



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

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Candace Jackson: Hello and welcome to the Hospital IQR Program's Fiscal Year 2019 Chart-Abstracted Validation Overview for Targeted Selected Hospitals webinar. My name is Candace Jackson and I am the Hospital Inpatient Quality Recording Program Support Contract Lead from the Hospital Inpatient Values, Incentives and Quality Reporting Outreach and Education Support Contractor. I will be hosting today's event.

Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation and the questions and answers will be posted to the Inpatient website, www.qualityreportingcenter.com, in the future. If you have registered for this event, a reminder email and the slides was sent out to your email address about two hours ago. If you did not receive that email, you can download the slides at the inpatient website. Again, that's www.qualityreportingcenter.com. If you have a question as we move through the webinar, please type your question into the chat window with the slide number associated to your question at the beginning. As time allows, we will have a short question and answer session at the conclusion of the webinar. Applicable questions that are not answered during that question and answer session will be posted to the qualityreportingcenter.com website in the upcoming weeks.

I would now like to welcome Alex Feilmeier as today's presenter. Alex has a Bachelor of Science in Healthcare Administration with an emphasis in Pre-Medicine, as well as a Master of Healthcare Administration obtained from Des Moines University Osteopathic Medical Center. Alex has been with Telligen since 2013 and has been involved with CMS under the Hospital Inpatient Quality Reporting Program for over three years. He has also worked with the hospital's Public Reporting Program as well as the Comprehensive Care Initiatives under the CMS Innovation Center. Alex has functioned alongside the validation team for the majority of this time with Telligen and he and the rest of the validation team bring a vast capacity of program knowledge to the table. Alex, the floor is yours.

Alex Feilmeier: Thanks, Candace. The purpose of this webinar is to educate and share information regarding the Centers for Medicare and Medicaid Services

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Hospital Inpatient Quality Reporting Program chart-abstracted data validation process for fiscal year 2019. Please note this webinar presentation is not related to the eCQM validation program, which is a separate program with differently selected hospitals.

At the conclusion of this webinar, participants will be able to understand the fiscal year 2019 hospital IQR chart-abstracted data validation program process as a whole; identify the deadlines and associated required activities relating to data validation for fiscal year 2019; submit fiscal year 2019 Healthcare-Associated Infection validation templates through the *QualityNet Secure Portal*, secure File Transfer Application; submit medical records requested by the Clinical Data Abstraction Center, also known as CDAC; and receive and interpret validation results.

CMS assesses the accuracy of chart-abstracted and HAI data submitted to the hospital IQR program through the validation process. CMS verifies, on a quarterly basis, the hospital-abstracted data submitted to the clinical warehouse and data submitted to the National Healthcare Safety Network, also known as NHSN, can be reproduced by a trained abstractor using a standardized protocol. CMS performs a random and targeted selection of Inpatient Prospective Payment System hospitals on an annual basis. Currently, 400 random hospitals are selected in the fall and up to 200 additional targeted hospitals are selected in the spring.

IQR fiscal year 2019 data validation consists of the following quarters. Third quarter 2016, fourth quarter 2016, first quarter 2017 and second quarter 2017.

CMS will validate up to eight cases for clinical process of care measures per quarter per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The measures available for validation across the entire validation fiscal year are stroke, emergency department, immunization, venous thromboembolism and Sepsis. The clinical process of care measures available to be validated in each quarter of the fiscal year are indicated on this slide.

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CMS will validate up to ten candidate HAI cases total per quarter per hospital. CMS will validate candidate cases sampled for the following HAI measures: Central Line Associated Bloodstream Infection (CLABSI); Catheter Associated Urinary Tract Infection (CAUTI); Methicillin-Resistant Staphylococcus Aureus (MRSA) Laboratory Identified (Lab ID) events; Clostridium Difficile Infection (CDI) lab ID events; or Surgical Site Infections (SSI). Hospitals selected for fiscal year 2019 validation are required to provide two quarterly lists of positive cultures. Hospitals will be randomly assigned to submit either CAUTI and CLABSI or MRSA and CDI Validation Templates, but not all four types. Hospitals will be required to submit both assigned Validation Templates to CMS for each of the four quarters of the fiscal year that they have been selected to be validated. All selected hospitals will be validated for SSI. Data for the SSI sample selection will not come from Validation Templates, but will rather come from claims-based data submitted by hospitals to CMS for patients who had colon surgeries or abdominal hysterectomies. CMS will select up to two candidate SSI cases.

This year, 400 random hospitals were selected in November of 2016 and the 200 targeted hospitals were selected in May of 2017. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeted hospitals is outlined in the IPPS final rule.

The list of selected providers is posted on *QualityNet*. It can be found on the hospital's inpatient data validation page. The list is located on the upper right side of the screen within a box titled, "Hospitals selected for inpatient data validation." The data validation pages on *QualityNet* contain help guides, deadline dates and all other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Annually, for both the random and targeted provider selections, a news article, along with the list of selected providers, is posted on *QualityNet*. The ListServe is released to notify the community that the selection has

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occurred. And the validation support contractor sends an email communication directly to the hospitals selected.

Hospitals that have been selected for IQR validation are notified by email communication. This communication is sent to the following hospital contact types listed within the official CMS contact database. CEO, Hospital IQR, Infection Control, Medical Records and Quality Improvement. The Validation Support Contractor monitors email communications sent. And to ensure all hospitals are notified of selection, any bounce backs are researched and hospitals are asked to update to ensure that future notifications are received.

Keeping hospital contacts up to date is necessary to ensure validation related communications and submission deadline email reminders reach appropriate staff at your hospital. Hospitals may check who is listed and make updates to their contacts by sending an email with their six-digit CMS certification number, CCN provider ID, to the Hospital Inpatient Support Contractor at the email shown on this slide.

The next four slides should help provide a high-level, general overview of the validation process. More specific information will follow. Hospitals will start the entire process by filling out the Validation Templates for the types for which they have been selected and then submit the templates to the Validation Contractor via the *QualityNet Secure Portal* secure file transfer application. The templates contain protected health information and may only be submitted using the *QualityNet Secure Portal* secure file transfer. Templates sent via any other method will be rejected and considered a security breach. Hospitals will submit templates before they receive a medical records request packet. The individual submitting the templates must be registered as a *QualityNet* Security Administrator. It is strongly recommended that each hospital have at least two active Security Administrators at all times. If you are unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* Security Administrator. If your Security Administrator is unable to re-establish your access, contact the *QualityNet* Help Desk at the number shown on the slide.

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After the cases for validation have been selected for the quarter, based on information submitted on the templates, the hospital receives a case selection packet from the CDAC. The CDAC will mail a medical records request packet to the attention of Medical Records Director, which contains detailed instructions and case listings. It typically takes ten or more days after the quarter's submissions deadline for the sample of cases to be selected and sent out. The case selections list hospitals receive from the CDAC will contain requests for clinical process of care measures and HAI measures, including SSI, to be validated. The hospital has until the date listed on the quarter's request to send their records to the CDAC. The CDAC then re-abstracts and adjudicates the selected cases.

It typically takes approximately four months after the quarter's submission deadline for hospitals to receive their validation results for the quarter. Educational reviews are offered quarterly based on the release of each quarter's validation results. Completed educational review forms must be submitted within 30 days of the validation results being posted on the My Reports section of the *QualityNet Secure Portal*. This educational process and educational review form can be found on the Hospitals Inpatient Data Validation Educational Reviews page of *QualityNet*.

At the end of each fiscal year, annual payment update results are expected to be released in late April or early May. For fiscal year 2019, this is anticipated to be April or May 2018, at which point hospitals will be notified of their validation pass or fail status. The determination of pass or fail status involves CMS calculating a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. Hospitals may run their end of year Confidence Interval Report, which determines the validation pass or fail status. If the upper bound of the confidence interval is 75% or higher, the hospital will pass the hospital IQR program validation requirement. A detailed fiscal year 2019 confidence interval document is posted on the *QualityNet* hospitals Inpatient Data Validation Resources page.

This slide shows the discharge quotas and associated HAI Validation Template deadlines for the fiscal year 2019 targeted selected hospitals that

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were notified of selection in May 2017. Validation templates are due no later than 11:59pm Pacific Standard Time on each associated deadline date. Validation Templates may be submitted immediately following the last day of each quarter period. One template is required for each quarter of data for each type of Validation Template assigned. For the entire validation fiscal year, hospitals selected randomly in November of 2016 should follow deadlines associated with the random hospitals only. For the entire fiscal year, hospitals selected as targeted, should follow the associated deadlines for the targeted hospitals only.

CMS will accept the current template version only for each fiscal year. When a template version from a previous fiscal year is submitted, the template will be rejected and the hospital will need to resubmit the correct template version. The correct, most recent version of the Validation Templates for the fiscal year being validated, are available on *QualityNet* by selecting the Data Validation link from the Hospitals Inpatient tab drop down, followed by selecting Resources on the left-side navigation pane. The Validation Templates are located in the center of the Resources web page. A direct link is provided on this slide. Download the correct version of the Validation Templates needed and save to a location of choice on the computer. Do not save the Validation Templates with a password and do not lock them. Files with passwords or that have been locked will be rejected and corrected files will need to be resubmitted.

There are four tabs on each Validation Template. The tabs are as follows. A Definitions tab, which provides directions specific to the submission of the template's HAI type; a Template tab, where hospitals enter their data; an NHSN location or NHSN ICU location tab, depending on the template type, which splits all acceptable locations for the respective HAI type; and the fiscal year 2019 submission instructions tab, which provides step-by-step detail on how to submit Validation Templates using the *QualityNet Secure Portal* secure file transfer application. Do not alter or change the original format of the Validation Templates. Do not delete, rename or change the order of the tabs. If any format changes are made, the template will be rejected.

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Some tips for avoiding Validation Template submission errors are as follows. Refer to the fiscal year 2019 Validation Template User Guide and submission instructions document posted on the Data Validation Resources page of *QualityNet*. A direct link is provided on this slide. Verify the correct fiscal year Validation Template is being used. Do not alter the original format of the Validation Templates. Review the definitions tab on each Validation Template for direction on filling out specific fields. Fill in all required fields denoted with an asterisk. Use the drop downs provided in the templates to select valid values. Check all dates for accuracy and submit only via the *QualityNet Secure Portal* secure file transfer application as Validation Templates contain PHI and cannot be sent via email.

Feedback regarding the status of Validation Templates is typically received within two business days of initial submission. If the submitter does not receive a processing confirmation email, please include the hospital's six-digit CCN provider ID in an email addressed to validation@hcqis.org. After Validation Templates have been processed, the submitter of the template and the contacts listed in the template's first row will receive a confirmation receipt email indicating one of two things. One, successful submission, or two, errors have occurred that require your attention and resubmission.

A hospital submitting a Validation Template with processing errors will receive an email notification, which includes the errors to be corrected. Please make the corrections specified in the email and submit the file via *QualityNet Secure Portal* secure file transfer application. Do not attach a template to the error email or this will be considered a breach. Validation Templates may only be resubmitted up 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 templates does not extend the submission deadline. When resubmitting a revised Validation Template, include a note in the *QualityNet Secure Portal* secure file transfer message indicating that a revised template is being submitted and, please, also include the word "revised" or

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“resubmitted” in the file name. This will assist the Validation Support Contractor in processing.

At predetermined points up until the Validation Template deadline each quarter, the Validation Support Contractor 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 quarterly Validation Templates to CMS by the deadline, they will be assigned placeholder cases. Up to ten placeholder cases can be assigned and all would be scored zero over one. If a hospital submits a Validation Template and receives an error notification, but does not make corrections and resubmit the Validation Template by the deadline, placeholder cases will also be assigned and scored zero over one.

The Validation Support Contractor performs some courtesy checks on the Validation Templates to assist hospitals with submitting accurate data. The Validation Templates are used to randomly select cases for validation. If the data are incorrect on the template, it could result in mismatches. If the hospital receives an email from the Validation Support Contractor asking for a review of the Validation Template due to a possible discrepancy, please reply to the email indicating either a new Validation Template has been submitted or the data are accurate and submitted and no changes are needed. Some examples of discrepancy checks are CAUTI/CLABSI culture dates listed that are not between the admit and discharge date, differences in data that is listed on multiple rows of the template that appear to be the same patient and same episode of care or discrepancies between the two assigned template types where a patient is listed on both templates but the date of birth, admit date or discharge date are different from what appears to be the same episode of care.

Validation Templates are not validated. They are used to select HAI cases to be validated each quarter. CMS performs a random selection of cases submitted for each validation template submitted per hospital being validated. Remember, there are not Validation Templates for SSI cases. After a Validation Template submission deadline has passed, data submitted on a Validation Template cannot be changed.

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This slide provides a more visual representation of what is included in the HAI sample selection. As explained, CMS will validate up to ten candidate HAI cases total per quarter per hospital. CMS will select up to four candidate HAI cases from each of the assigned 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 and which appears suspicious of infection. 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. Requests identified from Medicare claims data may include a request for an index submission and readmission record. When both types are requested, both records should be submitted.

The CDAC will send hospitals a written request to “Medical Records Directors” using FedEx to submit a patient medical record for each case and candidate case that CMS selected for validation. It is important that the packet be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. The medical records request will be delivered to the address listed under the 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 Hospital Inpatient Support Contractor at the email listed on this slide.

The hospital’s list of cases selected for validation each quarter, including all available patient identifiers, can be accessed via the *QualityNet Secure Portal* secure by a registered user with the appropriate reports role. Please note that this report can take several business days after the original request date to become available. To access this report, log into the *QualityNet Secure Portal*, select “My Reports,” followed by “Run Reports,” select “IQR Program Hospital Reporting Data Validation Reports,” select “Hospital Data Validation Case Selection Report.” This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to send medical records or additional documentation after the record has been received by the CDAC. This

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applies even if the wrong record is sent or if pages are missing or are illegible. The CDAC will extract every case with the applicable documentation that the hospital originally sent. For these reasons, it is critical that hospitals have a process for reviewing each of their records after they have been copied and prior to them being sent to the CDAC. Regardless of who copies your medical records, whether that be hospital medical records staff, independent copying services etc., all records should be carefully reviewed prior to mailing them to the CDAC. Consider having an abstractor review your records prior to mailing, as they are most familiar with the location of the information needed for abstraction - this is especially important if printing records from an Electronic Health Record - to ensure all necessary information is present.

Hospitals have until the date listed on the request to send their records to CDAC. IQR records must be received within 30 days of the request date. Hospitals may submit medical records on paper copy, removable media – such as CD, DVD, flash drive - or via the *QualityNet Secure Portal* secure file transfer application. Detailed instructions on how to submit medical records via any of those three methods are provided in the packet delivered by CDAC. Additional information about the request for medical records can be found on *QualityNet* by selecting “Data Validation” from the Hospitals Inpatient tab drop down and selecting ‘CDAC information’ from the left side navigation pane. A direct link is provided on this slide.

There are three different quarterly validation reports available to be run through the *QualityNet Secure Portal*. The three quarterly validation reports are the case selection report, the validation summary report and the validation case detail report. The case selection 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 Validation Summary Report provides a high-level summary of the validation reliability rate for each abstracted case. This report becomes available after the hospital receives its results for the quarter. The validation case detail report provides a list of all elements abstracted compared to the CDAC re-

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abstraction on each case. This report also becomes available after the hospital receives results for the quarter.

The Case Selection Report lists hospital cases selected for validation each quarter, including all available patient identifiers. This report becomes available after the CDAC mails the record request packet. This report also displays the medical record request date, the due to CDAC date and each record received date. The record received date remains blank until a record is received by the CDAC. Please note it could take up to 24 hours for the record received date to populate. To verify receipt of your records, contact the CDAC directly via email at the address or phone number listed on this slide.

The Validation Summary Report lists each validated case with its score, organized by measure set.

The Case Detail Report provides the complete information about all abstracted elements compared to the CDAC re-abstraction on each case. Mismatches and the associated education comments from the CDAC are displayed in a red font.

Within 30 days of validation results being posted on the My Reports section of *QualityNet*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review. Please note, quarterly validation results will not be changed as a result of this review. However, CMS suggests and hopes that hospitals will use the opportunity to receive education and guidance for future submissions. The information needed to request a review can be found on *QualityNet* by selecting “Data Validation” from the hospitals inpatient tab drop down and selecting “Educational Reviews” from the left-side navigation pane. A direct link is provided on this slide.

One other validation related report, the Confidence Interval Report, becomes available after all quarterly results for the fiscal year have been completed and a confidence interval has been calculated based on the cumulative results. To pass validation, the hospital must receive equal to

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or greater than a 75% upper bound confidence interval score. If a hospital does not meet the overall validation requirement, the hospital will not receive full APU. A detailed fiscal year 2019 confidence interval document is posted on the hospitals inpatient data validation resources page of *QualityNet*.

If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in late spring indicating they have failed APU. At that time, a hospital may request a reconsideration appeal of their validation results. The hospital would then provide information on why they're asking CMS to reconsider their results. Additional information about reconsideration can be found on *QualityNet* by selecting "Hospital Inpatient Quality Recording Program" from the hospitals inpatient tab drop down and then selecting "APU reconsiderations" from the left-side navigation pane. A direct link is provided on this slide. Validation resources are available on *QualityNet*. To access, select "Data validation" from the hospitals inpatient tab drop down and select 'Resources' from the left-side navigation pane. A direct link is provided on this slide. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk by telephone or email. The contact information is shown on this slide.

Questions may be submitted to the Validation Support Contractor using the CMS question and answer tool on *QualityNet* or by directly emailing the Validation Support Contractor. Direct links are provided on this slide. Whether asking the question through the CMS Question and Answer Tool or directly to the Validation Support Contractor email, please include the hospital's six-digit CCN provider ID. This will expedite a reply with information specific to your hospital.

And that's all I have. Back to you, Candace.

Candace Jackson: Thank you, Alex. We appreciate you presenting for us today and I'm sure the information you presented will be very beneficial to those hospitals that have been selected for validation. We do have time for a few

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questions that were submitted to the chat box, so I will start with the questions at this time.

Our first question. Our hospital was chosen for 2019 inpatient data validation and the template listed is MRSA/CDI, so are we going to be validated for stroke, ED, IMM, VTE and Sepsis too?

Alex Feilmeier: That's correct. The hospital will be validated for clinical process of care measures as well as 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.

Candace Jackson: Thank you. And our next question. Does CDAC validation include eCQM for fiscal year 2019? Does it use the same hospital selection list?

Alex Feilmeier: So this webinar is not related to the eCQM validation program as it's a completely different program. However, this is one question that can be answered and that is hospitals cannot be selected for both types of validation at once and further information on the eCQM validation program will be released by CMS as that information becomes available.

Candace Jackson: OK, thank you, Alex. Our next question. With the Phase 1 and 2 approach, will hospitals that do not meet the first three quarters of the validation process for both clinical process of care and HAI, be notified in March and Phase 2 in May?

Alex Feilmeier: This question seems very specific to reconsiderations and I might suggest this individual either reach out to us via the validation inbox at validation@hcqis.org. I also believe, I could be wrong, there's another webinar on reconsiderations to be held next week possibly?

Candace Jackson: Yes, that is correct. I would suggest if you have questions around the APU reconsideration process that you can also send those to the Inpatient Quality Reporting Program Support Contractor and we will be able to assist you with your questions. Just a little bit of additional information, validation is always included in Phase 2 of the APU reconsideration. So if

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you were to fail validation, you would not be notified until Phase 2, which occurs in May.

Our next question. If you have a hospital selected for targeted validation, does that mean they did not meet the confidence interval requirements for participation of the IQR?

Alex Feilmeier: That's a good question. It does not necessarily mean that the hospital did not meet the confidence interval requirement, just because they were selected as a targeted provider. A targeted provider sample of up to 200 hospitals was selected based on CMS targeting criteria as it's outlined in the rule. And the criteria could be summarized as a hospital meeting one or more of the following things. They could, of course, fail to meet the validation requirement for the previous fiscal year. They could have a lower bound confidence interval of less than or equal to 75% in fiscal year 2018, or the previous year that is. Failure to report at least half of HAI events detected during the previous year to NHSN. They could have had rapidly changing data patterns. They could have had abnormal or conflicting data patterns. They could have submitted to NHSN after the IQR submission deadline. And they could have been selected just for having not been selected in any of the previous three years.

Candace Jackson: Thank you, Alex. And our next question. How do you know if you are a random or targeted selection on the list on the QNet site?

Alex Feilmeier: So the selected provider list that is on the *QualityNet* site, it does not signify whether a hospital was selected as a randomly selected hospital or a targeted hospital. It was a CMS decision not to publicly show which hospitals were randomly selected versus those that were targeted so as not to discourage maybe people in the public from noticing that a hospital was targeted for some, if you could call, poor performance reason. So that's why it is not distinguished on the list. If you would like to know whether you were randomly selected or you were targeted, you can send an email to us and include your six-digit CCN provider ID number. And you can also know by just, if you know when you were selected, the randomly

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selected hospitals were selected in, earlier in the fall, whereas the targeted hospitals were just recently selected this spring.

Candace Jackson: OK, and our next question. What is the penalty if you do not pass?

Alex Feilmeier: So if a hospital does not pass the validation requirements, they could have a 25% reduction in their APU.

Candace Jackson: Thank you. And our next question. One of our hospitals was selected during the targeted phased. In following timeline for third quarter 2016 data to be submitted, the dates have come and gone. What is the timelines for selecting third quarter 2016 data? I don't see targeted facilities outlined in a timeline.

Alex Feilmeier: So I'm assuming this person is talking about the clinical submission deadline and, yes, the clinical submission deadline for third quarter 2016 has passed and, you're right, the randomly selected hospitals have already turned in their Validation Templates. However, the targeted hospitals have different template deadline dates. Those can be found on a document on the data validation overview, or resources, I'm sorry, Data Validation Resources page on *QualityNet*. You can get the link to that if you go to slide 42 of this presentation. It shows you the link to find that resources page.

Candace Jackson: OK, thank you. Are Critical Access Hospitals included in data validation?

Alex Feilmeier: Critical Access Hospitals are not included in data validation.

Candace Jackson: Thank you, Alex. And our next question. 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?

Alex Feilmeier: Hospitals cannot be selected both randomly and targeted. So therefore Validation Templates would not be required for all four infection types and they would not be listed twice on the list on *QualityNet*.

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Candace Jackson: OK, thank you. Our next question. We are a targeted hospital. Can we find out exactly why we were targeted, specifically which criteria we met?

Alex Feilmeier: Absolutely, that's a good question. If you'd like to know more information on why your specific hospital was targeted, please send an email to the Validation Support Contractor, validation@hcqis.org. and again please include your six-digit CCN provider ID number.

Candace Jackson: Thank you. Our next question. 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 secure QNet portal?

Alex Feilmeier: I do believe a basic user can submit Validation Templates. If it says differently in this presentation, I apologies. I know the Security Administrators are strongly suggested to have one or two, but I do believe a basic user can submit Validation Templates.

Candace Jackson: Thank you. And our next question. When should we expect the request for third quarter records?

Alex Feilmeier: So just so it's clear, the, for targeted providers and for random providers, the Validation Templates will be turned in before the record request is received by the hospital. The third quarter targeted deadline for templates is 8th July. And then medical records would be requested after that. If you're interested in a general timeline or an estimation of when those medical record requests may go out, there is an important dates and deadlines document which is posted on the data validation resources page. Again, that link can be found on slide 42.

Candace Jackson: Thank you, Alex. And our next question. When will the third quarter 2016 chart selection list be made for targeted facilities?

Alex Feilmeier: I believe that question was just answered, so if you want to check out the important dates and deadlines document, that would be the best way to get an estimate.

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Candace Jackson: OK. And our next question. 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 data, or date, excuse me. Do you need me to repeat that question, Alex?

Alex Feilmeier: No, I got it. That is a good question. However, the medical records request goes out and, even if you turn them in on the first day that you receive that packet, it still will not be until ten-ish days after the medical records due date has passed. So turning in early won't necessarily mean you'll get your request earlier.

Candace Jackson: OK. And our next question. 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?

Alex Feilmeier: So the random and targeted hospitals are responsible for the exact same quarters for this fiscal year. Yes, you're right, like I said earlier, the third quarter template deadline has passed for the randomly selected providers. However, the targeted providers have different deadline dates. So, no, the quarter will not be skipped, it will just have a different deadline date that you will be responsible to turn your templates in by.

Candace Jackson: Thank you. Our next question. HAI, how many charts will be requested per quarter.

Alex Feilmeier: So for HAI, if you go to page or rather slide 30, there's a really good explanation of the HAI sample selection. And it kind of gives you a little visual representation of what is included. So whether you're selected for CLABSI and CAUTI or MRSA and CDI, you will have four of each of those selected as well as all hospitals will have two 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.

Candace Jackson: Thank you. Our next question. Templates are due by 7/8/2017 and then we get the medical records to submit. Correct?

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- Alex Feilmeier:** That is correct. The Validation Templates are due first and the medical record request packet will come after.
- Candace Jackson:** And we, this next question I believe you may have addressed during the presentation or the question session, but I'll ask again. If we were both randomly selected and as a targeted hospital, we follow the randomly selected hospital deadline, correct?
- Alex Feilmeier:** So 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.
- Candace Jackson:** Our next question. How do we know which and how many patients go onto the template for MRSA and CDI?
- Alex Feilmeier:** I believe that question can only be answered by you at your hospital. The definitions tab of the template specifically states how to report your infections on the template. So I can't tell you how many you need to submit. You will submit all of them that meet the criteria as defined on the template.
- Candace Jackson:** And our next question. If you are to submit MRSA, what do you do if there are no MRSA bacteremia's during that quarter? Do you submit a blank template?
- Alex Feilmeier:** That's a very good question. If a hospital doesn't have any positive cultures or specimens to report for a quarter, then what the hospital will do is they'll fill out just the hospital information section, which is the light blue colored columns on the first row of the template and they'll indicate no positive cultures or specimens. And you can find direction about that on the Validation Template user guide and submission instruction document, which is posted on the inpatient data validation resources page. The link again can be found on slide 42.
- Candace Jackson:** Thank you, Alex. And our next question. When being validated for CAUTI and CLABSI, do you want all positive inpatient urine cultures and

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all positive inpatient blood cultures or do you want just the urine cultures and blood cultures that have been identified as HAIs?

Alex Feilmeier: For the reporting of the cultures on your templates, again, please follow the definitions tab, which explains specifically which infections are to be reported. You do want to report, for CAUTI and CLABSI, all final positive cultures.

Candace Jackson: OK. Thank you. And we have time for one last question here. 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?

Alex Feilmeier: So what I would suggest is you run your case detail report after the results have been received. On there, you can see which parts are matched versus which parts are mismatched and if you have any questions about any of those you can submit a question to us. And if you, again, have questions about why something mismatched, you may, after receiving your results, within 30 days submit an educational review form and we would be more than happy to help you understand why a case mismatched or even what you could do in the future to improve even if it was a match.

Candace Jackson: Thank you, Alex. And that concludes our question and answer session. I do want to note again that all question and answer questions that were submitted through the chat feature will be responded to and posted to the *Quality Reporting Center* website at a later date in the near future, so you can always go there for your question and a response.

At this time, I'd like to turn the presentation over to Dr Debra Price, who will go over the CE process. Debra, the floor is yours.

Debra Price: Well, thank you very much, Candace and Alex, for your time. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and, as such, all nurses report their own credits to their boards using the national provider number you see on the last bullet, provider number 16578. We now have an online certificate process and you can

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receive your certificate two different times. At the end of this event, a slide will pop up and that will be the survey and you can take the survey and get your certificate that way. But if you have, if you don't have the time to stick around with us for another few minutes, then you can wait for 48 hours and we will be sending another survey around. And also if there are other people in the room that are listening with you that did not register for the event, so therefore they would not get the survey, you can pass tomorrow's survey to them and they would be able to get their credit.

Once you register with our Learning Management Center, you should immediately get an email and that email will provide you the, it will be where you go to set up a password. If you don't immediately receive that email, that means that there's a firewall up on your computer and typically we tell people to go back and re-register using the new user link that I'll show you in another slide. But what you're going to do is register your personal email, like Gmail or AT&T or whatever your personal email is, because they don't have firewalls up and our links are able to get through.

This is what the survey is going to look like, at the end of my slides. And you notice in the bottom, right-hand corner, there's a little, grey, rectangular button called "done." When you click that button, another page pops up - this page - and it has two green links on it. The first green link says it's a new user link and that's the link that you're going to click on if you've had any problems getting our certificate. If you haven't had any problems, then you're going to click on the second link. That's the existing user link.

This is where you would go when you click on the first link, the new user link. And this page, you would put your first name, your last name, and, again, we are asking you to please provide a personal email that's not related to your hospital account and a personal phone number. That way you will know that you will not have any firewalls that will be blocking our links. If, however, you haven't had any problems and you click on the second link on that slide, that previous slide, you would be clicking on the existing user link and your user name is your entire email, including what's after the @ sign. And the password is the one that you set up in

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this Learning Management Center. However, if you lost or you don't remember what your password is, don't worry about it because you will be, if you click into the password box, you'll be able to set up a new password.

And of course we would like to thank everyone for spending and sharing the last hour with us. We hope that you've learned something from our, our speakers. If we didn't get to your question, remember that all questions will be answered and will be posted to our website, www.qualityreportingcenter.com, at a later date. Please enjoy the rest of your day and goodbye, everyone.