



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Hospital IQR Program FY 2021 Chart-Abstracted Validation Overview for Randomly Selected Hospitals

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar.

Question 1: We do not have an intensive care unit (ICU). Do we submit Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Bloodstream Infection (CLABSI) data or do we enter zeroes? Is there an exception form?

If you were selected for CAUTI and CLABSI data validation and you don't have an ICU, you are still required to submit validation templates. If you review the validation template user guide and submission instruction document located on the [Chart-Abstracted Data Validation - Resources](#) page of *QualityNet*, you will see that you can submit the templates and select "No" from the positive culture's dropdown. This indicates that you had no positive cultures that met the definitions for the quarter. You still will be validated for Specific Surgical Site Infections (SSI) cases submitted through claims data (if you have them) and clinical process of care measures submitted through the clinical warehouse.

Yes, there is an [IPPS Measure Exception Form](#). It may be helpful to contact the Hospital Inpatient VIQR Outreach and Education SC through the [Hospital Inpatient Questions and Answers](#) tool or by calling, toll-free, (844) 472-4477 or (866) 800-8765, weekdays from 8 a.m. to 8 p.m. Eastern Time.

Question 2: If a hospital is selected for validation of its Healthcare-Associated Infection (HAI) data, does this mean it will also have charts selected for validation of the Hospital IQR Program measures (ED-1, ED-2, IMM-2, SEP-1, and VTE-6)? We received a request for the HAI validation template submission only and the posted list only specifies CAUTI/CLABSI.

The notification specifies that all hospitals selected for validation are selected for both types of measures: clinical process of care chart-abstracted measures and HAI measures.

All hospitals selected for validation will submit data for clinical process of care chart-abstracted measures. The list posted on *QualityNet* indicates the type of HAI validation template randomly assigned to the hospital. Half of the hospitals selected for validation were assigned CLABSI and CAUTI, and the other half were assigned Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (CDI).



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Question 3: Can you give us some tips to make the CMS Clinical Data Abstraction Center (CDAC) record submission process go as smoothly as possible?

The hospitals selected for Hospital IQR Program chart-abstracted data validation may submit medical records to the CDAC electronically on encrypted removal media as Portable Document Format (PDF) files or through the CMS *QualityNet Secure Portal* Secure File Transfer application via PDF files. Either way (by removable media or Secure File Transfer) the PDF file format is required.

The submitter should also name the file using the CDAC document identification (ID) number that is printed on each individual medical record cover sheet included in the request packet that you received. You should not use patient names or other identifiers as that file name. All information is included in the packet that is sent by the CDAC.

The CDAC prefers one file per medical record requested. However, if you must split the medical record into multiple files due to file size, the name should indicate how many parts are in the record. For example, if you must split the file, name it Part 1 of 3, Part 2 of 3, and so on. This will help the CDAC combine the files for processing.

If you are submitting files on removable media, the media should be labeled with your six-digit CMS Certification Number (CCN). If you're submitting through Secure File Transfer, your CCN should be included in the subject line. When you're submitting via Secure File Transfer, be sure to select the CDAC medical records group as the email recipient.

Attaching too many files at one time could cause a transmission to fail. To improve your chances of successful transmission, attach only two or three files in each Secure File Transfer message. If your submission is not listed in your Sent folder, it may not have been sent. It may be helpful to reach out to the CDAC and confirm it was received. This information is included in a packet the CDAC will send you.

Question 4: We are a small, regional hospital and we were selected for validation in 2015, 2017, 2018, and now again, for 2019. Our confidence interval (CI) scores have been high. Why do we keep getting selected? The hospital selection process for validation doesn't seem so random. Are hospitals selected out of a national pool or a state pool?



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The hospitals are selected out of a national pool; it is not by state. The random provider selection that occurs first is, in fact, entirely random. It is possible the hospital was targeted in the past, not randomly selected. There are many different criteria which could result in the hospital being selected as part of that targeted pool even though it passed the CI score. However, your random selection in multiple years possibly could be just the luck of the draw.

Question 5: **Can a hospital be randomly selected for HAI and then also be selected as a targeted hospital for inpatient core measures?**

All hospitals that are selected for validation are selected for both clinical process of care measures and HAI measures. All hospitals will need to submit both.

Question 6: **When will the fiscal year (FY) 2021 targeted hospitals be selected?**

FY 2021 targeted hospitals should be selected sometime around May 2019.

Question 7: **When will the electronic clinical quality measures (eCQM) validation results for FY 2018 be ready?**

The eCQM validation results should be released to those selected hospitals within the next several weeks.

Question 8: **In regard to the CDAC request process, many hospitals have done away with a medical records director with the inception of electronic health records (EHRs). As a secure administrator, it takes seven to ten days to track down the packets, including contacting the CDAC to see who signed for the packet. Can you comment?**

CMS recognizes the struggle that some hospitals face with locating the packet within the facility. Recently, there has been a change to the contact list. Hospitals can now enter a contact name for the person specifically in charge of CDAC medical records, as opposed to other medical records.

Hospitals can reach out to either the validation support contractor or the inpatient support contractor to update the contact information in the CMS database. However, at this time, the medical records request packet will still be directed to "Medical Records Director."



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If you have comments regarding another option, feel free to reach out to us at the validation support contractor and we can bring it to CMS.

Question 9: **Since our data are reported by the National Healthcare Safety Network (NHSN), do we submit the template or does the template come from NHSN?**

You will still have to submit HAI validation templates for each quarter you were selected. The validation templates are used to select the cases for validation; the templates themselves aren't validated. Once the template cases have been selected, we then work with the Centers for Disease Control and Prevention (CDC) based on what you have submitted to validate through that route.

Question 10: **I am new in this role, and I am not sure what placeholder cases are. Can you please clarify?**

Placeholder cases won't be used for the vast majority of hospitals, as placeholder cases are only assigned if a hospital does not submit their validation templates. Placeholder cases are considered "dummy" cases. They're put into the request because your hospital did not submit validation templates and, therefore, they'll be scored with zeroes.

Question 11: **Do we continuously submit cases on the template throughout the quarters, even if we have been chosen for validation, or do I still have to submit the template, even if we are not selected for validation?**

The validation templates must be submitted each quarter by each quarterly deadline. You may submit each individual quarter as early as you'd like, if the quarter has ended. For example, you would not be able to submit second quarter 2019 data because second quarter 2019 has not ended yet.

If a hospital was not selected for validation, they do not have to submit validation templates. Only those hospitals that are selected for validation are required to submit validation templates.

Question 12: **If you have no HAI cases for one of the chosen types, such as MRSA, what do we do?**



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If you have no cases that meet the definitions within the Definitions tab on the validation template, you can submit the template with a “No” in the Yes or No indicator field. Instructions are in [FY 2021 Validation Template User Guide and Submission Instructions](#) on the [Chart-Abstracted Data Validation – Resources page](#) of *QualityNet*.

Subject-matter experts researched and answered the following questions after the live webinar.

Question 13: **Since IMM-2 measure data are not submitted for quarter (Q)3, can they be validated for this time period?**

If an IMM-2 case is randomly selected for validation in a quarter outside of the pre-determined flu season (e.g., 3Q 2018), you would submit the medical record for the patient as requested. The CDAC would abstract the case following the algorithm in the specifications manual and determine the case has an exclusion based on a discharge date that falls after March 31, 2018.

Question 14: **How will the SEP-1 measure data validation work? What elements are validated? Are specific elements of the bundle or overall outcome of the bundle validated?**

Validation is at the measure level; scoring is not at the individual question/data element level. The questions are answered to determine the outcome at the measure level for each measure set. Answering a question/data element determines which way the measure algorithm flows. Some questions will stop the algorithm. Other questions lead to the next data element. Where the algorithm stops determines the final outcome. For example, it determines whether a case is measure category “B” (not included in the measure) or measure category “E” (included in the numerator). Some of the general data elements are not used to determine outcomes. The list of these general data elements can be found in the specifications manuals in the Introduction to the Data Dictionary. Clinical cases (such as ED-2, IMM-2, SEP-1, and VTE-6) are scored 0/1 or 1/1, depending on match/mismatch status.

Question 15: **Is it possible to fail validation on data elements that are related to *Race, Hispanic Ethnicity, or Discharge Time* that are found to be incorrect, but not impacting the final measure outcome?**



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Validation is at the measure level; it is not scored at the individual question/data element level. The questions are answered to determine the outcome at the measure level for each measure set. Answering a question/data element determines which way the measure algorithm flows. Some questions will stop the algorithm. Others will lead to the next data element. Where the algorithm stops determines the final outcome. For example, it determines whether a case is measure category “B” (not included in the measure) or whether it is a measure category “E” (included in the numerator). Some of the general data elements (e.g., *Race*, *Hispanic Ethnicity*, and *Payment Source*) are not used to determine outcomes. The list of these general data elements can be found in the specifications manuals in the Introduction to the Data Dictionary. *Discharge Time* is not considered a general data element as it is used in the calculation of SEP-1 and will be validated.

Question 16: Are web-based measures ever validated?

The measures included in FY 2021 validation can be found on the [Chart-Abstracted Data Validation - Overview page](https://www.qualitynet.org/dcs/ContentServer?cid=1228776288808&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page) of *QualityNet* at this direct link: <https://www.qualitynet.org/dcs/ContentServer?cid=1228776288808&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>

Question 17: I understand that organizations selected for chart-abstracted validation will not be selected for eCQM validation. Will CMS automatically ensure that occurs, or would a chart-abstraction validation client need to file an exemption if they are also selected for eCQM validation?

Hospitals selected for Hospital IQR Program chart-abstracted data validation will *not* be selected for Hospital IQR Program eCQM validation, and vice versa. The system will automatically ensure this prior to selection.

Question 18: Will the eCQM validation results be publicly reported on *Hospital Compare*?

Hospital-specific validation results are not publicly reported.



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Question 19: **The SSI cases are selected from Medicare claims. Are cases for the other measures being validated, such as SEP-1, taken only from Medicare claims?**

Cases are randomly selected from data submitted to the CMS Clinical Data Warehouse by the hospital.

Question 20: **Are we allowed to submit paper charts?**

Records can be submitted on paper, removable media, or via Secure File Transfer. Additional information will be provided within the packet sent by CDAC.

Question 21: **Can we highlight the data points that the CDAC will be looking for in the charts?**

Do not highlight or otherwise mark any information in the medical record. The CDAC staff are trained to ignore any marking in the record. Additional information will be included in the medical records request sent by the CDAC.

Question 22: **Why does the validation Case Selection Report on *QualityNet* not have the record ID numbers like the packet sent to medical records?**

On the Case Selection Report, the Abstraction Control Number (ACN) is the identifying piece of information that can be used in place of the record ID.

Question 23: **How do we find out if our hospital was targeted or randomly chosen? How many hospitals could possibly be selected?**

The random selection of 400 hospitals for FY 2021 occurred in January of 2019. In May of 2019, an additional targeted hospital sample of up to 200 hospitals is anticipated to be selected. To determine if your hospital was randomly selected or targeted (and why), email validation@hcqis.org.

Question 24: **I cannot find the criteria used for targeting hospitals. Can you please send a link to where we can get that information?**



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CMS targeting criteria is outlined in the [FY 2014 Inpatient Prospective Payment System \(IPPS\)/Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#) (78 FR 50833 through 50834).

Question 25: I've never submitted a template, and I wasn't aware that I was to submit one. How can I find out when the last time a template was submitted? I've submitted files selected for validation, but I've never submitted a template. When will I learn what I've done wrong?

Reach out to us at validation@hcqis.org and we would be happy to answer your specific questions and help you find any information you might need.

Question 26: Will hospitals get a quarterly validation score or just a score at the end once all four quarters have been validated?

Quarterly validation scores are displayed as a numerator over a denominator on the Validation Case Detail and Validation Summary Reports for the Hospital IQR Program. To calculate the percentage for each measure group, divide the numerator by the denominator in each section of the report; however, please remain aware that the end-of-year confidence interval calculation involves specific weighting and cannot be calculated with a simple percentage. If you would like to know more about how the FY 2021 confidence interval is calculated, view the confidence interval document on *QualityNet*. It will be posted on the [Chart-Abstracted Data Validation - Resources page](#) after FY 2020 has been completed.

Question 27: Do I understand the pass rate correctly? Out of ten cases selected, is two the maximum number of cases that don't match validation?

Quarterly validation scores are displayed as a numerator over a denominator on the Validation Case Detail and Validation Summary Reports for the Hospital IQR Program. To calculate the percentage for each measure group, divide the numerator by the denominator in each section of the report; however, please remain aware that the end-of-year confidence interval calculation involves specific weighting and cannot be calculated with a simple percentage. If you would like to know more about how the FY 2021 confidence interval is calculated, you may view the confidence interval document on *QualityNet*. It will be posted on the [Chart-Abstracted Data Validation - Resources page](#) of *QualityNet* once FY 2020 has ended.



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At the end of the fiscal year, annual payment update (APU) results are released in April or May. (For FY 2021, this will be April or May 2020.) 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 educational review results are taken into consideration and scores are combined, 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.

Question 28: **Who should we contact if we have any questions regarding the result of the validation? I have seen mismatches based on the rounding of time in seconds. When is the best time to submit the question or appeal?**

The Hospital IQR Program offers educational reviews of chart-abstracted medical record validation results to those hospitals selected to participate in chart-abstracted data validation. The deadline for requesting a review is within 30 days of the validation results being posted on the *QualityNet Secure Portal*. Reach out to us at validation@hcqis.org if you need assistance locating the [Educational Review page](#) of *QualityNet*.

Question 29: **Have the medical records request for Q3 2018 already been mailed to the medical records director?**

Each quarter, a few weeks after the template submission deadline, the CDAC will send hospitals a written request via FedEx for a patient medical record for each case that CMS selected for validation.

Question 30: **When will the packets be mailed out? The email stated our hospital was randomly selected for FY 2021. Does that mean records for 2021 will be reviewed (as 2021 comes and goes) or that data are due now and resulted in 2021?**

Medical record requests will be sent out a few weeks after the template submission deadline. The quarters included in FY 2021 validation are Q3 2018, Q4 2018, Q1 2019, and Q2 2019. This will affect FY 2021 APU.



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Question 31: Will validation templates have to be submitted before we receive a request for charts for the chart-abstracted validations?

Yes, that is correct.

Question 32: Are we supposed to submit the template when we submit our validation files?

As the validation SC, we are unsure what is meant by “validation files.” Please reach out to us at validation@hcqis.org and we would be happy to assist you.

Question 33: Once a request for specific charts is received, how long do hospitals have to submit files?

Hospitals participating in the Hospital IQR Program have 30 days from the original request date to submit requested records to the CDAC. Additional information will be provided within the medical records request packet from the CDAC.

Question 34: Up to eight chart-abstracted measures are validated per quarter. Is it eight cases per quarter or is it eight cases per measure per quarter?

CMS will validate up to eight cases for clinical process of care measures per quarter per hospital.

Question 35: Are quarterly cases determined by the discharge dates of each related quarter?

For clinical process of care measures, the random case selection is determined by discharge date. For validation template submission, there are no start and stop dates for reporting, as directed by CMS. CMS did not want to create additional burdens, so the reporting is at your discretion. The hospital may choose the way to enter data on the template, by admission or discharge date. Strictly for your information, the vast majority of hospitals choose to report by discharge date on their templates.



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Question 36: Are templates only to be used for HAI measures and not chart-abstracted measures?

Correct.

Question 37: Where are the NHSN validation templates located? Is this something built within NHSN and then pulled?

The CMS validation templates can be found on the [Chart-Abstracted Data Validation - Resources page](#) of *QualityNet*. The templates are not built within NHSN. Please see the user guide and submission instructions for further information. Please reach out to validation@hcqis.org if you have additional questions.

Question 38: Will reformatting the time and medical record number columns in the template to show zeroes cause the file to be rejected? Will the CDAC know if the medical record number or time is correct if it is missing the leading zeroes?

It is unlikely that file rejection will occur due to the changes you have described.

The [CDAC will use several identifiers to determine](#) if the record is valid. For example, if all other submitted patient identifiers (i.e., birth date, admission date, and discharge date,) match and it is an inpatient discharge, the record is “valid” for purposes of CDAC validation re-abstractation of the quality measure data elements.

If you are having specific issues with the validation template, please contact the validation SC and we would be happy to help.

Question 39: At the beginning of the process, where are the list of cases to send on the HAI template? Does the list come from infections submitted to NHSN? Are only ICU cases submitted to *QualityNet*? Are infection dates, admission dates, or discharge dates used to determine which HAI cases are submitted for the quarter via *QualityNet*?

Hospitals must submit templates before they receive a medical records request packet. Please see the Definitions worksheet within each HAI validation template for specific instructions on what to submit. Validation template submission is separate from your submission to NHSN.



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When entering cases on your hospital's HAI validation template, there are no start and stop dates for reporting, as directed by CMS. CMS did not want to create additional burden, so the reporting is at your discretion. The hospital may choose to enter the data on the template by admission or discharge dates. Strictly for your information, the vast majority of hospitals choose to report by discharge date on their templates.

Question 40: **For the CAUTI/CLABSI validation template, do we only include information on patients that had positive cultures in the ICU?**

Yes. Please see the Definitions worksheet within each HAI validation template for specific instruction on what to submit.

Question 41: **Should we report lab IDs for patients who presented to and were discharged from the ED?**

The list may include cultures collected in the ED and/or 24-hour observation locations prior to an inpatient admission; however, if the patient was only seen in the ED and/or 24-hour observation and was never admitted as an inpatient, do not include that patient on the validation template. These are the scenarios where CMS and NHSN differ. Please see the Definitions worksheet within each HAI validation template for specific instruction on what to submit.

Question 42: **Within hospital systems, observation (OBSV) patients are seen within the acute care inpatient areas. These OBSV patients could be pulled within the inpatient templates for MRSA and CDI. NHSN does not use OBSV as a patient location. What would prevent an OBSV patient from being included on the acute care patient template, as they are not filtered out? How do you define inpatient episode of care? Please advise.**

CMS understands your question. A patient in an inpatient *location* may not necessarily mean they had inpatient *status*. On the HAI validation templates for MRSA and CDI, if a patient was seen in the ED and/or 24-hour observation, please only include them if they were subsequently admitted and acquired inpatient status. For additional information, view the appropriate MRSA and/or CDI abstraction manual posted on the [Chart-Abstracted Data Validation - Resources page](#) of *QualityNet*.



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Question 43: **If a patient was admitted to the medical/surgical unit, then to the inpatient rehabilitation unit, and then to ICU (all during the same stay), do you use the first admission date to the first inpatient location? Would you use the medical/surgical admission date?**

This question includes variables which will require more information to provide an adequate answer for your situation. Please reach out to us directly at validation@hcqis.org.

Question 44: **Is a discharge with an ICU stay in the quarter required?**

Please see the Definitions worksheet within each HAI validation template for specific instruction on what to submit.

Question 45: **Is “Total Discharges in Quarter with ICU Stay” a required field for the CLABSI validation template? We have been selected to report CAUTI and CLABSI data for Q3 and Q4 2018 and Q1 and Q2 2019.**

“Total Discharges in Quarter with ICU Stay” is not required.

Question 46: **How will admission dates in NHSN, that align with an inpatient rehabilitation visit, be validated when only the inpatient admission encounter (and not the inpatient rehabilitation admission) is submitted?**

This question includes variables which will require more information to provide an adequate answer for your situation. Please reach out to us directly at validation@hcqis.org.

Question 47: **A hospital chosen for CDI and MRSA validation has zero CDI and MRSA cases and one surgical procedure. Is that sufficient for validation, or will more data be required from the hospital?**

Hospitals are to report only the data that meet the criteria within the HAI validation templates. Cases will be randomly selected from your hospital’s available cases *up to* the maximum number of cases each quarter. If fewer than the maximum cases are available, then the hospital will simply have fewer cases to be validated.



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Question 48: If a patient had multiple blood cultures drawn in the ED and as an inpatient and all are positive for MRSA, do all blood culture results go on the spreadsheet template?

Yes. Please see the Definitions worksheet within each HAI validation template for specific instruction on what to submit.

Question 49: Do we submit positive blood cultures that we determined to be contaminated?

All final positive blood cultures that meet the criteria on the Definitions worksheet within each HAI validation template should be included.

Question 50: You mentioned that, for HAI measures, two culture lists per quarter should be submitted. Is that part of the validation template submission process?

Yes. Hospitals selected for FY 2021 validation will provide two of four lists of positive cultures each quarter. Hospitals will submit either (but not all four) of the following:

- CLABSI and CAUTI validation templates
- OR**
- MRSA and CDI Validation Templates

Question 51: On the CAUTI/CLABSI validation template, is the “Admit Date” the date the patient is physically admitted to an inpatient unit?

Please see the Definitions worksheet within each HAI validation template for specific instruction on what to submit. The “Admit Date” is the date that the patient is admitted and receives inpatient status. Remember, for CLABSI/CAUTI HAI template submission, if the patient was not in the ICU when the culture was drawn, that patient is not included on the template.

Question 52: We were selected for validation for MRSA and CDI, but we do not have the required sample size. We also have an exception for COLO/HYST SSI because we do not have enough of those cases. What else could we select to get to the total sample size needed?



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Cases will be randomly selected from your hospital's available cases *up to* the maximum number of cases each quarter. If fewer than the maximum cases are available, then the hospital will simply have fewer cases to be validated.

Question 53: **I just uploaded my HAI validation template for CAUTI and CLABSI, and I immediately received an email with the number of cases that were rejected. The email asked me to navigate to the applicable programs report module for the reasons for rejection. It does not tell me what the “appropriate module is” and I would like to know which report to view.**

It sounds as though you may have submitted the HAI validation template into the wrong area of the *QualityNet Secure Portal*. Please see the validation template user guide and submission instruction document on the [Chart-Abstracted Data Validation - Resources page](#) of *QualityNet*. If you continue to have issues after reviewing the submission instructions, feel free to reach out to us at validation@hcqis.org.

Question 54: **Please explain how the SSI validation will occur. Is there a template to submit? Is this a CDAC request only?**

CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies that appear suspicious of infection. Hospitals do not fill out templates for SSI cases.