission of complete eCQM records apply to encounters that have a combined account due to a shared CCN with the facilities involved in the combined account?

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Q: Will these "Validations" also be happening to the OQR measures like STEMI ED OP 40?

A: So far, the information we have for eCQM validation is only applicable to the IQR program.

Q: Wondering how to handle mismatches that are at the fault of the EHR. Like they can't capture the data in a manner that the QRDA engine will pick it up. E.g. STEMI-ED is related to an ED encounter, but in the EHR the ED encounter is "the same" as the inpatient encounter. So if a patient is diagnosed on the inpatient side, it still falls in the measure when it shouldn't.

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Q: When documentation is free text and that would be missed by eCQM/QRDA - how do we prevent a mismatch? Does this imply that

we need to manually review 100% of cases to see if anything is in free text?

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Q: Is it a mismatch if you submit the medical record as requested but it's missing, for example, a lab result for one day but everything else in the record that is submitted? Thanks in advance.

A: If that missing lab happened to be one that impacted how the patient qualified, then yes, that could cause a mismatch.

Q: How are other hospitals dealing with their EHR delayed specification update in the QRDA logic? We use Epic, but the Production Envt that our quality dept has access to the specification does not get updated until Sept of that reporting year.

A. This is a common complaint we hear from hospitals who aren't using Medisolv as their eCQM vendor. Medisolv delivers measures and updated measure specifications early in the year so clients have time to work on their data. Without a vendor that isn't tied to EHR upgrades, your organization must wait to take the Epic upgrade until your results are accurate.

Q: Are the abstactors going to select those patients in Medisolv or any? I am assuming any of that bigger value

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Q: Calculating the eCQM validation score slide: The medical records are all built differently- will the abstactor have several guidance tools on where to look in the chart? If they find something, do we have an option to appeal?

A. The records are submitted in a PDF format, the abstractor won't have direct access to the chart. There is an 'educational review' process that you can request if you disagree with the validation results.

Q: Providers will document contradictory diagnoses of stroke, but the structured field will say ""No"" to the query: ""Did the patient have a stroke?""

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Q: Providers may diagnose a mapped term, but the structured field defining the term may be undocumented or contradictory. Will this affect the measure's validation?"

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Q: Are these validation rules for these eCQMs the same for MIPS?

A. The requirements we went through on the webinar are for the eCQMs in the IQR program only.

Q: When the chart is compliant, but the report wasn't does that get counted as not matching?

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Q: We are having issues with our electronic medical record, MediTech, not pulling data that is in; if you were chart abstracting the measure - with the eSTK measures - what will happen if we are picked for validation in June and it is still not fixed?

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Q: Did CMS communicate the results of the non-weighted eCQM accuracy they have completed so far?

A: Hospitals are able to get their accuracy results via CMS on the HQR website. If you were selected for validation in a prior year, you should be able to get to download the documents.

Q: Can you clarify how they will select a hospital for validation in June 2025 if we haven't submitted 2025 data yet?

A: It's a good question but I'm assuming it's based on the list of hospitals that must participate in IQR. For CY2024 validation, they published the list in Jan 2025 (at which point, most hospitals had probably not completed their 2024 submission. Here's the statement from Telligen:
A detailed FY 2028 Confidence Interval document will be published to the inpatient data validation resources page of QualityNet when FY 2028 (CY 2025) selected hospitals are notified of their selection. ==*We anticipate this selection notification to occur sometime in June 2025.*==
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Q: Since Medisolv submits our eCQM files for us, would they also help to submit the validation records?

A. As a Medisolv client, you receive standard support in case of an audit. Our eCQM software tool has a snapshot functionality which is applied during an audit for you to see your data as it was submitted. We help you uncover where the data elements were in your system. We also offer an eCQM optimization and validation preparedness engagement through our Advisory Services team. This will prepare you for an audit and provides support if you are selected for audit.

Q: Especially in physician documentation, there is a considerable portion of free text (i.e. HPI, subjective). How are organizations supposed to eliminate free text that can't be codified and hence result in potential mismatches.

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Q: Any suggestions on verbiage to add to TJC ECR and CMS ECE as known unable to meet requirements due to changes in EHR in Q4, which will not match Q1 - Q3 eCQM measure selection.

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Q: Hello, You said CDAC "found a note," and it resulted in a different measure outcome. However, eCQM is calculated through the capture of discrete data elements in discrete fields, right? So any free text and documentation should not count, only those discrete fields.

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Q: This webinar only applies to Hospital submitted eCQM data?

A: Yes, that's correct. eCQMs submitted by an Eligible Hospital under the IQR Program.

Q: Does the eCQM validation also include the hybrid measures CMS 529 and CMS 844?

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Q: Our IT department is stating there is no way to map the Inpatient Order to start an Inpatient admission. The build tracker is showing event management, not Inpatient Order. Is this correct?

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Q: Explain what sending "all medical records" includes?

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Q: Safe to assume they will only validate mandatory eCQMs?

A: That statement has not been made. We'll have to wait for additional information to be posted in June.