



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program Fiscal Year 2020 Chart-Abstracted Validation Overview for Targeted Selected Hospitals

Presentation Transcript

Speaker

Alex Feilmeier, MHA

Lead Health Informatics Solutions Coordinator
Value, Incentives, and Quality Reporting Center (VIQRC)
Validation Support Contractor (VSC)

Moderator

Candace Jackson, ADN

Project Lead, Hospital Inpatient Quality Reporting (IQR) Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

**June 6, 2018
2 p.m. ET**

DISCLAIMER: This transcript was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this transcript change following the date of posting, this transcript will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the transcript and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Candace Jackson: Thank you everyone for joining today's presentation titled Hospital Inpatient Quality Reporting Program Fiscal Year 2020 Chart-Abstracted Validation Overview for Targeted Selected Hospitals. I am Candace Jackson, the Project Lead for the Hospital Inpatient Quality Reporting Program with the Hospital Inpatient Values, Incentives and Quality Reporting Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin I would like to make our first regular announcements. This program is being recorded. A transcript of the presentation along with the question and answers will be posted to the inpatient web site www.QualityReportingCenter.com and to the *QualityNet* site, at a later date. If you are registered for this event a reminder email, as well as the slides, was sent to your email about a few hours ago. If you did not receive that email, you can download the slides at our inpatient web site again at www.QualityReportingCenter.com. If you have a question as we move through the webinar, please type your questions into the chat window. We will not be using the raised hand feature for today's webinar. For presenters to best answer your question, we request that at the beginning of your question, please type the slide number into the chat window listed. As time allows, we will have a short answer and question session at the conclusion of the webinar. Applicable questions that are not answered during the question and answer session at the end of today's webinar, will be posted to the [QualityReportingCenter.com](http://www.QualityReportingCenter.com) web site at a later date. I would now like to welcome and introduce our guest speaker for today, Alex Feilmeier, who is the Lead Health Informatics Solutions Coordinator with the Value, Incentives and Quality Reporting Center Validation Support Contractor.

Alex Feilmeier: Thank you. The purpose of this webinar is to educate and share information regarding the Centers for Medicare & Medicaid Services Hospital Inpatient Quality Reporting Program Chart Abstracted Data Validation Process for fiscal year 2020. Please note that this webinar presentation is not related to the eCQM Validation Program, which is a separate program with differently selected hospitals. Hospitals selected for chart-abstracted validation will not be selected for eCQM validation and vice versa.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

At the conclusion of this webinar, participants will be able to: Understand the fiscal year 2020 Hospital IQR Chart Abstracted Data Validation Program process; identify the deadlines and associated required activities relating to the data validation for fiscal year 2020; submit fiscal year 2020 Healthcare-Associated Infection validation templates through the *QualityNet Secure Portal* Secure File Transfer application; submit medical records requested by the Clinical Data Abstraction Center and receive and interpret validation results.

This slide displays a list of acronyms and abbreviations that'll be used throughout the presentation.

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 that hospital abstracted data submitted to the clinical warehouse and data submitted to the National Healthcare Safety Network, 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 hospitals are randomly selected in the fall and up to 200 additional targeted hospitals are selected in the spring.

IQR fiscal year 2020 chart-abstracted data validation consists of the following quarters: Third quarter 2017, fourth quarter 2017, first quarter 2018 and second quarter 2018.

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 fiscal year are Emergency Department, Immunization, Venous Thromboembolism and Sepsis. The clinical process of care measures available to be validated in each quarter of fiscal year 2020 are indicated on this slide.

CMS will validate up to 10 candidate HAI cases total per quarter per hospital. CMS will validate candidate cases sampled from the following

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

HAI measures: Central Line-Associated Bloodstream Infection (CLABSI); Catheter-Associated Urinary Tract Infection (CAUTI); Methicillin-resistant *Staphylococcus aureus* (MRSA lab identified events); and *Clostridium difficile* infection (CDI lab ID events); or Surgical Site Infection (SSI). All hospitals selected 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 fiscal years 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 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 the 400 random hospitals were selected in December of 2017 and the 200 targeted hospitals were selected in May of 2018. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS Final Rule.

Annually for both the random and targeted hospital selections a news article, along with the list of selected hospitals, is posted on *QualityNet*. A ListServ is released to notify the community that the selection has occurred, and the Validation Support Contractor also sends an email communication directly to the hospitals selected.

Hospitals that have been selected for validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database: CEO/Administrator; Hospital IQR; Infection Control; CDAC Medical Records; and Quality Improvement. The Validation Support Contractor monitors email communications to assure that all hospitals are notified of selection. Any emails that bounce back are researched. And hospital contacts are asked to be updated in the CMS system to assure that future notifications are received.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

A list of the selected hospitals is available on *QualityNet* by hovering over the Hospitals-Inpatient drop-down and selecting the [Data Validation], (Chart Abstracted and eCQM)] link followed by selecting the Chart-Abstracted Data Validation Program. The list is located in the blue sidebar towards the top of the page under the header, Hospitals Selected for Inpatient Chart-Abstracted Data Validation. The data validation pages on *QualityNet* contain help guides, deadline dates, and all of the resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Keeping hospital contacts up-to-date is necessary to ensure validation related communications and submission deadline email reminders reach the 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 CCN Provider ID to the Hospital Inpatient Support Contractor at the email indicated 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 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, (PHI) and may only be submitted using the *QualityNet Secure Portal* Secure File Transfer application. 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 template must be registered on *QualityNet*. It is strongly recommended that each hospital have at least two active Security Administrators at all times. If you're unable to log into *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 866-288-8912.

After the cases for validation have been selected for the quarter, based on the information submitted on the templates, the hospital receives a case

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

selection packet from the CDAC. The CDAC will mail a medical records request back and to the attention of Medical Records Director, which contains detailed instructions and case listings. It typically takes 10 or more days after the quarter's submission deadline for the sample of cases to be selected and sent out. The case selection list the hospital receives 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 the 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 Report Section of the *QualityNet Secure Portal*.

At the end of the fiscal year, annual payment update results are expected to be released in late April or early May, at which point hospitals will be notified of their validation pass or fail status. For fiscal year 2020 this is anticipated to be April or May 2019. To determine the pass or fail status, CMS calculates the 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 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 2020 Confidence Interval document is posted on the Chart-Abstracted Data Validation Resources page of *QualityNet*.

This slide shows the discharge quarters and associated HAI validation template deadlines for fiscal year 2020 targeted selected hospitals that were notified of this selection in May 2018. Validation templates are due no later than 11:59 pm Pacific Time on each associated deadline date. Validation templates may be submitted immediately following the last day of each quarter. One template is required for each quarter of data for each

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

type of validation template assigned. Please note the randomly selected hospitals validation templates are due before the IQR clinical warehouse submission deadlines and the NHSN submission deadlines each quarter. For the entire validation fiscal year hospitals selected randomly in December 2017 should follow the deadlines associated with the random hospitals only. But the hospitals selected as targeted hospitals should follow the deadlines for the targeted hospitals.

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 versions of the validation templates for the fiscal year being validated are available on the Chart Abstracted Data Validation Resources page of *QualityNet*. The validation templates are located in the center of the Resources web page. A direct link is provided on this slide. Please download the correct version of the validation templates needed and save it to a location of choice on your computer. Do not save the validation templates with a password and do not lock them. Files with passwords or that are 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; the Template tab where hospitals enter their data; and the NHSN location, or NHSN ICU location tab, depending on the template type, which lists all acceptable locations for the respective HAI type and Fiscal Year 20 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.

Some template completion tips for avoiding validation template submission errors are as follows. Refer to the fiscal year 2020 Validation Template User Guide and Submission Instructions document posted on the

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Chart Abstracted Data Validation Resources page of *QualityNet*, a direct link is provided on this slide. Verify the correct fiscal year of validation template is being used. Do not alter the original format of the validation templates. Review the Definitions tab for each validation template for directions on filling out specific fields. Fill in all required fields denoted with an asterisk. Use the drop-downs provided in the template 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 by email.

Some additional template completion tips to avoid potential mismatches are as follows: Verify the calendar quarter listed on each validation template is correct; review all dates for accuracy and correct format as specified on the Definitions tab; perform quality checks of data entered into the template against what was entered in NHSN; and please stay mindful of differing CMS and NHSN deadlines; check to ensure that any cases with a separate inpatient rehabilitation facility or inpatient psychiatric facility CCN are not included on the template.

Feedback regarding the status of validation templates is typically received within two business days of the initial submission. If the submitter does not receive a processing confirmation email, please include the hospital's six-digit CCN Provider ID and an email address to validation@hcqis.org. After validation templates have been processed, the submitter of the template and the contact 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 resubmit the file via the *QualityNet Secure Portal* Secure File Transfer application. Do not attach a template to the error email or this will be considered a breach of PHI. Validation templates may only be resubmitted up until the quarterly deadline. If error emails are received, these errors must be corrected, and

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

the template must be resubmitted prior to the submission deadline. An error in the template 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 the revised template is being submitted. And please also include the word “revised or resubmitted” in the file name as 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 in an 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 required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases. And up to 10 placeholder cases can be assigned. All would be scored 0/1. If a hospital submits a validation template and receives an error notification email but does not make corrections and resubmit the validation template before the deadline, placeholder cases will also be assigned and scored 0/1.

The Validation Support Contractor performs some courtesy checks on the validation templates to assist hospitals in 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 review of the validation template due to a possible discrepancy, please reply to the email indicating either a new validation template has been resubmitted or the data are accurate and as submitted and no changes are needed. Some examples of these discrepancy checks are: Listed CAUTI/CLABSI culture dates that are not between the admit and discharge date; differences in data that is listed on multiple rows of the validation template that appear to be the same patient and the same episode of care or; discrepancies between the two assigned template types exists where a patient is listed on both templates but the date of birth, the admit date, discharge date or something like that are different from what appears to be the same episode of care on the other template.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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 from each validation template type 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.

This slide provides a more visual representation of what is included in the HAI sample selection. As explained, CMS will validate up to 10 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 to be suspicious of infection. When there are not enough candidate cases for one, any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet the sample target size. Requests identified from Medicare claims data may include a request for an index admission and a readmission record. When both types are requested both records should be submitted.

The CDAC will send hospitals a written request to Medical Records Director 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. Important note, 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 QRSupport@hcqis.org.

The hospital list of cases selected for validation each quarter, including all available patient identifiers, can be accessed via the *QualityNet Secure Portal* by registered user with the appropriate report's rule. Please note that this report can take several business days after the original request date to become available. To access the report, log into the *QualityNet*

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Secure Portal, Select My Reports, then Run Reports. Select the Run Reports tab. Under Report Program select IQR under report category. Select Hospital Reporting Data Validation Reports. Under report name 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 records or additional documentation after the record has been received by the CDAC. This applies even if the wrong record is sent or if pages are missing or are illegible, etcetera. The CDAC will abstract 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've been copied and prior to them being sent to the CDAC. Regardless of who copies your medical records whether that be hospital medical record staff, independent copying services, etcetera, all records should be carefully reviewed prior to mailing them to the CDAC. Consider having an abstracter 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 the CDAC. Inpatient medical records must be received within 30 days of the request date. Hospitals may submit medical records on paper copy, removable media, CD, DVD, flash drives 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 within the packet delivered by the CDAC. Additional information regarding medical records requested by the CDAC can be found on *QualityNet* by hovering over the Hospitals Inpatient drop-down and selecting Data Validation, Chart-Abstracted and eCQM link followed by selecting the Chart-Abstracted Data Validation Program. From the navigation bar on the left side of the Chart-Abstracted Data Validation Overview page, select CDAC Information.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

A helpful document titled Record Submission Do's and Don'ts can be found on the Chart-Abstracted Data Validation CDAC Information page of *QualityNet*. This document provides general as well as specific tips for avoiding medical record submission errors to the CDAC.

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 results for the quarter. The Validation Case Detail Report provides a list of all elements abstracted compared to the CDAC re-abstraction on each case. This report also becomes available after the hospital receives results for the quarter.

The Case Selection Report lists the hospital's cases selected for each quarter including all available patient identifiers. This report becomes available after the CDAC mails the records request packet. This report also displays the medical records request date, the due to CDAC date and each record receive date. The record receive date remains blank until a record is received by the CDAC. Please note that it could take up to 24 hours for the record receive date to populate. To verify receipt of your records, contact the CDAC directly via email at CDACHelpDesk@hcqis.org or by phone at 717-718-1230, ext. 201.

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

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

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Within 30 days of validation results being posted on the My Report Section of the *QualityNet Secure Portal* if the 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 hovering over the Hospital's Inpatient drop-down and selecting the Data Validation, Chart-Abstracted and eCQM link followed by selecting the Chart-Abstracted Data Validation Program. From the navigation bar in the left side of the Chart-Abstracted Data Validation Overview page select Educational Reviews.

For the fiscal year 2020 payment determination and subsequent years, if a hospital requests an educational review for any of the first three quarters of a validation, and this review yields incorrect CMS validation results for chart-abstracted measures, the corrected quarterly score will be used to compute the final confidence interval. Note the quarterly validation reports issued to hospitals will not be changed to reflect the updated score due to the burden associated with re-issuing corrected reports. Due to the need to calculate the confidence interval in a timely manner, and the insufficient time available to conduct educational reviews, the existing reconsideration process will be used to dispute an unsatisfactory validation result for the last quarter of validation. If a hospital does not fail validation, the hospital still would have the opportunity to request an educational review within 30 days of receiving their results.

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 a hospital must receive equal to 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 2020 confidence interval document is posted on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

If a hospital does not meet the overall validation requirement during the review, the hospital receives a letter in late spring indicating they have

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

failed the APU. At that time, a hospital may request a reconsideration of their validation results. The hospital would then provide information on why they are asking CMS to reconsider their results. Additional information about reconsiderations can be found on *QualityNet* by selecting Hospital-Inpatient Quality Reporting 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, Chart-Abstracted and the eCQM link from the Hospital-Inpatient drop-down followed by selecting Chart-Abstracted Data Validation Program. From the navigation bar on the left side of the Chart-Abstracted Data Validation Overview page, select Resources. A direct link is provided on this slide. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk at the information provided on this slide.

Questions may be asked by directly emailing the Validation Support Contractor or by using the CMS Question & Answer Tool on *QualityNet*. Direct links are provided on this slide. Whether asking a question through the CMS Question & Answer Tool or directly via the Validation Support Contractor email, please include the hospital six-digit CCN Provider ID. This will expedite a reply with information specific to your hospital. And that's all I have. We can open it up to opportunity for questions from our viewers.

Candace Jackson: Thank you Alex for providing that information for us. As Alex said we will now go into a question and answer session as time allows. I would like to remind everyone that we will take questions in no particular order. And if your question does not get responded to during the call today, all questions and responses will be posted at a later date to the *Quality Reporting Center* web site. So, we will go ahead with our Q&A session. And our first question is for those selected in May-When will the Case Selection Report be available?

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Alex Feilmeier:** The Case Selection Report will become available after the template deadline has passed. And then typically about 15 days after the clinical submission deadline has passed. So, if the clinical submission deadline is say the 15th then sometime 10 to 15 days after that is when the case selection would become available.
- Candace Jackson:** Thank you. Our next question-Claims data may not match NHSN criteria for SSI. Please clarify the rationale behind selection of claims data for this validation of SSI.
- Alex Feilmeier:** I don't completely understand that question. I do know that SSI claims data as submitted to CMS, is what's used to select cases for validation. But that's all it's used for, is the selection of the cases which then the validation occurs in the same way that the other HAI measures do, in that the hospital submits the medical record as requested. And the NHSN data is looked at in a similar fashion as the other HAI measures. But the claims data is just used to select the cases.
- Candace Jackson:** Thank you. And our next question is in regard to Slide 13. Our facility did not meet the criteria outlined. Are there any other reasons to be selected?
- Alex Feilmeier:** So, the reasons for being selected, I know I'm assuming that most of the people on this call received the email notification that went out to all of those hospitals that were selected as a targeted provider and the criteria are listed within that email. There are several of those criteria. If you would like to know why you were selected for a validation and find out more information about that, you can send an email to the Validation Support Contractor at validation@hcqis.org. And when you do that, please include your six-digit CMS Certification Number when you are inquiring.
- Candace Jackson:** Thank you. Our next question-Does this include critical access hospitals?
- Alex Feilmeier:** Critical access hospitals are not selected for validation.
- Candace Jackson:** Thank you Alex. Our next question-We received our third quarter validation that has no confidence interval score. Please advise.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Alex Feilmeier: So, the confidence interval score that is released only occurs at the end of the year. Hospitals will receive case specific information on the Validation Summary and Case Detail Reports at the end of each quarter. But they will not receive their Confidence Interval Report until the very end when all of the quarters have been completed.

Candace Jackson: Thank you. And our next question is Slide 21-It mentioned that if the upper bound confidence interval is about 75% you will pass validation. Our upper bound was 92% and lower bound was 68% and we were selected for validation again for the 2018 through 2019 validation year.

Alex Feilmeier: I'm assuming they're wondering why they were selected even though their validation score was above that 75% threshold. And the answer to that question is hospitals, even though they pass validation, can be selected as a targeted provider for several reasons as outlined in the fiscal year 2014 IPPS Rule. And if you'd like to know more about those criteria to be validated or to be selected as a targeted provider, you can send an email to validation@hcqis.org. And we can also then let you know why your hospital was targeted.

Candace Jackson: Thank you Alex. Our next question-We are submitting our fourth quarter 2017 Inpatient Validation Records. We noticed no SSI was selected for review. Is this normal or is it due to no coding's being picked up?

Alex Feilmeier: There could be a few reasons why that SSI cases weren't selected. The biggest reason would be the SSI that were pulled were not eligible to be selected for validation.

Candace Jackson: Thank you. And our next question-I got confused on the deadlines for the templates. We have been selected as a targeted hospital so what dates are our templates due?

Alex Feilmeier: One of these slides, I don't know exactly which one, give me a moment here, displays the validation template deadlines for the targeted providers. And if you're unsure, I don't see the slide right now as I'm scrolling through them, but if you'd like to know those deadlines specifically those deadlines are included on the email that was sent out to hospitals when

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

they were selected for validation just recently. You may also find those deadline dates on the Validation Resources page of *QualityNet*. That would be the best place to find resources related to deadlines or user guides or anything of that nature.

Candace Jackson: Thank you Alex. Our next question-For columns involving patient identifiers or time-stamped, that Excel drops the leading zeros on, are we allowed to alter the format of those columns to allow the leading zeros to be included or do we enter data into the format with those leading zeros removed by the Excel?

Alex Feilmeier: The patient identifier field should not drop zeros as its formatted in text. So, if it is having an issue there may have been an alteration prior to touching it. However, if things like dates and times drop the leading zero that is normal for Excel and that is okay. If you're unsure and you'd like to know positively which fields have leading zero drops that are okay, you can send us an email at validation@hcqis.org. Technically, so long as the number itself is the same it should be fine. But go ahead and ask us if you're unsure.

Candace Jackson: Thank you Alex. And the next question-What is a placeholder case?

Alex Feilmeier: So, a placeholder case is automatically created only for those hospitals that don't submit their validation templates. Just think of a placeholder case as an automatic 0/1 score for any and all cases that would be eligible to be validated.

Candace Jackson: Okay, thank you. And our next question-Is the validation template only for HAI or is it for core measures as well?

Alex Feilmeier: The HAI validation templates are only for HAI related cases. The clinical core measure cases are selected from information that your hospital submits to the CMS Warehouse.

Candace Jackson: Okay, thank you. And our next question is in regard to Slide 32. The other infections type, if there are not enough to meet the minimum does that mean you could have cases from the other infections?

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Alex Feilmeier:** That is correct. If there are not enough of one of the two measures, then cases can be randomly selected from the other measure. For example, if a hospital were selected to be validated for CLABSI and CAUTI, but they only had one CLABSI case, and then they had multiple other CAUTI cases, those other CAUTIs could be added into the sample to make up for those CLABSI to meet the target sample size. The same could also occur with SSI cases.
- Candace Jackson:** Thank you. And our next question-The list for fiscal year 2018 Inpatient Quality Reporting Program hospitals selected for chart-abstracted data validation, under Column Validation Template type from my hospital it says CAUTI/CLABSI. I want to verify that we don't have to submit charts for IMM, ED, Sepsis and the VTE chart-abstracted measures. Is that correct?
- Alex Feilmeier:** That's a good question. Your hospital will still be required to be validated for the clinical process of care core measures. The list on *QualityNet* just distinguishes between the hospitals that are required to submit a CLABSI/CAUTI, versus a MRSA/CDI type. Every hospital on that list is validated for clinical process of care measures, as well as the SSI cases.
- Candace Jackson:** Thank you Alex. And our next question-Will Sepsis be included in the final score?
- Alex Feilmeier:** Sepsis will be included in fiscal year 2020 confidence interval calculation.
- Candace Jackson:** And our next question-Is it possible to ask why our facility was selected as a targeted hospital for validation from the targeted criteria outlined in the rule?
- Alex Feilmeier:** It is absolutely possible. You may send us an email at validation@hcqis.org and please include your six-digit CMS Certification Number when inquiring.
- Candace Jackson:** And our next question-The Validation Case Detail Report does not specifically say what the mismatch is in sepsis case. It only says the outcome is a mismatch. This is not very helpful. Can you address this?

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Alex Feilmeier: As this sounds like a very specific instance, I would suggest this provider send an email to validation@hcqis and we can speak with them on an individual basis.

Candace Jackson: Thank you. And our next question-I have a request for a patient's medical record number for CAUTI with a date October 1, 2017 through October 21, 2018. Actually, during that time, the patient was admitted, discharged to acute rehab, discharged and readmitted to acute care then discharged and readmitted to acute rehab. Do I send all four records or just the one that had an ICU stay?

Alex Feilmeier: The information that's included on the case selection packet as well as in the Case Selection Report is derived from the information that was provided on the HAI validation templates. So, if the date is appearing to be incorrect it may very well be from the way it was submitted by the hospital to the Validation Support Contractor. However, this again sounds like a specific instance where it would be good to speak with them on an individual basis. So, if they would be interested in finding out more, go ahead and send an email to validation@hcqis.org.

Candace Jackson: Thank you Alex. And our next question-We were recently notified that our third quarter 2017 validation results were available. When I ran my Detail Report it only gave me results of our chart-abstracted data but not our NHSN data. Why would we only receive results on one-half of the cases?

Alex Feilmeier: I'm glad someone asked about this. There was an issue with the Case Detail Report that it was only displaying the first eight pages of the report. That seemed to happen for about two weeks. It is now fixed. So, if anyone on the call received results and ran into that same issue, you may go out and rerun that report and everything should display as it is intended.

Candace Jackson: And we have time for just a couple more questions. Our next question-Do randomly selected hospitals need to use the new 2020 validation template if they have been selected for a second year and had been using the 2019 validation template?

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Alex Feilmeier: Hospitals that were selected in November are already using the fiscal year 2020 validation templates that the targeted providers have just been given. The hospitals that were submitting on fiscal year 2019 templates were only those hospitals that were selected for fiscal year 19.

Candace Jackson: Thank you Alex. And our next question-Is there information on how the HAI validation and chart-abstracted cases are weighted for the confidence interval calculation?

Alex Feilmeier: There is, yes. There is a confidence interval document titled Fiscal Year 2020 Confidence Interval, which can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*. And that's under a header of Fiscal Year 2020 Resources. That will include information about the weighting of the different strata.

Candace Jackson: Thank you. And our next question-Are results available for fiscal year 2019 or is that done by running the Confidence Interval Report?

Alex Feilmeier: Fiscal year 2019 data, which was last year's validation cycle, is complete. And that information can be run on *QualityNet*. The reports to run if a hospital were already selected in last year's validation effort would be the Case Detail Report, the Validation Summary Report and then hospitals may also run their Confidence Interval Report. Again, only talking for those hospitals that were selected for validation in fiscal year 2019.

Candace Jackson: Okay. And our last question for today is in regard to Slide Number 22. And the question is-Can you confirm the targeted date on this slide?

Alex Feilmeier: The dates on this slide are related to the HAI validation template deadlines. Third quarter 2017 HAI validation template deadline is July 23, 2018. Fourth quarter 2017 Template deadline is 08/11/2018. First quarter 2018 validation template deadline is 08/31/2018. And Second quarter 2018 validation template deadline is 11/01/2018.

Candace Jackson: Thank you Alex. And again, I'd like to thank Alex for presenting on this valuable information to us today. Again, if your question did not get responded to during our live Q&A session, all questions and all responses

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

will be posted at a later date to the *Quality Reporting Center* web site. I'd now like to turn the presentation over to Dr. Debra Price who will go over the CEU process.

Debra Price:

Well thank you very much. 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-16578. It is your responsibility to submit this number to your own accrediting body for your credits.

We now have an online CE Certificate Process. You can receive your CE Certificate two ways. First way is if you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk® please pass the survey to them. After completion of the survey, you'll notice at the bottom right hand corner a little grey box that says "Done." You will click the "Done" box and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk®. Please use your personal email for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the "New User" link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your "New User" link just wait 48 hours because remember you're going to be getting another link and another survey sent to you within 48 hours.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Okay this is what the survey will look like. It will pop up at the end of the event and will be sent to all attendees within 48 hours. Click “Done” at the bottom of the page when you are finished.

This is what pops up after you click “Done” on the survey. If you have already attended our webinar and received CEs click “Existing User.” However, if this is your first webinar for credit, click “New User.”

This is what the new user screen looks like. Please register a personal email like Yahoo or Gmail or ATT since these accounts are typically not blocked by hospital firewalls. Remember your password however, since you will be using it for all of our events. You notice you have a first name, a last name and the personal email and we’re asking for a phone number in case we have some kind of backside issues that we need to get in contact with you.

This is what the “Existing User” slide looks like. Use your complete email address as your User ID and of course a password you registered with. Again, the User ID is the complete email address including what is after the @ sign.

Thank you for taking the time spent with me.