



Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Questions & Answers

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Question 1: Do the hospitals that are chosen for healthcare-associated infection (HAI) data get a list sent to the medical record persons to submit the data?

Yes. Each quarter, a case listing is sent to the attention of “Medical Records Director” by the Clinical Data Abstraction Center (CDAC).

Question 2: Do you submit Validation Templates as available or one template prior to the Validation Template deadline for that quarter?

One HAI template for each HAI measure your hospital has been assigned is to be submitted to the Centers for Medicare & Medicaid (CMS) each quarter by the established submission deadline. Hospitals are either assigned CAUTI and CLABSI or MRSA and CDI. You may submit the Validation Templates any time after the quarter is complete. Validation Templates must be submitted by the established submission deadline each quarter to meet the quarterly submission requirement.



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Question 3: Does a hospital fill out an HAI Validation Template and submit to *QualityNet* only if they are selected for validation?

Correct. Only hospitals selected for IQR data validation are required to submit quarterly HAI Validation Templates.

Question 4: In the case of no infections for the HAI cases, what would need to be submitted?

The hospital will fill out the contact information in the first line and then indicate "No." This will meet the submission requirement. You may find this direction in the *FY 2019 Validation Template User Guide and Submission Instructions* document, which is posted on the Hospitals - Inpatient > Data Validation > Resources page of *QualityNet* located at

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 5: Just so I'm clear, we only submit data for intensive care unit (ICU) locations? Not all units/areas? We are reporting CAUTI and CLABSI.

Correct. For the CAUTI and CLABSI HAI Validation Templates, you will report only ICU locations.

Question 6: I thought sepsis was not going to be validated at this time?

Per the notification released by CMS 10/6/2016:

Starting with Q4 2015 data, CMS requested medical records for the SEP-1 measure from the hospitals selected for Hospital IQR Program validation. The scores for sepsis measure validation will not be used to calculate the confidence interval for the IQR validation; therefore, the validation of measure data from Q4 2015, Q1 2016, and Q2 2016 will not impact the annual payment update (APU) of hospitals for FY 2018. Hospitals are still required to submit SEP-1 data. CMS will provide guidance on when the measure will be used for validation in future communications.



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Question 7: On the *QualityNet* site, the FY 2019 list only has the HAI validation listed. Is there a separate list for stroke (STK), sepsis (SEP), and so on?

The chart-abstracted measures that will be validated in each quarter of FY 2019 can be found on the Hospitals - Inpatient > Data Validation - Overview page of *QualityNet* located at

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912>.

Question 8: Please review how surgical site infection (SSI) cases are selected.

SSI cases for colon surgeries and abdominal hysterectomies are selected from the claims submitted by hospitals to the CMS claims data warehouse. SSI cases are selected, based on the codes submitted by the hospitals.

Question 9: So, is sepsis data as of quarter three (Q3) 2016 and forward, going to be used to calculate the confidence interval for FY 2019 IQR validation?

At this time, SEP-1 is included in the FY 2019 IQR validation score. If CMS should make a decision to exclude SEP-1, providers will be notified.

Question 10: What is the Validation Template submission deadline?

Each quarter has a submission deadline for the Validation Templates. The deadlines for randomly selected hospitals can be found within the webinar slides, and are also posted on the Hospitals - Inpatient > Data Validation > Resources page of *QualityNet* located at

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912>.

The FY 2019 targeted hospitals have not been selected yet. For the entire validation fiscal year, hospitals selected randomly in November 2016 should follow the deadlines associated with the randomly selected hospitals only. When targeted hospitals are selected in the spring of 2017, they will be instructed of different deadlines.



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Question 11: The email had a Validation Template; is it okay to use this?

Yes, you may use the Validation Templates attached in the email sent. However, to ensure the most recent, up-to-date templates are being used, the Validation Templates are also available to download from the Hospitals - Inpatient > Data Validation > Resources page of *QualityNet* located at <https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 12: The only choice for the CAUTI and CLABSI template is ICU locations; why are the med-surg locations not included?

For the Hospital IQR Program, only ICU locations are validated for CAUTI and CLABSI.

Question 13: There are Validation Templates for HAI only, correct?

Yes. The WebEx[®] webinar specific to Validation Templates, *Hospital Inpatient Quality Reporting (IQR) Validation Program Healthcare-Associated Infection (HAI) Validation Template Submission*, presented on 8/1/2016, is currently posted on *QualityNet* for reference, along with the transcript.

Question 14: We do not have an ICU and have an HAI exception form on file. To clarify, we do not have to submit anything at all for the CAUTI/CLABSI deadline, correct?

Correct. You do not need to submit a quarterly CAUTI or CLABSI Validation Template with a current exception on file with no ICU locations.

NOTE: This will not change reporting requirements to the National Healthcare Safety Network (NHSN).

Question 15: We were chosen for inpatient validation last year and this year again. Is that normal?

This can happen. The random selection of hospitals is random, and hospitals may be selected multiple years in a row.



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Question 16: We were selected but have no ICU beds. Is the validation limited to ICU?

No, IQR data validation is not limited to only ICU locations. For CAUTI and CLABSI, it is limited to ICU locations; however, Methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* Infection (CDI), and SSI include other locations outside the ICU. Furthermore, clinical process of care measures are also validated.

Question 17: When hospitals are later targeted for selection, will they also be validated for the same quarters (Q3 2016, etc.)?

Correct. The quarters of validation will be the same for the targeted providers. Hospitals selected as targeted providers will be notified of the quarters, corresponding due dates, and other necessary information.

Question 18: Can a hospital be selected for validation for both eCQM and chart abstraction?

No. Hospitals cannot be selected for both types of validation at once. Further information on eCQM validation will be released by CMS as it becomes available.

Question 19: If our in-house rehab has its own provider number, then I do not have to include these cases on the CMS report? Also, how can I be sure it is a provider number; how can it be validated?

Correct. If an inpatient rehabilitation facility has its own provider number or CMS Certification Number (CCN), it should not be included on the HAI Validation Template for the Hospital IQR Program. The list of selected providers is posted on *QualityNet*, on the Hospitals - Inpatient > Data Validation - Overview page. The list is located on the upper-right side of the screen within a box titled, "Hospitals Selected for Inpatient Data Validation." Here is a direct link where the list can be found:

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912>.



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Question 20: A patient in Emergency Department (ED), and had positive MRSA blood cultures, but was discharged on the same day from ED. This positive MRSA blood was reported to NHSN. He came back the next day, and once again, had MRSA in blood, but this time was admitted. The blood cultures with MRSA could not be reported to NHSN, but CMS wants these to be on the validation report. How will this affect our report?

If that case is selected for validation, then you will receive a request to submit that patient's medical record for that episode of care. And when the CDAC receives and abstracts the record, they should come to the same conclusion as your abstractor, and you should not be "dinged." Instances such as this have many variables, and specific direction is provided within the abstraction manuals. Further information on specific cases can be handled on a case-by-case basis. If you have detailed questions such as this, please email the validation support contractor, who will be able to provide you with more information, or direct you to the correct resources.

Question 21: In collecting ICU discharges, we included: one, transfers from ICU to other floors; two, transfers from ICU to other institutions; three, expirations; four, discharge from ICU to the home; and five, patients who left the unit against medical advice (AMA). I wanted to ensure if all these count as a discharge from ICU. Otherwise, please explain.

Working off of the assumption that this question is in regards to the CLABSI template's **total discharges** in the ICU field, please be aware that this field is an optional field. If the information is readily available, feel free to enter it; if it is difficult to determine, then please remember that it is optional. That said, the total discharges in the ICU field should include any and all discharges through the ICU, or any ICUs for that CCN/Provider ID.

Question 22: When will CMS announce hospitals randomly selected for eCQM validation?

This webinar is not related to the eCQM Validation Program, which is a separate program and has differently selected providers. And, while we understand your concern with knowing more information about this new program, CMS will provide additional information about that program when it becomes available.



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Question 23: What happens when there is a discrepancy between the submitted record and the chart record?

The CDAC abstracts the record that you sent to them; and the outcome they determine will be compared against the outcome that your hospital had originally abstracted and submitted into the clinical data warehouse or to NHSN. If there are discrepancies between what the CDAC finds and what you had found, then this could result in a mismatch, which would affect your quarterly score.

Question 24: We were previously selected for validation, and we're wondering what the rationale was for selecting immunization cases during time periods when immunization was not being abstracted, for example, during the summer.

This has been brought to CMS's attention. And, it was written in the rule to include these, even though they are during time periods when immunization is not being abstracted. However, because it is in the rule, at this point, if you received a request for an immunization record during that time frame, you are to submit the record to the CDAC, as requested. And, they will come to the conclusion that these cases are not necessarily being validated for the quarter, and you will not be "dinged."

Question 25: If we become a targeted provider, how can we meet the HAI deadline of submitting HAIs to *QualityNet* for the first quarter if we will not be informed until after that? Maybe I am confused with the timeline.

The random providers have deadlines that are specific only to the randomly selected providers. The FY 2019 targeted hospitals have not yet been selected. For the entire validation fiscal year, hospitals selected randomly in November 2016 should follow the deadlines associated with the randomly selected hospitals only. When targeted hospitals are selected in the spring, they will be instructed of different deadlines.

Question 26: If we were selected for CLABSI and CAUTI but have no ICU, will it then only be SSI validation?

That is correct. If your hospital is selected for CLABSI and CAUTI, and you don't have an ICU, you will turn in a template that says, "No," you do not have any cultures to report for that quarter. You will do this for every quarter of the fiscal year. Then, when medical records are requested, because SSI cases are selected through claims data, you will still receive a records request for any SSI cases, and also for any clinical process of care cases selected for validation.



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Question 27: How do we get the VSC letter resent?

From the question, it is difficult to determine to which “letter” the question is referring. If referring to some kind of letter that went out when hospitals were initially selected, no letter was sent. Annually, for both the randomly selected and targeted provider selections, notifications released include the following:

- A news article, along with the list of selected providers, posted on *QualityNet*
- A ListServe released to notify the community that the selection has occurred
- An email communication from the VSC sent directly to the hospitals selected

A physical letter is sent out only for medical record requests. Hospitals can contact the CDAC directly for information about the medical records request packet.

Question 28: Do you know if, is CMS leaning toward excluding SEP-1 since there has been so much confusion and change associated with the rollout of this measure?

The notification sent out by CMS stated that quarters involved with fiscal year 2018 validation were affected and made no mention of fiscal year 2019 validation. So, hospitals are still required to submit their sepsis data. And, CMS will let providers know if, and when, they decide that fiscal year 2019 will not include sepsis in the scoring calculation. At this time, CMS has not given any guidance on whether they will not include sepsis in fiscal year 2019.

Question 29: For these validation charts, will we have to submit electronically for 2017? And, it sounds like we have to have a template to validate these charts; and then, we send you the template and the chart. Is that correct?

Yes. With data validation the way it currently is, with chart-abstracted data validation, hospitals are required to submit HAI Validation Templates to the validation support contractor via the *QualityNet Secure Portal* Secure File Transfer (SFT) application. After the hospital submits templates, they then receive a medical records request packet. And, that medical records request requires them to submit their medical records, whether they have an EHR system or not. Hospitals can send the records in one of three ways; those three ways are discussed within the presentation. Hospitals will receive detailed instructions within the medical records request packet on how to submit medical records via any of the applicable methods.



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Question 30: Other than the confidence interval calculation, does any other requirement make a hospital a possible target for the target selection?

This year, CMS will target hospitals based on their:

- Failure to meet validation requirements in FY 2018;
- Lower bound confidence interval less than or equal to 75 percent in FY 2018;
- Failure to report at least half the HAI events detected during FY 2018 to NHSN;
- Rapidly changing data patterns;
- Abnormal or conflicting data patterns;
- Submission of data to NHSN after the IQR submission deadline; and/or
- Not having been validated in the previous three years.

Question 31: I thought the 75 percent confidence level minimum to pass validation had been suspended indefinitely. Has this been reactivated?

No one at the validation support contractor is aware of any suspension to the 75 percent confidence interval minimum. Any changes to the validation confidence interval methodology would be outlined in the final rule.

Question 32: If a hospital has not been selected for validation, do Validation Templates for HAI have to be submitted quarterly anyway?

Hospitals are not required to submit HAI Validation Templates if they have not been selected for validation. However, hospitals are welcome to submit HAI Validation Templates if they have not been selected for validation. However, nonselected hospitals that submit Validation Templates will **not** receive feedback.

Question 33: Please review how SSI cases are selected.

SSI cases, as mentioned during the presentation, are not selected from Validation Templates. These are selected from claims data that your hospital submitted. That data is pulled, based on codes submitted by hospitals, and those cases are included in the sample.



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Question 34: For clarification, my hospital will receive a paper request, and we can submit requested data by paper?

That is correct. You will receive a paper request via FedEx that will go to the attention of “Medical Records Director” at your hospital. And, you can submit your records via one of three ways: paper copy, removable media (CD/DVD/flash drive), or through the *QualityNet Secure Portal* SFT application. Additional information about the methods by which you may submit your records will be included within the medical records request packet that you receive from the CDAC.

Question 35: I am a bit confused; we were selected for CAUTI/CLABSI but do not have an ICU. Will we be validated? If not, will we receive notice in writing, or are we required to submit the template?

If you were selected for CAUTI and CLABSI, but you do not have an ICU, you are still required to submit Validation Templates. Please review the *FY 2019 Validation Template User Guide and Submission Instructions* document located on the Hospitals - Inpatient > Data Validation > Resources page of *QualityNet*. You will see that you may submit the templates by selecting “No” from the Positive Cultures drop-down, indicating that you had no positive cultures that met the definitions for the quarter. You will still be validated for SSI cases submitted through claims data, as well as, clinical process of care cases submitted to the clinical data warehouse.

Question 36: When should the request for third-quarter data be received by hospitals?

The template submission deadline for third quarter 2016 is February 1, 2017, for hospitals randomly selected for validation. It typically takes several days after the quarter’s template submission deadline for the sample of cases to be selected and sent out. It is estimated that third quarter 2016 medical records requests will be mailed around the end of February 2017.

Various deadlines and estimated event dates relating to the IQR validation program are listed in the document, *Hospital IQR Important Dates and Deadlines*. This document is posted on the Hospitals – Inpatient > Data Validation > Resources page of *QualityNet* located at <https://www.QualityNet.org/dcs/ContentServer?cid=1140537256076&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>.



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Question 37: How much of the APU is at risk for being lost for failed validation?

If a hospital fails the data validation requirement of meeting the confidence interval, then a reduction of one-fourth of the annual market basket update could occur. That information can also be found on *QualityNet*, and the question can be answered further via the Hospitals - Inpatient > Questions and Answers tool located at <https://cms-ip.custhelp.com>.

Question 38: Am I correct that critical access hospitals (CAHs) are not required to do validation?

You are correct. CAHs cannot be selected for validation.

Question 39: Are there other webinar training modules available for completing the CAUTI and CLABSI Validation Templates?

There is not a webinar specific to CAUTI and CLABSI, but a webinar reviewing Validation Templates was presented on 8/1/2016, and is currently posted on *QualityNet* for reference along with the transcript.

Question 40: Are we supposed to be using the template for validation?

The HAI Validation Templates are a tool that hospitals must use during IQR data validation to record their positive cultures for either CAUTI/CLABSI or MRSA/CDI. The actual templates are not validated, but these templates must be submitted to meet data validation requirements. Please review the *FY 2019 Validation Template User Guide and Submission Instructions* document, which is posted on the Hospitals – Inpatient > Data Validation > Resources page of *QualityNet* located at <https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 41: Can anyone request a user ID and password for record portal submission, or does it have to be done by someone who already has this access?

Your *QualityNet* Security Administrator will need to contact the *QualityNet* Help Desk and request access for a user to be able to submit via the *QualityNet Secure Portal* SFT application.



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Question 42: Can you please clarify if validation results are weighted—HAI vs. chart-abstracted measures?

For FY 2019, the finalized validation process for chart-abstracted measures includes the following two separate validation strata:

- Healthcare-associated infection (HAI), weighed at 66.7%
- Other/Clinical Process of Care, weighed at 33.3%

Refer to the Hospitals - Inpatient > Data Validation > Resources page on *QualityNet* for more information regarding the validation process located at <https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1140537255912>.

Question 43: I am new to the case management role with ten weeks of experience. What is the best resource for me to make sure I understand this information, and to ensure I am in compliance?

Validation resources are available on *QualityNet*, including:

- Validation Fact Sheet document
- Most current Validation Templates
- *Validation Template User Guide and Submission Instructions* document
- Confidence interval documents
- HAI abstraction manuals
- Tool display documents

To access these resources, select the Data Validation link from the Hospitals - Inpatient tab drop-down, then select the Resources link from the left side navigation pane. Here is a direct link to the page:

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 44: Is there a webinar planned to discuss common errors found in validation?

The next webinar planned is in regards to the outpatient quality reporting validation process, but we will take this suggestion to CMS for their determination.



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Question 45: If an account is combined, per 72-hour rules, but they have different visit ID numbers, do we need to submit both encounters?

If I understand your question correctly, you are asking if a hospital combines two episodes of care into one for billing purposes, and they have different account IDs, will both need to be submitted? If that is a correct understanding, then yes, all of the medical record that is for the entire inpatient episode of care would need to be submitted to CDAC, should this case be selected for validation. If that is **not** the correct understanding of your question, please contact us at validation@hcqis.org for further clarification.

Question 46: If there are no specimens for the location that is to be validated, would you just submit a blank template?

No. When a hospital has no positive cultures/specimens to report for a quarter, the Hospital Information Section (light blue colored columns) on the first row of the template should be completed, indicating no positive cultures/specimens. (CLABSI, CAUTI, CDI, and MRSA all to be completed in a similar fashion for facilities with no positive cultures.)

You may find this direction in the *FY 2019 Validation Template User Guide and Submission Instructions* document, which is posted on the Hospital - Inpatient > Data Validation > Resources page of *QualityNet*. Here is a direct link:
<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 47: If we decide to send medical records via the secure file transfer, this would need to be done by someone at our facility that has a login and password for the *QualityNet* home page?

Correct. The individual would need a login, as well as, the rights to send data via the *QualityNet Secure Portal* SFT application. Please contact the *QualityNet* Help Desk for questions regarding SFT and who at your facilities has these rights. The *QualityNet* Help Desk can be reached by telephone, 7 a.m. – 7 p.m. CT, Monday through Friday at (866) 288-8912 or by email at qnet support@hcqis.org.



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Question 48: In regard to SSI, we do not perform any colo or hyst surgeries. I “Report No Events” to NHSN. Since we don’t perform these, we do not submit anything. And, even if we did perform them, would only submit if we received a request for these patients, correct?

SSI cases are selected from claims data that your hospital submitted. That data is pulled, based on codes submitted by hospitals, and those cases are included in the sample, if applicable.

Question 49: In the case of no infections for the HAI cases, what would need to be submitted?

You may find this direction in the *FY 2019 Validation Template User Guide and Submission Instructions* document, which is posted on the Hospitals – Inpatient > Data Validation > Resources page of *QualityNet*. Here is a direct link:
<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 50: Is the CDI validation for polymerase chain reaction (PCR) positive results or toxin positive results? What if our hospital does not do toxin testing, i.e., we only know PCR results?

On the quarterly CDI HAI Validation Templates submitted to CMS, include whatever assay type your hospital uses for CDI. If PCR results are what you have, then list PCR. Assay type is not validated if a case is selected for CDI validation. You may view the CDI HAI abstraction manuals and tool displays posted on *QualityNet* for the items validated for CDI cases.

Here is the direct link to the page on *QualityNet* for the HAI abstraction manuals, which are updated annually:

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.

Question 51: Just to clarify, we submit all positive cultures from the ICU, and CMS will randomly choose CAUTI or CLABSI cases for review?

Correct. Cases are randomly selected from the eligible positive cultures submitted on the Validation Templates.



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Question 52: **Now I am confused. We are doing LabID validation; do we only report patients admitted to ICU?**

At this time, CAUTI and CLABSI are validated for ICU locations only. Validation of MRSA and CDI includes locations outside of the ICU. See tab three of the MRSA and CDI Validation Templates for the NHSN Locations for reporting positive cultures.

Question 53: **Please clarify again: include in the template for MRSA and CDI all patients discharged for the month of July, even if the lab tests were done and resulted in June?**

Correct, if a patient is discharged in the quarter being submitted to CMS, you may include cultures done in the quarter prior to admission. If a patient was admitted in a quarter and then is not discharged, you may include in the Discharge Date field on the Validation Template for that row "Not Discharged." Please see the Validation Template Definitions tab for instructions.

Question 54: **When validating for core measures, are we only validating the elements abstracted for that measure? Or do we have to validate each form in the electronic record?**

When completing abstraction of core measures, abstract the case according to whichever abstraction tool your hospital uses. You will use the entire medical record for that episode of care to answer the questions as you complete the abstraction.

Question 55: **So I guess my unanswered question on paper charts to CDAC is answered; we do have to send paper?**

You do not have to send paper copies of the medical records requested, although you may. The CDAC includes instructions in the packet sent to hospitals for submitting the medical records. Hospitals may choose which method to submit the medical records to CDAC. Review the directions specific to the method you will be submitting medical records to assure they are submitted according to CDAC abstraction. There are three ways in which records may be submitted: paper copies, removable media (CD, DVD, flash drive), or by submitting a PDF via *QualityNet* Secure File Transfer.



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Question 56: We have been receiving requests to submit records for Medicare Patient Safety Monitoring System (MPSMS). To clarify, this is a completely different program than IQR validation, correct? Our facility has not been listed on the validation lists, but the requested records appear to be an infection record, which concerns us that we may have missed something.

Correct. The MPSMS is completely separate from the IQR validation program and any questions would need to be directed to the CDAC.

Question 57: What is the background of staff from CDAC performing validation?

The CDAC contractor employs highly trained professionals with extensive quality-measurement experience developing and using standardized objective protocols. All CDAC staff are highly experienced medical records abstractors who undergo rigorous training and testing. CDAC supervisors continuously monitor their staff and provide routine feedback.

Question 58: What option(s) does our facility have if we disagree with CDAC findings/results of validation?

Within 30 days of validation results being posted on the My Reports section of the *QualityNet Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review.

The information needed to request a review can be found on *QualityNet* by selecting Data Validation from the Hospitals - Inpatient tab drop-down, and then selecting Educational Reviews from the left-side navigation pane. Here is a direct link:
<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775419006>.