



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Questions and Answers

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Webinar attendees asked the following questions and subject-matter experts provided the responses. Questions and answers may have been edited.

Question 1: Are results available for fiscal year (FY) 2019? Or is that done by running Confidence Interval Reports?

Fiscal Year 2019 data, which was last year's validation cycle, is complete and can be found 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 the Confidence Interval Report.

Question 2: Claims data may not match the National Healthcare Safety Network (NHSN) criteria for Surgical Site Infection (SSI). Please clarify the rationale behind the selection of claims data for the validation of SSI.

SSI claims data, as submitted to Centers for Medicare & Medicaid Services (CMS), is what is used to select cases for validation. Validation then occurs in the same way that the other Healthcare-Associated Infections (HAI) measures do, in that the hospital submits the medical record as requested. The SSI data is looked at in a similar fashion as the other HAI measures.

Question 3: Do randomly selected hospitals need to use the new 2020 validation templates if they have been selected for a second year and had been using the 2019 validation templates?

Hospitals selected for FY 2020 validation will be required to submit the most recent version of the HAI Validation Templates. The most recent version of the templates can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

Question 4: Does this include critical access hospitals (CAHs)?

Critical access hospitals are not selected for validation.



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Question 5: For columns involving patient identifiers or time stamps, 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 Excel?

The patient identifier field should not drop zeros, as it is formatted in text. If you are having an issue, then there may have been an alteration made to the column formatting prior to entering data. For more detailed information, please see the Validation Template User Guide and Submission Instructions document, which can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

Question 6: For those hospitals selected in May, when will the Case Selection Report be available?

The Case Selection Report typically becomes available within a month after the HAI Validation Template deadline has passed for each quarter.

Question 7: I got confused on the deadlines for the templates. We have been selected as a targeted hospital so what dates are our templates due?

The HAI Validation Template deadline dates can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

Question 8: I have a Catheter-Associated Urinary Tract Infection (CAUTI) medical record request with the dates 10/1/2017 through 10/21/2018. 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 intensive care unit (ICU) stay?

The information that is 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. If the date is appearing to be incorrect, it may be from the way it was submitted by the hospital to the Validation Support Contractor (VSC). For further assistance, please send an email to the VSC at validation@hcqis.org.



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Question 9: Is it possible to ask why our facility was selected as a targeted hospital for validation from the targeted criteria outlined in the rule?

Yes. Please contact the VSC at validation@hcqis.org. When emailing the VSC, please include your six-digit CMS Certification Number (CCN).

Question 10: Is the Validation Template only for HAI or core measures as well?

The HAI Validation Templates are for HAI-related cases only. The clinical process of care (core measure) cases are selected from information that hospitals submit to the CMS Clinical Warehouse.

Question 11: Is there information on how the HAI validation and chart-abstracted cases are weighted for the confidence interval (CI) calculation?

There is a CI document, titled Fiscal Year 2020 Confidence Interval, which can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*, under the header “Resources for Fiscal Year (FY) 2020 Payment Determination”. This document includes information about the weighting of the different strata.

Question 12: Slide 13. Our facility did not meet the criteria outlined. Is there any other reason we would be selected?

The potential criteria for being selected were included in the email which was sent out to the hospitals that were selected as a targeted hospital. For further assistance and information on the specific reason your hospital was selected, please send an email, with your six-digit CCN, to the VSC at validation@hcqis.org.



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Question 13: Slide 32. For the other infection types, if there are not enough to meet the minimum does that mean you could have cases selected from other infections?

That is correct. If there is not enough of one of the two measures, then cases can be randomly selected from another HAI measure type. For example, if a hospital was selected to be validated for Central Line-Associated Blood Stream Infection (CLABSI) and CAUTI, and they only had one CLABSI case, but they had multiple other CAUTI cases, those other CAUTIs could be added into the sample to make up for the shortage of CLABSI in order to meet the target sample size. The same could also occur with SSI cases.

Question 14: Will sepsis be included in the final score?

Sepsis will be included in Fiscal Year 2020 CI calculation.

Question 15: Slide 21. The slide mentioned that if the upper bound CI is above 75 percent, you will pass validation. Our upper bound score was 92 percent and lower bound was 68 percent. We were selected for validation again for the 2018-2019 validation year. Is there a reason why we were selected?

Hospitals that have a CI over the 75 percent threshold can still be selected as a targeted hospital. The criteria for the selection of the targeted hospitals can be found in the FY 2014 Inpatient Prospective Payment System (IPPS) Final Rule. For further assistance regarding the targeted hospital criteria, please contact the VSC at validation@hcqis.org.

Question 16: Slide 22. Can you confirm the targeted dates on this slide?

A confirmation of the HAI Validation Template deadline dates can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.



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Question 17: Regarding the list FY 2018-Inpatient Quality Reporting (IQR) Program hospitals selected for Chart-Abstracted Data Validation. Under the column "Validation Template Type" for my hospital, says CAUTI/CLABSI. I want to verify that we don't have to submit charts for the immunization, emergency department, sepsis, and venous thromboembolism chart abstracted measures. Is that correct?

Hospitals selected for validation will still be required to be validated for the clinical process of care core measures. The list on *QualityNet* distinguishes between the hospitals that are required to submit a CLABSI/CAUTI versus a Methicillin-resistant *Staphylococcus aureus* (MRSA)/*Clostridium difficile* infection (CDI) type. Every hospital on that list is validated for the clinical process of care measures, as well as SSI.

Question 18: The Validation Case Detail Report does not specifically say what data elements are mismatched; it only indicates that the outcome is a mismatch. This is not very helpful. Can you address this?

As this is case specific, please send an email to the VSC at validation@hcqis.org.

Question 19: We are submitting our fourth quarter 2017 inpatient validation records. We noticed that there were no SSI cases selected for review. Is this normal? Is this due to no coding being picked up?

This would most likely be due to the hospital not having applicable SSI cases to be selected for validation.

Question 20: We received our third quarter validation but there was no confidence interval score. Please advise.

The CI calculation only occurs at the end of the validation fiscal year. Hospitals will receive case-specific information on the Validation Summary and Case Detail Reports at the end of each quarter; however, they will not receive their Confidence Interval Report until the very end, when all of the quarters have been completed.



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Question 21: We were recently notified that our third quarter 2017 validation results were available. When I ran the detailed report, it only gave me results of our chart-abstracted data but not our NHSN data. Why would we have only received results for the chart-abstracted data?

There was an issue identified with the Case Detail Report recently, where it was only displaying the first eight pages of the report, regardless of how many were available. This issue has been resolved. If any hospitals experienced this issue, it is recommended they re-run their Case Detail Report.

Question 22: What is a "placeholder" case?

A placeholder case is automatically created only for those hospitals that do not submit their HAI Validation Templates by the deadline. These cases are given an automatic 0/1 score for all that would be eligible to be validated.

Question 23: What measures will be validated for sepsis?

As there is only one sepsis measure, the question would be “What [elements] will be validated for sepsis?”

Individual elements are not validated; elements make up the measures which are validated at the outcome level. Sepsis is a bundle and will be validated as such.

Question 24: When should the targeted hospitals receive the case selection for the chart abstraction validation for third quarter 2017?

Hospitals can expect to receive the Quarter (Q)3 2017 case selection packet from the CMS Clinical Data Abstraction Center (CDAC) sometime within a month after the Q3 2017 HAI Validation Template deadline.



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Question 25: When there are not enough candidate cases for specific infections to meet targeted number of cases, CMS will select the candidate cases "from another infection types to meet sample size". What would this involve with "other infection types"?

Whether a hospital is selected for CLABSI and CAUTI or MRSA and CDI, the hospital will have four of each of those "infection types" selected, as well as all hospitals will have up to two candidate SSI cases selected. If there are not enough cases for one specific infection to meet the targeted number of cases, then CMS will select candidate cases from other infection types to meet the sample target size. What is meant by "infection types" is CLABSI/CAUTI/SSI, or MRSA/CDI/SSI.

Question 26: Does the list on *QualityNet* include all hospitals chosen for validation, regardless of the reason for being chosen?

The selected hospital list on the *QualityNet* website does not signify whether a hospital was selected as a randomly selected hospital or a targeted hospital. It was a CMS decision not to publicly display which hospitals were randomly selected versus those that were targeted. Hospitals can determine if they were random or targeted simply by knowing when they were notified of selection; the randomly selected hospitals were selected earlier in the fall, whereas the targeted hospitals were just recently selected this spring. If a hospital would like to know whether they were randomly selected or were targeted, they can send an email to the VSC, validation@hcqis.org, and include their six-digit CCN/Provider ID when inquiring.

Question 27: I was given dates of May 1 and August 1 as due dates for the submission of the HAI validation templates for fourth quarter 2017 and first quarter 2018. Does that mean we were randomly selected for validation or was that just ensuring submission in a timely manner?

Hospitals randomly selected in the fall have different deadline dates than those hospitals selected as targeted just recently. If your hospital has HAI Template deadlines of May 1 and August 1, your hospital was selected randomly in the fall. Your hospital will be required to follow the deadline dates for the randomly selected hospitals.



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Question 28: If you do not have any identified CAUTI or CLABSI, are you looking at positive cultures on the template for CAUTI and CLABSI?

If a hospital does not have any positive cultures or specimens to report for a quarter, then what the hospital will do is fill out only the “Hospital Information” section of the HAI Validation Templates, which is the light blue colored columns on the first row of the template. The hospital will indicate “No” under Positive Cultures/Specimens column. Hospitals can find direction regarding this topic on the Validation Template User Guide and Submission Instruction document, which is posted on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*.

Question 29: If you scored a 70 percent on the validation process, do you get a 25 percent payment cut or is it prorated by score?

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

There is no prorating of APU based on the CI score; if the hospital does not meet the 75 percent CI threshold, the hospital will fail the validation requirement and may be subject to the full reduction in APU.



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Question 30: In regard to Laboratory Identified (Lab ID) validation. If you have a patient during an admission with multiple positive cultures, would we be hit with a discrepancy if not all cultures appeared within data submitted, since we are following NHSN reporting guidelines?

When completing HAI Validation Templates, all cases that meet the criteria in the template's "Definitions" tab should be submitted. Any time there is a discrepancy in data submitted, the likelihood of a mismatch is greater. On the HAI Validation Templates, there will be some reporting differences to CMS versus what you report to NHSN. If one of these particular cases were to be selected for validation, then the entire medical record would be requested and the CDAC abstractor would recognize any positive cultures that are not required to be reported to NSHN. Those cultures would not be counted against the hospital.

Question 31: Is it still true that if you have fewer than five in the initial patient population for a measure set, that submission of the patient level data is not required?

Hospitals that have five or fewer global (immunization and emergency department), venous thromboembolism, or sepsis discharges (both Medicare and non-Medicare combined) are not required to submit patient-level data to the CMS Clinical Warehouse; however, when completing HAI Validation Templates, all cases that meet the criteria in the template's "Definitions" tab should be submitted, regardless of the total number.

Question 32: Slide 18. It states that hospitals must submit their templates before they will receive their medical record request. I do not understand what information would be in the template if we have not gotten the medical record request. Please advise.

Hospitals must submit their HAI Validation Templates before cases will be selected for validation. CMS performs a random selection of cases submitted from each validation template type submitted per hospital being validated. Please follow the instructions found on the "Definitions" of each validation template for additional information.



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Question 33: On the validation report, are matches based on outcomes only? For example, is it considered a match if both have an outcome of “D.” Is it no longer based on the data elements matching?

That is correct. Individual elements are not validated, elements make up the measures, which are validated at the outcome level.

Question 34: Is the passing score determined per quarter or is it a combination of all four quarters?

The CI calculation only occurs at the end of the validation fiscal year. Hospitals will receive case-specific information on the Validation Summary and Case Detail Reports at the end of each quarter; however, they will not receive their Confidence Interval Report until the very end, when all of the quarters have been completed.

There is a CI document, titled “Fiscal Year 2020 Confidence Interval”, which can be found on the Inpatient Chart-Abstracted Data Validation Resources page of *QualityNet*, under the header “Resources for Fiscal Year (FY) 2020 Payment Determination”.

Question 35: Is the validation template required for HAI only?

Hospitals are assigned to submit quarterly either: CLABSI and CAUTI validation templates **or** MRSA and CDI validation templates.

All selected hospitals will also be validated for SSI, but SSI cases are not submitted using validation templates (these are selected from Medicare claims-based data submitted to CMS).

All selected hospitals will also be validated for clinical process of care measures, but these measures are not submitted using validation templates. The clinical process of care cases are selected from data submitted through the CMS Clinical Warehouse.



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Question 36: We were selected for validation last year and our HAI scores were 4/4 in 3Q16, 4/4 in 4Q16, 9/10 in 1Q17, and 2/2 in 2Q17. We are being told that we failed to report to NHSN on at least half of the actual HAI events detected as determined during the previous year's validation effort/criteria. Can you help me understand how having one HAI mismatch out of twenty is over half the actual events detected and why we are targeted for this year?

Explanation of this specific targeting criterion is outlined in the final rule as follows:

“In the FY 2014 IPPS/LTCH PPS proposed rule (78 FR 27707), for the FY 2016 payment determination and subsequent years, we proposed one additional criterion for targeting as follows: any hospital which failed to report to NHSN at least half of actual HAI events detected as determined during the previous year's validation effort. We made this proposal to increase incentives for properly reporting HAI events that should have been reported to NHSN. To ensure a fair process for validation scoring, we credit hospitals for following NHSN protocols correctly. In this regard, hospitals receive credit for not reporting to NHSN candidate HAI events that we determine were not actually events and reporting candidate HAI events to NHSN that we determine were actually HAI events. We anticipate that hospitals may receive credit for not reporting many such candidate events. We believe it is appropriate to pass hospitals for following NHSN protocols correctly by not reporting non-events. However, we recognize that the Hospital VBP Program might give hospitals an unintended incentive to underreport HAI events because the lower their HAI measure rates, the more points they will earn. Therefore, we proposed to use evidence of severe under-reporting (less than 50 percent) as a targeting criterion for supplemental validation.”