Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program Fiscal Year (FY) 2019 Chart-Abstracted Validation Overview for Targeted Selected Hospitals

Questions & Answers

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June 1, 2017
2 p.m. ET

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Support Contractor

Question 1: **Our hospital was chosen for 2019 inpatient data validation and the template listed is Methicillin-resistant *Staphylococcus aureus* (MRSA)/*Clostridium difficile* Infection (CDI), so are we going to be validated for Stroke (STK), Emergency Department (ED), Immunization (IMM), Venous Thromboembolism (VTE) and Sepsis, too?**

That's correct. The hospital will be validated for clinical process of care measures, as well as healthcare-associated infection (HAI) measures. If you look at slide 10 of this presentation, you'll be able to see the clinical process of care measures that will be validated over the course of this fiscal year 2019.

Question 2: **Does Clinical Data Abstraction Center (CDAC) validation include electronic clinical quality measures (eCQM) for fiscal year 2019? Does it use the same hospital selection list?**

This webinar is not related to the eCQM validation process, as it is a completely different procedure; however, this is one question that can be answered. Hospitals cannot be selected for both types of validation at once, and further information on the eCQM validation process will be released by CMS as that information becomes available.

Question 3: **What is the penalty if you do not pass?**

If a hospital does not pass the validation requirements, they could have a 25% reduction in their annual payment update (APU).

Question 4: **Are critical access hospitals (CAHs) included in data validation?**

CAHs are not included in data validation.

Question 5: **If you have a hospital selected for targeted validation, does that mean they did not meet the confidence interval requirements for participation of the Inpatient Quality Reporting (IQR)?**

Because a hospital was selected as a targeted provider, does not necessarily mean that the hospital did not meet the confidence interval requirement. A targeted provider sample of up to 200 hospitals was selected based on CMS targeting criteria as it's outlined in the final rule. The criteria for targeted validation selection can be summarized as a hospital meeting one or more of the following things:

- Failed to meet the validation requirement for the previous fiscal year.
- Received a lower bound confidence interval of less than or equal to 75% in the previous year.
- Neglected to report at least half of HAI events detected during the previous year to the National Healthcare Safety Network (NHSN).
- Rapidly changing data patterns.
- Acquired abnormal or conflicting data patterns.
- Submitted data to NHSN after IQR submission deadline.
- Not having been chosen in any of the previous three years.

Question 6: **How do you know if you are a random or targeted selection on the list on the *QNet* site?**

The selected provider list that is on the *QualityNet* site does not signify whether a hospital was selected as a randomly selected hospital or a targeted hospital. CMS made the decision not to publicly show which hospitals were randomly selected versus those that were targeted. That is why the differences are not indicated on the list. Hospitals can determine if they were random or targeted simply by knowing when they were notified of selection. The randomly selected hospitals were chosen earlier in the fall, whereas the targeted hospitals were recently selected this spring. If you would like to know whether you were randomly selected or you were targeted, you can also send an email to the VSC at validation@hcqis.org. Make sure to include your hospital's six-digit CMS Certification Number (CCN)/provider ID number.

Question 7: **One of our hospitals was selected during the targeted phase. In following timeline for third quarter 2016 data to be submitted, the dates have come and gone. What is the timeline for selecting third quarter 2016 data? I don't see targeted facilities outlined in a timeline.**

I'm assuming this person is talking about the clinical submission deadline and/or the validation template deadline. And yes, the clinical submission deadline for third quarter 2016 has passed. You are also correct that the randomly selected hospitals have already turned in their validation templates. However, the targeted hospitals have different template deadline dates. Dates can be found in the Validation Template Due Dates document on the Data Validation - Resources web page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1140537256076.

Question 8: **Can you be on the random list and the targeted list? If yes, is it possible to have to produce validation templates for all four inspection types? Will the hospital be listed twice on the *QNet* list of hospitals selected for validation?**

Hospitals cannot be selected both randomly and targeted; therefore, validation templates would not be required for all four infection types, and they would not be listed twice on the list on *QualityNet*.

Question 9: **We are a targeted hospital. Can we find out exactly why we were targeted, specifically which criteria we met?**

Absolutely. If you'd like to know more information on why your specific hospital was targeted, please send an email to the VSC at validation@hcqis.org. Please include your hospital's six-digit CCN/provider ID number when inquiring.

Question 10: **We had a basic user submit validation templates last year. Will that no longer be an option and it now requires a security administrator to submit the files through the *QNet* secure portal?**

I do believe a basic user can submit validation templates. If it says differently in this presentation, I apologize. CMS strongly recommends that the provider have two verified individuals as security administrators, one serving as backup.

Question 11: **When should we expect the request for third quarter records?**

Just so it's clear, for targeted providers and for random providers, the validation templates will be turned in before the medical record request is received by the hospital. The third quarter targeted deadline for templates is July 8, 2017. After the template deadline has passed, medical records will be requested. If you're interested in a general timeline or an estimation of when those medical record requests may go out, please refer to the Hospital IQR Important Dates and Deadlines document, which is posted on the Data Validation - Resources web page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1140537256076.

Question 12: **When will the third quarter 2016 chart selection list be made for targeted facilities?**

Just so it's clear, for targeted providers and for random providers, the validation templates will be turned in before the medical record request is received by the hospital. The third quarter targeted deadline for templates is July 8, 2017. After the template deadline has passed, medical records will be requested. If you're interested in a general timeline or an estimation of when those medical record requests may go out, please refer to the Hospital IQR Important Dates and Deadlines document, which is posted on the Data Validation - Resources web page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1140537256076.

Question 13: **If you submit your template early, before the deadline, will you receive the first medical records request ten days later after early submission or still ten-ish days after the template deadline date?**

Even if you turn the validation templates in on the first day after the quarter ends, it will still not be until 10 or more days after the validation template due date has passed before the medical records request packet will be sent.

Question 14: **What quarters are targeted facilities responsible for submitting? Randomly selected facilities already submitted third quarter 2016 data. Will the targeted facilities be playing catch-up or just skip third quarter 2016?**

The random and targeted hospitals are responsible for the exact same quarters for this fiscal year. The third quarter template deadline has passed for the randomly selected providers; however, the targeted providers have different deadline dates. Third quarter 2016 will not be skipped; hospitals will just have a different deadline date that they will be responsible in which to turn in their templates.

Question 15: **HAI, how many charts will be requested per quarter?**

For HAI, slide 30 of the presentation offers a good explanation of the HAI sample selection. The slide provides a visual representation of what is included. So whether you're selected for central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) or MRSA and CDI, you will have four of each of those types selected, as well as all hospitals will have two surgical site infection (SSI) cases selected. If there are not enough cases for one specific infection to meet the targeted number of cases, then CMS will select candidate cases from other infection types to meet the sample target size**.**

Question 16: **Templates are due by 7th [of] August 2017 and then we get the medical records to submit. Correct?**

That is correct. The validation templates are due first and the medical record request packet will come after that.

Question 17: **If we were both randomly selected and as a targeted hospital, we follow the randomly selected hospital deadline, correct?**

Randomly selected hospitals will follow the random hospital deadlines and the targeted hospitals will follow the targeted hospital deadlines. Hospitals cannot be selected for both random and targeted validation.

Question 18: **How do we know which and how many patients go onto the template for MRSA and CDI?**

That question can only be answered by you at your hospital. The Definitions tab of the template specifically states how to report your infections. So we cannot tell you how many you need to submit; you will submit all of the instances that meet the criteria as defined on the template.

Question 19: **If you are to submit MRSA, what do you do if there [is] no MRSA bacteremia during that quarter? Do you submit a blank template?**

If a hospital doesn't have any positive cultures or specimens to report for a quarter, then what the hospital will do is to fill out only the hospital information section, which is the light blue colored columns on the first row of the template. The hospital will indicate no positive cultures or specimens. You can find direction about that in the *FY 2019 Validation Template User Guide and Submission Instructions*, which is posted on the Data Validation - Resources web page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1140537256076

Question 20: **When being validated for CAUTI and CLABSI, do you want all positive inpatient urine cultures and all positive inpatient blood cultures or do you want just the urine cultures and blood cultures that have been identified as HAIs?**

For the reporting of the cultures on your templates, please follow the Definitions tab, which explains specifically which cultures are to be reported.

Question 21: **Is there a place on *QNet* to identify what determines a match or mismatch when performing validations for various measures? For example, what is considered an educational point versus a mismatch?**

What I would suggest is you run your Validation Case Detail Report after the results have been received. On that report, you can see what matched versus what mismatched. Within 30 days of receiving your results, if you have any questions about any matches or mismatches, you can submit an educational review request form and we would be more than happy to help with education and explanation. The educational review request form is located on the Data Validation - Educational Reviews web page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775419006.

Question 22: **Aren't the deadlines different for random and targeted? So does CMS tell a facility if it is random or targeted?**

Random and targeted hospitals have different deadlines for many of their validation-related submissions. For references to the necessary deadlines, please see the Data Validation - Resources page of *QualityNet*: *https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic/Page/QnetTier3&cid=1140537256076*.

Every hospital selected for validation receives an email letting it know that it was selected as either a random or targeted hospital. If a hospital has questions about this, it may reach out to the VSC at validation@hcqis.org.

Question 23: **For the HAI template for CLABSI/CAUTI: That is all positive blood and urine for only the intensive care unit (ICU) location and not for all units?**

For the reporting of CLABSI/CAUTI events on the HAI validation templates, you would include all final positive cultures for ICU patients only.

Question 24: **Did you say a 25% reduction if validation is not passed?**

That is correct. If a hospital does not pass the validation requirements, that hospital could have a 25% reduction in its APU. If you have additional questions about APU, please reach out to the Inpatient SC at iqr@hsag.com or by phone, toll-free, at (844) 472-4477 or (866) 800-8765 weekdays from 8 a.m. to 8 p.m. Eastern Time (5 a.m. to 5 p.m. Pacific Time).

Question 25: **Did you say the penalty was potentially 25% or 2.5% if a facility does not pass APU?**

If a hospital does not pass the validation requirements, that hospital could have a 25% reduction in its APU. If you have additional questions about APU, please reach out to the Inpatient SC at iqr@hsag.com or by phone, toll-free, at (844) 472-4477 or (866) 800-8765 weekdays from 8 a.m. to 8 p.m. Eastern Time (5 a.m. to 5 p.m. Pacific Time).

Question 26: **For inpatient (IP) core measures (STK, ED, IMM, VTE, Sepsis [SEP]) as we understand, the patient name is not required. Is it [that] right?**

For the submission of the chart-abstracted measures to the CMS Clinical Warehouse, the data elements *First Name* and *Last Name* are optional. They are not required to be submitted.

Question 27: **For IP core measures, records deemed "not valid," what are the requirements? Wrong information on inpatient date, patient birth year, anything else?**

To answer this question, please refer to the Invalid Record Selection/Incorrect Date(s) of Service Details document posted on the Data Validation - Resources page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076.

Question 28: **I am new to my position and just trying to learn all this. Is there some information about the background, history, process, of all of this?**

The best place to start for a general overview and history of the validation process would be the Data Validation - Overview page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912.

From the Data Validation - Overview page, you may also navigate to the Data Validation - Resources page. After reading through the information provided on *QualityNet,* if you still have questions, feel free to reach out to the VSC at validation@hcqis.org.

Question 29: **How are validation records that are on electronic health record (EHR) only and not paper records?**

The guidance in the Introduction to the Data Dictionary in the *Specifications Manual for National Hospital Inpatient Quality Measures* is as follows:

> Please note that hospitals that are selected for validation will need to provide a paper or electronic (i.e. CD, DVD, or thumb drive) copy of the current medical record in its entirety, including all previous testing or history documents used in abstraction. If a hospital uses electronic data for abstraction and is unable to provide a paper or electronic copy of these data, and the record is chosen for validation, there is the potential for a mismatch to occur.

Question 30: **If all cases for the entire period of validation, 3qt 2016 to 2nd of 2017, prior to receiving your results, what is the value educationally for hospitals? There is no opportunity to improve?**

An educational review may be requested up to 30 days following the release of results for each individual quarter. Feedback gained from the reviews can be considered for future submissions. For questions prior to the submission deadline, hospitals can send an email to the VSC at validation@hcqis.org.

Question 31: **I have seen an educational comment referencing a "5-minute time allowance rule" for an ED-throughput measure. Where can I find information about this "5-minute time allowance rule"?**

Federal Register / Vol. 77, No. 170 / Friday, August 31, 2012 / Rules and Regulations, page 53549

Here is the excerpt, from this rule:

> Accordingly, after considering the public comments we received, for the FY 2014 payment determination and future years when scoring the ED throughput measures (ED–1: ''Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital'' and ED–2: ''Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status''), we will not require these measures to have matching numerator and denominator states. Instead, for scoring of these ED throughput measures, we will allow a 5-minute variance between the time abstracted by the hospital and that abstracted by the CDAC.

Question 32: **If an organization fails one validation cycle, and passes the next, will they be subject to a payment reduction? And, when you stated, "may" be subject to a reduction, what does "may" mean vs. "will" be subject to a reduction? Thank you.**

By "validation cycle," we are assuming this individual is referring to one calendar quarter of the entire validation fiscal year. CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. After the scores are combined for all four quarters, CMS computes a confidence interval around the combined score. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the confidence interval is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement. The reason "may" is used in reference to a reduction in payment is because if a hospital fails validation, that hospital does have the opportunity to request a reconsideration.

Question 33: **If we submitted data and it was returned with errors, can we speak to the validation staff to actually know where we made the mistakes so we do not repeat them on resubmission?**

An educational review can be requested up to 30 days following the release of results for each individual quarter. Feedback gained from the reviews can be considered for future submissions. The educational review request form can be obtained from the Data Validation - Educational Reviews page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775419006. For questions prior to the submission deadline, hospitals may send an email to the VSC at validation@hcqis.org.

Question 34: **Is there a minimum number of records required for the HAI portion of the validation to be used in the scoring? If a hospital only has two HAI records for the 12-month period, is the score for those two records worth 66.7% of the annual score?**

The sample size denominators as described, are maximum thresholds, not minimum thresholds. If your hospital does not have four total cases to select in one of the groups for a quarter, then CMS would only select and score the cases that are available. At this time, the HAI stratum is weighted at 66.7% of the total confidence interval score.

Question 35: **Our Case Selection Report for 3Q is not returning any list as of last run, late last week. Have the patient selections been made yet? Our facility is on the validation list.**

The Validation Case Selection Report on *QualityNet* is not available until after the deadline for the HAI templates. The cases selected for validation will become available approximately 10 days following the HAI template deadline, at which time the CDAC will also send a medical records request packet.

Question 36: **Our Medical Records Director has resigned, will the CDAC request still come to the hospital?**

The CDAC medical record request packets are sent to the hospital's physical mailing address for medical records as listed in the official CMS contact database. When the packet is sent, it is delivered to the attention of "Medical Records Director" and no specific name is listed. To ensure all hospital staff is up to date in the CMS database, please complete the Hospital Contact Change form: http://www.qualityreportingcenter.com/wp-content/uploads/2017/04/Hospital-Contact-Change-Form_Apr-2017_vFINAL.508ff.pdf

Question 37: **Patients are identified using what criteria?**

This question is not specific enough to know what is being asked. There are many different times patients are "identified" during the entire validation process. If the submitter of this question would like to talk to the VSC for additional information, he/she may reach out at validation@hcqis.org.

Question 38: **Sometimes the request is for labs only, but the cases were abstracted for ED and/or IMM. Should we send all information from the chart for ED, IMM, and labs at the time of the request?**

The medical records request packet, which is sent by the CDAC, will contain detailed instructions on what information is required to be submitted. Please follow the instructions provided in the request.

Question 39: **The CAUTI template states all ICU patients who had a collected positive urine sample in the ICU to be reported. This does not state patients with a Foley catheter (FC) for 48 hours or longer prior to the sample being collected. Do we send in all ICU positive urine cultures regardless of FC length of time or do we follow the NHSN guidelines for CAUTI?**

Please refer to the Definitions tab on the CAUTI template for the criteria for selecting your positive cultures. Hospitals are required to submit all final positive cultures on your CAUTI validation template.

Question 40: **The FY 2019 CAUTI validation template only requests patients from ICU with positive urine culture. The template does not ask if the patient had an indwelling urinary catheter. Is this column missing on the CAUTI template as the template for CLABSI asks if the patient has a central line?**

The HAI validation template for CAUTI does not ask about catheter status. There are no columns missing from either the CLABSI or CAUTI validation templates. CMS made the decision not to include a catheter field on the template. Please refer to the "Definitions" tab on each template for instructions.

Question 41: **I have a question regarding "decision to admit." Our hospital has decided to take the "admit to inpatient care" as "decision to admit." Not to consider as valid even if there are other times documented earlier. I need your input. Thanks.**

Abstraction-related questions will need to be submitted to the Hospital Inpatient Questions and Answers tool for interpretation. The Hospital Inpatient Q&A tool can be found on *QualityNet*: https://cms-ip.custhelp.com/.

Question 42: **What are the date requests for records for the inpatient charts for each quarter?**

The case selection typically takes place approximately 10 days after the HAI validation template deadline for the quarter. Please refer to the Hospital IQR Important Dates and Deadlines document, which is posted on the Data Validation - Resources web page of *QualityNet*: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076.

Question 43: **What if corrections are found to enter in NSHN after CMS has pulled the data. Should they be entered into NSHN then?**

Any NHSN data changes made after the NHSN submission deadline would not be utilized for validation. The original data entered would be validated.

Question 44: **What if our numbers are so low that we wouldn't have four total in all four of the groups (CDI, MRSA, CAUTI, and CLABSI?)**

First and foremost, no hospital is required to submit all four template types, so there would not be four groups of HAI. The sample size denominators as described are maximum thresholds, not minimum thresholds. If your hospital does not have four total cases to select in one of the groups for a quarter, then CMS would only select and score the cases that are available.

Question 45: **What is considered passing for validation? With previous validation there was a percentage and with the recent release today, it was listed as 12/12 and the MRSA/CDIFF was separate.**

CMS calculates a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. After the scores are combined for all four quarters, CMS computes a confidence interval around the combined score. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement; if the confidence interval is below 75 percent, the hospital will fail the Hospital IQR Program validation requirement.

Question 46: **What is the email for questions about why hospitals were targeted? Is it valdation@higens.org? I cannot understand the speaker.**

Please refer to the email address listed on slide 43. The VSC email address is validation@hcqis.org. Please include your hospital's six-digit CCN/provider ID number with your inquiry.

Question 47: **What is the process if our hospital has an exception for SSI?**

If you have an exception on file for SSI, no cases will be selected for the quarters that your exception is valid.

Question 48: **When will our hospital be notified for SSI validation?**

The case selection list you receive from the CDAC will contain requests for clinical process of care measures, HAI measure (including SSI measures) to be validated. If your hospital has SSI cases available for validation, identified through claims-based data, a sample of those cases would be requested at the same time. You do not fill out templates for SSI.

Question 49: **Where will we find the information as to the date we were chosen for validation?**

Random hospitals were selected in late fall, and targeted hospitals were selected in the spring. If you would like to know specifics, please send an email to the VSC at validation@hcqis.org. Please include your hospital's six-digit CCN/provider ID number with your inquiry.

Question 50: **Why does the CAUTI validation template not ask if the patient had a Foley catheter? The CLABSI validation template asks if the patient had a central line.**

The HAI validation template for CAUTI does not ask about catheter status. There are no columns missing from the CAUTI validation template. CMS made the decision not to include a catheter field on the template. Please refer to the "Definitions" tab of the template for instructions on reporting requirements.

Question 51: **Will medical records be requested after each quarter or all at one time after 2Q17? If so, when would we expect to receive our first medical record requests?**

Case selection occurs after each HAI validation template submission deadline, for every quarter involved in the fiscal year being validated. It typically takes 10 or more days after the quarter's template submission deadline for the sample of cases to be selected and sent out to the provider.

Question 52: **Will sepsis cases, being validated, be included in the final score to pass validation?**

At this time, sepsis will be included in the FY 2019 confidence interval calculation. Per a notification released by CMS, 10/6/2016, sepsis was not included in the calculation of the final confidence interval for FY 2018. FY 2018 validation is over. At this time, for FY 2019, CMS has not provided any indication that sepsis will not be included in the FY 2019 confidence interval calculation. If CMS decides not to include sepsis in the FY 2019 calculation, hospitals would be notified.

Question 53: **Will the clinical core measure case selection list and letters sent from CDAC be available after we submit our templates for CAUTI/CLABSI?**

It typically takes 10 or more days after the quarter's HAI template submission deadline for this sample of cases to be selected and sent out.

Question 54: **With the MRSA question you just answered, where the facility has a quarter or more with no MRSA or CDI, how [is] the HAI weighted score determined?**

The sample size denominators as described are maximum thresholds, not minimum thresholds. If your hospital does not have four total cases to select in one of the groups for a quarter, then CMS would only select and score the cases that are available. At this time, the HAI stratum is weighted at 66.7% of the total confidence interval score.

Question 55: **With the number of changes to the sepsis measures, will this measure count in the validation score?**

At this time, sepsis will be included in the FY 2019 confidence interval calculation. Per a notification released by CMS 10/6/2016, sepsis was not included in the calculation of the final confidence interval for FY 2018. FY 2018 validation is over. At this time, for FY 2019, CMS has not provided any indication that sepsis will not be included in the FY 2019 confidence interval calculation. If CMS decides not to include sepsis in the FY 2019 calculation, hospitals would be notified.

Question 56: **With the validation process, will a hospital who is not selected for MRSA/CDI/CLABSI/CAUTI submission(s), but is only chosen for SSI (two charts) chart submission for a quarter, but that hospital only has SSIs for one quarter only due to low volume. How will the HAI weighted score be determined for the entire year to roll up with the clinical process of care weighted score? With the 66% weight for HAI, would two HAI charts be considered validate for APU?**

Hospitals are not only chosen for SSI. CMS will randomly assign half of the hospitals selected for validation to submit CLABSI and CAUTI validation templates and the other half of hospitals will be assigned to submit MRSA and CDI validation templates. CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies that appear suspicious of infection. Hospitals do not fill out templates for SSI cases. When a hospital does not have enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select candidate cases from other infection types to meet sample size targets.

The sample size denominators as described are maximum thresholds, not minimum thresholds. If your hospital does not have four total cases to select in one of the groups for a quarter, then CMS would only select and score the cases that are available. At this time, the HAI stratum is weighted at 66.7% of the total confidence interval score.