Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

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Candace Jackson: Hello and welcome to the Hospital Inpatient Quality Reporting Program webinar on the Hospital Inpatient Quality Reporting Program Fiscal Year 2019 Chart-Abstracted Validation Overview for Randomly Selected Hospitals. My name is Candace Jackson and I will be your host for today's event.

Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the questions and answers, will be posted to our inpatient website, www.qualityreportingcenter.com, generally within ten business days. If you registered for this event, a reminder email, as well as, some slides, was sent to your email about two hours ago. If you did not receive that email, you can download the slides at our inpatient website. Again, that's www.qualityreportingcenter.com.

And now I would like to introduce our guest speaker for the day, Alex Feilmeier. Alex has a Bachelor of Science in Healthcare Administration with an emphasis in pre-medicine, and is currently finishing the last semester of his Master of Healthcare Administration, at 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 Public Reporting Program, as well as, the Comprehensive Primary Care Initiative under the CMS Innovation Center. Alex has functioned alongside the validation team for the majority of his time with Telligen, and he and the rest of the validation team, bring a vast capacity of program knowledge to the table. Again, any questions that are not answered during our question-and-answer session, at the end of the webinar, will be posted to the qualityreportingcenter.com website generally within ten business days.

We do ask that if you submit a question through this chat feature, that you'd be very specific, and if possible, reference the slide number that you are asking about. Please be aware that not all questions submitted through the chat may not be answered during the presentation. Thank you, again, to everyone for joining. 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 & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Program Chart-Abstracted Data Validation process for fiscal year (FY) 2019. 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 (HAI) Validation Templates through the *QualityNet Secure Portal* Secure File Transfer application; submit

medical records requested by the Clinical Data Abstraction Center (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 that hospital-abstracted data submitted to the clinical warehouse and data submitted to the National Healthcare Safety Network (NHSN) can be reproduced by a trained abstractor using a standardized protocol. CMS performs a random and targeted selection of inpatient prospective payment systems (IPPS) 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 fiscal year 2019, are indicated on the slide.

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 (LabID) events; *Clostridium difficile* infection (CDI) lab events; or surgical site infection (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, the 400 random hospitals were selected in November of 2016 and the 200 targeted hospitals are anticipated to be selected in April or May of 2017. 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.

The list of selected providers is posted on *QualityNet*. It can be found on the Hospitals - 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 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*. A ListServe is released to notify the community that the selection has 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 assure that all hospitals are notified of the selection. Any bounce-back emails are researched, and the hospital contacts are updated in the CMS system to assure that all 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 validation@hcqis.org.

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, (PHI), 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 reestablish your access, contact the *QualityNet* Help Desk at (866) 288-8912.

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 submission deadline for this sample of cases to be selected and sent out. The case-selection list hospitals received 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 reabstracts 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*. The educational review process, and educational review forms, can be found on the Hospitals - Inpatient > Data Validation > Educational Reviews page of *QualityNet*.

At the end of each fiscal year, annual payment update (APU) 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 a pass-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 validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. Once fiscal year 2018 has concluded, a detailed fiscal year '19 confidence interval document will be posted on the Hospitals - Inpatient > Data Validation > Resources page of *QualityNet*.

This slide shows the discharge quarters, and associated HAI Validation Template deadlines, for the fiscal year 2019 randomly selected hospitals that were notified of selection in November 2016. Validation Templates are due no later than 11:59 p.m. 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. Please note, for the randomly selected hospitals, Validation Templates are due before the IQR clinical warehouse submission deadlines and NHSN submission deadlines each quarter. The fiscal year 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 random 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 versions 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 the Resources link in the left-side navigation pane. The Validation Templates are located in the center of the Resources web page. A direct link is provided on the slide. Download the correct version of the Validation Templates needed, and save to a location of choice on a computer. Do not save the Validation Templates with a password and do not lock them. Files with the 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 direction specific to the submission of the template's HAI type. The Template tab, where hospitals enter their data. And, NHSN Location or NHSN ICU Location tab, depending on the template type, which lists all acceptable locations for the respective HAI type. And, the Fiscal Year 2019 Submission Instructions tab, which provides step-by-step details 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 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 the 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 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 template to select the 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 six-digit CCN/Provider ID and an email addressed to validation@hcqis.org. After Validation Templates have been processed, the submitter of the template, and the contact listed on 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 correction 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 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 a revised template is being submitted. And, please, also include the word, revised, or resubmitted, in the filename. 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 as submitted. If a hospital does not submit the required quarterly Validation Templates to CMS by the deadline, they

will be assigned the 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 email, but does not make corrections and resubmit by the Validation Template deadline, placeholder cases will 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 review of a 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 as 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 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 the Validation Templates 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 ten candidate HAI cases total, per quarter, per hospital. CMS will select up to four candidate HAI cases from each of the signed 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 appear suspicious for 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 admission and 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 validation@hcqis.org, or by contacting the inpatient support contractor at inpatientsupport@viqrc1.hcqis.org.

A hospital's list of cases selected for validation each quarter, including all patient identifiers, can be accessed via the *QualityNet Secure Portal* 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 in to the *QualityNet Secure Portal*, select My Reports, followed by Run Reports. Select IQR Program: Hospital Reporting - Data Validation Reports. And, 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, etc. 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 have been copied; and prior to them being sent to the CDAC, regardless of who copies your medical records, whether that'd be hospital medical records staff, independent copying services, etc. All reports 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 (EHR) to ensure all necessary information is present.

Hospitals have until the date listed on the request to send their records to the CDAC. IQR records must be received within 30 days of the request date. Hospitals may submit medical records on paper copy, removable media (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 within 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 website navigation page. A direct link is provided on the 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 results for the quarter. The Validation Case Detail Report provides a list of all elements abstracted compared to the CDAC reabstraction on each case. This report also becomes available after the hospital receives the results for the quarter.

The Case Selection Report lists hospitals' cases selected for validation 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 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 cdachelpdesk@hcqis.org, or by phone at (717) 718-1230, extension 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 this CDAC reabstraction on each case. Mismatches and the associated educational comments from the CDAC are displayed in red font.

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. Please note, quarterly validation results will not be changed as a result of this review. However, CMS suggests, and hopes, 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 the slide.

One other validation-related report, the Confidence Interval Report becomes available after all quarterly results for the fiscal year have been completed, and confidence interval has been calculated, based on the cumulative results. To pass validation, the hospital must receive equal to, or greater than, a 75 percent upper bound confidence interval score. If a hospital does not meet the overall validation requirement, the hospital will not receive full APU. Once fiscal year 2018 has concluded, a detailed fiscal year 2019 confidence interval document will be posted on the Hospitals - Inpatient > Data Validation > Resources page of *QualityNet*.

If a hospital does not meet the overall validation requirement during the 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 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 Reconsideration from the left-side navigation pane. A direct link is provided on the slide.

Validation resources are available on *QualityNet*. To access, select the Data Validation link from the Hospitals - Inpatient tab drop-down, and select Resources from the left-side navigation pane. A direct link is provided on the slide. For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk by telephone, 7:00 a.m. to 7:00 p.m., Central Time, Monday through Friday at (866) 288-8912, or by email at qnetsupport@hcqis.org.

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 the slide. Whether asking a question through the CMS Question-and-Answer tool, or directly through 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. That's all I have. Candace, giving it back to you.

Candace Jackson: Thank you, Alex. That information was very beneficial, and I'm sure that will be of assistance to all those that are listening on today's call. We do have time to go over some Q&As. So, we will start with the questions and answers at this time. The first question. Patient in 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?

Alex Feilmeier:	So, 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 the record, and abstracts that record, they will come to the same conclusion as you, in not reporting it, and you will not be dinged.
Candace Jackson:	Thank you, Alex. Our next question. 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 AMA. I wanted to ensure if all these count as a discharge from ICU. Otherwise, please explain.
Alex Feilmeier:	So, I'm assuming this question is in regards to the CLABSI template, which does include the total discharges in the ICU field on that template. And, this field is an optional field. If it is readily available, feel free to enter it. If it's difficult to determine, then like I said, it is optional. But, for the total discharges ICU field, it is any and all discharges through the ICU, or any ICUs, for that CCN/Provider ID.
Candace Jackson:	Thank you, Alex. Our next question. When will CMS announce hospitals randomly selected for eCQM validation?
Alex Feilmeier:	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.
Candace Jackson:	Thank you. The next question. What happens when there is a discrepancy between the submitted record and the chart record?
Alex Feilmeier:	So if this – so, if data are incorrect on a template, then it could result in a mismatch. Also, so when the CDAC abstracts the record, similar to the question that I answered earlier, the CDAC abstracts the record that you send to them. And, the outcome they determine, will be compared against the outcome that your hospital had originally abstracted and placed in the clinical warehouse or the National Healthcare Safety Network. And, 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.
Candace Jackson:	Our next question. 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 months.
Alex Feilmeier:	This is a good question. 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 receive 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.
Candace Jackson:	Thank you. Our next question. If we become a targeted provider, how can we meet the HAI deadline of submitting HAIs to *QNet* for the first quarter if we will not be informed until after that? Maybe I am confused with the timeline.
Alex Feilmeier:	That's a good question, too. This is where the difference between the random and the targeted providers comes into play. So, the random providers have deadlines that are specific only to the random providers. When targeted providers are selected later in the year, they will have different deadlines for the targeted providers. So, random providers will follow only the random deadlines, and targeted providers will follow only the targeted deadlines.
Candace Jackson:	Next question. If we were selected for CLABSI and CAUTI, but have no ICU, will it then only be SSI validation?
Alex Feilmeier:	That is correct. If you're 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, or any quarters throughout the fiscal year." And then, because SSI cases are selected through claims data, you will still, and you can, receive a records request for SSI cases for HAI.

Candace Jackson: And the next question. How do we get the VSC letter resent?

Alex Feilmeier: I'm not sure which letter this person is referring to, but I'll talk about two things. If this person is talking about the – some kind of letter that went out when they were initially randomly selected, there is not a resending of anything. If you have a question about, whether or, information, about being selected, you can send an email to validation@hcqis.org. An email is sent out, but a specific letter is not sent out, saying that you have been selected for validation. A letter is sent out only for medical record requests. And then, the other thing; if you're talking about a letter for that medical record request that goes out, you can contact the CDAC directly. And, that information is provided on slide 42 of this presentation, I believe, with the CDAC contact information.

Candace Jackson: Thank you, Alex. And the next question. We received many questions in regards to SEPSIS-1. SEP-1 is going to be included in the confidence interval and in scoring for validation. Additionally, we have a question. 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?

Alex Feilmeier: Yeah, I did see several sepsis questions coming in. The notification that was sent out by CMS stated that quarters involved with fiscal year 2018 validation were affected, and made no mention of fiscal year '19 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, or will not, include sepsis in fiscal year 2019.

Candace Jackson: Thank you for providing that clarification, Alex. Our next question. 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?

Alex Feilmeier:	Yes. So, 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*. After they submit templates, then they receive a medical records request. And, that medical records request requires them to submit their medical records, whether they have an EHR system or not. And, they can do that in one of three ways. And, those three ways are talked about within the presentation, on the medical records slides.
	If you–
Candace Jackson:	Thank you.
Alex Feilmeier:	…are submitting–
Candace Jackson:	Oh, go ahead.
Alex Feilmeier:	No, go, [laugh].
Candace Jackson:	No. Go ahead, sorry.
Alex Feilmeier:	So, if you're submitting, if you're submitting medical records, and you have an EHR, you still are required to either create PDF documents and submit those via the secure portal or CD. Or, you can print the records and mail them.
Candace Jackson:	Thank you, Alex. Our next question. Other than the confidence interval calculation, does any other requirement make a hospital a possible target for the target selection?
Alex Feilmeier:	There are other targeting criteria other than, other than, not passing validation for the previous fiscal year. Those are indicated in the rule. They include other charting – targeting criteria that I can't think of, off the top of my head. But that question can be answered offline.
Candace Jackson:	Okay. Thank you. And the next question. I thought the 75-percent-confidence-level minimum to pass validation had been suspended indefinitely. Has this been reactivated?

Alex Feilmeier:	I apologize, but I do not know of any talk about the 75-percent-confidence-interval minimum being suspended. I can't answer that question.
Candace Jackson:	Okay. Thank you, Alex. And the next question. If a hospital has not been selected for validation, do Validation Templates for HAI have to be submitted quarterly anyway?
Alex Feilmeier:	Hospitals are welcome to submit HAI Validation Templates if they have not been selected for validation. However, they are not required to. And, they will not receive feedback on templates if they are submitted when they are not a selected provider for the current fiscal year.
Candace Jackson:	Okay. And our next question. Please review how SSI cases are selected.
Alex Feilmeier:	So, SSI cases as mentioned on the – during the presentation, are not selected from Validation Templates. These are selected from claims data that your hospital submitted. So, that data is pulled, and those are, those cases are included in the sample.
Candace Jackson:	And the next question. Should the 2016 quarter-three line list include patients who were discharged in July through September 2016?
Alex Feilmeier:	That is correct.
Candace Jackson:	The next question. For clarification, my hospital will receive a paper request and we can submit requested data by paper?
Alex Feilmeier:	So, 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 those three described ways. You can do so by paper. You can do so by removable media (CD, DVD, flash drive). Or, you can do so via the *QualityNet Secure Portal* Secure File Transfer 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.

Candace Jackson: And we have time for just a couple more questions. The next question. I am a bit confused; we were selected for CAUTI/CLABSI but new – 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?

Alex Feilmeier: So, if you were selected for CAUTI and CLABSI, but you do not have an ICU, you still are required to submit Validation Templates. If you review the *Validation Template User Guide and Submissions Instruction* document located on the Data Validation - Resources page of *QualityNet*, you will see that you may submit the templates by selecting, "No. You do not have any positive cultures." You will still be validated. You may be still validated for, as mentioned earlier, SSI cases submitted through claims data, and clinical cases submitted to the clinical warehouse.

Candace Jackson: Thank you. And our last question. And, I do still want to remind people that if your question was not addressed on the call today, those will be addressed in the future, and posted to the *Quality Reporting Center* website generally within ten business days. So, your question will be answered at a later time. And our last question. When should the request for third-quarter data be received by hospitals?

Alex Feilmeier: So, if a hospital fails the data-validation requirement of meeting the confidence interval, then there is a reduction of, I believe, one quarter of the annual basket update. That information can also be found out on *QualityNet*, and the question can be answered further offline.

Candace Jackson: Thank you. And again, I would like to thank Alex for presenting this information to us today. It has been the most beneficial, to everyone, I am sure. And, I would now like to turn the presentation over to Deb Price who will go, be going over, our continuing education process. Deb?

Debra Price: Thank you, Candace. 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 provider number given on the last bullet, 16578.

We now have an online CE certificate process. You can receive your certificate two different times. Right now, if you're still on the, on the webinar with us, you can now take a survey, and at the end of the survey, you will be taken to another site, where you will register for your certificate. If you don't have time to do that today, within another 48 hours, we will be sending the survey to you again.

If you have any problems when you are trying to get your certificate, in other words, if you do not immediately receive a response, that could mean that you have a firewall up in your work facility that is not allowing us to get our links through.

This is what the survey looks like. In the bottom right-hand corner, you're going to see the Done button.

This is the important slide. This pops up as soon as you hit the Done button. If you have been receiving your certificates every, at, after each one of our webinars, then go ahead and use the Existing User link. That's the second link. If, however, you have any problems getting your certificates, please use the New User link. That's the first link, the first link in green. Use that link and, and register your personal email.

This is what the New User link takes you to. It takes you to our Learning Management Center, where you will put your first name, last name, your personal email, and your personal phone number. Excuse me. The reason we're asking you to give us your personal email and phone number is because we have found that hospitals that deal with PIP information have firewalls that are – that constantly – are changing, and it prohibits our links from coming through.

This is what the existing user page looks like. So, if you click on the Existing User link, this is where you would be taken. Your username is your complete email address, including what's after the @ sign. Then, of course, your password. If you, if you forgot your password, click in the box, and you will be prompted to get a new password.

And now, we would like to thank everyone for attending today's event. We hope you've learned something. And, please remember, that all of the questions will be answered, and placed on our website qualityreportingcenter.com at a later date. And now, please have a great rest of your day. Goodbye.