



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Questions and Answers

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May 29, 2019

2 p.m. ET

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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. The questions and answers have been edited for grammar.

Question 1: We received our quarter (Q)3 2018 validation summary. We had two measures in the Sepsis bundle that didn't match the Centers for Medicare & Medicaid Services (CMS) Data Abstraction Center (CDAC). They provided educational comments, but the "Result" said "Match." The original and validated outcome was "D." How are the results determined?

Validation is at the measure level and scoring is not at the individual question or data element level. Questions are answered to determine the outcome at the measure level for each measure set. Answering a question or data element determines which way that measure algorithm flows. Some questions will stop the algorithm. Others will lead to the next data element. Where the algorithm stops is what determines the final outcome. For example, it determines whether a case is a measure category of "B," not included in the measure, or "E," included in the numerator. Some general data elements are not used in determining the outcome. The list of these general data elements can be found in the specifications manual, in the Introduction to the Data Dictionary. The clinical process of care cases are scored zero over one or one over one, depending on the match/mismatch status.

Question 2: Are Healthcare-Associated Infections (HAI) validation reviews compared to our submission to National Healthcare Safety Network (NHSN) or our validation template that we submit to *QualityNet*?

The validation templates are used only to select the cases for validation. The templates themselves are not validated. Once the template cases have been randomly selected, CMS, through the Validation Support Contractor, works with the Centers for Disease Control and Prevention (CDC) within NHSN, based on what was submitted on the template, to validate through that route.

Question 3: Can you give us some tips to make the CMS CDAC record submission process go as smoothly as possible?

For IQR chart-abstracted data validation, hospitals may submit medical records to the CDAC, either electronically as portable document format (PDF) files or as encrypted removable media through the *QualityNet Secure Portal's* Secure File Transfer application. Regardless of the route of submission, whether it be removable media or Secure File Transfer, each PDF file should be named using the CDAC document identification (ID) number that is printed on each individual medical record cover sheet included in the request packet that you receive.

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The patient name or other identifiers should not be used as the file name. Follow the instructions and include the CDAC document ID number.

One file per medical record request is preferred. But, if the medical record must be split into multiple files due to size, then the filename should indicate how many parts there are in the record, in addition to the document ID. If the record is split into three files, for example, the file name should include part one of three, part two of three, et cetera. This will assist the CDAC in combining the files for processing. If submitting files on removable media, those media should be labeled with the hospital's six-digit CMS Certification Number (CCN). If submitting through Secure File Transfer, the CCN should be included in the subject line. Those are two ways to make sure the file is being received.

When submitting via Secure File Transfer, be sure to select the CDAC medical records group as the email recipient. Like with splitting files, attaching too many files could cause transmission to fail. The chances of successful submission are improved by only attaching two to three files to each Secure File Transfer delivery. Submitters will receive a download confirmation email when the CDAC downloads the file. If more than 24 hours have passed since submitting the files and the download confirmation has not been received, submitters should check their sent folder. If the submission is not listed in the sent folder, the CDAC has not received the file and the file should be resubmitted. The CDAC sends submission instructions and guidelines when records are initially requested. Following those guidelines should ensure records are received completely and timely.

Question 4: Regarding CDAC record submission, can we highlight the data points that the CDAC will be looking for in the chart?

The abstractors are trained to ignore highlighting, marks or comments because they are supposed to be abstracting just as a regular abstractor would. A regular abstractor, when abstracting the record, would not have those special highlighting notes to tell them what they should be looking for and should not be looking for.

Question 5: Do we still submit Surgical Site Infection (SSI) data if our hospital is exempt for entering SSI data into NHSN due to having less than nine procedures in a year?

The SSI cases are selected based on claims that a hospital submits to CMS. The Validation Support Contractor can clarify the number of procedures and what should be reported. Otherwise, hospitals should report as they normally would.

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Question 6: If you have no HAI cases for one of the chosen types, such as Methicillin-Resistant *Staphylococcus Aureus* (MRSA), what do we do?

If no cases meet the criteria on the Definitions tab of the template, the template user guide and submission instructions document have background on how to submit a “No.” Submitters still fill out the template but, with the yes-or-no dropdown option, they choose “No,” indicating no cases met the criteria for the quarter.

Question 7: We are a multi-hospital system. Is there a way for us to know from the lists posted on *QualityNet* which hospitals have been selected for validation randomly and which are targeted selections?

Reach out to the Validation Support Contractor at validation@hcqis.org. CMS prefers not to display publicly which hospitals were randomly selected versus those that were targeted.

Question 8: How many validation templates do we need to send? We are selected for central-line associated blood stream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI).

Submit one template for CLABSI and one template for CAUTI for each quarter of the validation fiscal year. In other words, a CLABSI and CAUTI for one quarter, a CLABSI and CAUTI for the next quarter, a CLABSI and CAUTI for the next quarter, and a CLABSI and CAUTI for the next quarter. That is eight total templates throughout the validation fiscal year.

Question 9: What if you were notified that you were selected for random validation and, then in May, notified you were selected as targeted hospital validation? They both have the same quarters selected.

It may appear from the *QualityNet* list that a hospital has been selected for both. However, a hospital selected earlier in the year as a random provider should continue down the route of the random provider deadlines. The list of selected providers does not distinguish between random and targeted.

Question 10: Can you please clarify what a placeholder case is?

Most hospitals will never deal with placeholder cases. The reason is placeholder cases are only put in place if a hospital does not submit validation templates by the deadline. In other words, if hospitals submit validation templates by the deadline, they do not have to worry about placeholder cases. The placeholder cases are automatically scored zero over one when hospitals do not turn in their templates on time.

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Question 11: When a chart is requested for validation, is the measure looked at for specific admit and discharge dates, or is the medical record, as a whole, looked at for validation?

When the CDAC sends the medical records request packet, the instructions will state whether the entire medical record needs to be submitted and what time frame before the admit date needs to be included. Often, it is 14 days prior to the admit date. Those with more questions can reach out to the validation email address, validation@hcqis.org.

Question 12: What criteria triggers a “targeted” hospital?

There are several criteria that can be found in the fiscal year (FY) 2014 Inpatient Prospective Payment System (IPPS) final rule. The criteria are summarized as follows:

- Failure to meet validation requirements for the previous fiscal year—in this case, it would be FY 2020. That would be any hospital that failed FY 2020.
- Lower bound confidence interval less than or equal to 75 percent in FY 2020
- Failure to report at least half of HAI events detected during FY 2020
- Rapidly changing data patterns, abnormal or conflicting data patterns
- Submission of data to NHSN after the IQR submission deadline
- Not having been validated in the previous three years.

Any hospitals interested in finding out why they were targeted for validation can send an email to validation@hcqis.org.

Question 13: When will the targeted hospitals receive the first request for records for Q3 2018?

The validation template deadline for targeted hospitals for Q3 2018 is July 23, 2019, as indicated on one of the slides in this presentation. It usually takes 10 to 15 days after that template deadline for the medical records request packet to be sent to the hospitals. It could be anticipated to arrive sometime in the middle of August.

Question 14: The email we received stated that we were randomly assigned to submit MRSA and *clostridium difficile* (CDI) HAI measures validations. We were also selected for a clinical process of care measure validation too. Should we be submitting both?

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Yes. All hospitals selected for validation are validated for clinical process of care measures, as well as HAI cases, including SSI. The clinical process of care measures are submitted by hospitals to the CMS clinical data warehouse. That is where the cases are selected. Submit everything through the usual process for clinical process of care measures.

For HAI, submit HAI validation templates. Cases are selected from that. For SSI, the cases are selected via the claims that hospitals submit to CMS. When the cases are selected and the CDAC sends the medical records request packet, any and all cases that are selected for the quarter—whether they be clinical process of care or HAI—will all display on that Case Selection Report and medical records request packet. Hospitals will submit all cases selected.

Question 15: I understand that we are to use a pathogen in the drop box. If I have the exact organism typed, may I paste it?

Use the drop-down menu that is provided. If a specific pathogen is not on the drop-down, go ahead and email validation@hcqis.org for help. Do not paste it or manually type in a pathogen that is not from the drop-down.

Question 16: What should we do when educational comments have a time period? The result is a match for all the measures, but educational comments contain time period in red text. Please let me know how to address it when we are compiling a CDAC report.

When an educational comment in the case detail report shows in red that a time is different from what was found, it is not a mismatch. It can happen that an educational comment displays in red, even though the case is not mismatched. It is just the report showing that the abstractor found something slightly different.

However, there are some instances where the timeframe was within an allowable time. Therefore, a mismatch did not occur. If hospitals have specific questions about a case detail report, they may submit a question at the validation email box.

Question 17: Where can we find the list of elements that will be validated?

Validation is at the measure level. It is not at the individual question or data element level. A list of general data elements can be found in the specifications manual in the Introduction to the Data Dictionary.

Question 18: We made a mistake and sent the entire medical record for the MRSA/C-diff. Will we automatically fail?

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No. The medical records instruction packet does state to submit only certain parts of the record during a certain time frame. However, hospitals will not be penalized for submitting more than what was needed in instances such as the one described.

Question 19: Is there an option to opt out of a validation quarter? If so, what are the options that would allow that?

There are certain instances, such as extraordinary circumstances exemptions, which CMS grants. Hospitals may submit a request for such exceptions. For more information, reach out to the Validation Support Contractor or the IQR Support Contractor.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 20: How does Puerto Rico benefit from these changes in payments to suppliers?

Additional clarification is needed. Please submit a detailed question to the Validation Support Contractor.

Question 21: Due to multiple changes in sepsis definitions, is it scored or educational only?

Sepsis is being validated and scored for FY 2021.

Question 22: For sepsis, and other measures, is it still a rule that, if the quarterly count is five or less, you are just encouraged to report but not required?

That is correct. Hospitals that have five or fewer Global (ED) and/or Sepsis (SEP) discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit patient-level data to the CMS clinical data warehouse.

Question 23: One of our hospitals was targeted for validation but merged into another hospital with a different CCN, effective December 2, 2018. Do they still need to participate in the inpatient validation since the hospital does not exist?

Please contact the Validation Support Contractor with this information. Selected facilities will be expected to meet validation requirements until the hospital status has officially been changed within the CMS system.

Question 24: The templates for CDI and MRSA for Q3 2018 are mislabeled 2019. Do we use as is?

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We do not see any mislabeling of years on the templates. You may be confused by the date the template was updated, being in 2019. The most current/correct validation templates to utilize can be found on the IQR chart-abstracted data validation resources page on *QualityNet*. Please be sure to select and utilize the appropriate template for FY 2021 and the reporting quarter.

Question 25: **Slide 39. Our "received date" wasn't updated until after the due date. Is it possible for this to be populated in a timelier fashion?**

It can take up to 24 hours following a record submission for the Case Selection Report to populate with a Record Received Date. For questions regarding receipt of the record, please contact the CDAC directly.

Question 26: **Are there any exemptions for conversion to a new electronic medical record (EMR) during the identified validation quarters?**

For specific exemption questions, please reach out to the IQR Support Contractor.

Question 27: **How is the confidence interval determined if there are no HAIs reported?**

If there are no HAIs selected for the fiscal year, the confidence interval would be based solely on the clinical process of care cases validated.

Question 28: **What is validated for the MRSA or CDI? Is it if they actually have the culture?**

We will need additional clarification to determine what this question is asking. Please reach out to validation@hcqis.org.

Question 29: **We have been selected to validation and haven't received any information from Q3 2018 cases that were sent. How can we access the information that it was submitted successfully and if our results are completed?**

This webinar was presented for targeted hospitals selected for validation. Randomly selected hospitals can check their Q3 2018 Case Selection Report to see if all records were received by the CDAC. An email notice will be sent to registered *QualityNet* users with the appropriate Reports role at each facility, once the results are complete for the quarter. As of June 4, 2019, there are still many randomly selected hospitals awaiting Q3 2018 results.

Question 30: **Are the charts selected based from what we have submitted to our vendor or do they print them out of our EMR?**

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Medical records for validation are selected from clinical process of care measures submitted by hospitals (directly or through a vendor) to the CMS clinical data warehouse and from data submitted on the HAI validation templates. It is the hospital's responsibility to obtain and review each medical record for accuracy prior to submitting to the CDAC.

Question 31: When will the list of patients that will be validated be available for the chart abstractions?

Hospitals can expect to receive a case selection packet from the CDAC sometime within a month after the validation template submission deadline.

Question 32: When CMS requests a "current medical number," is that only documents in to the current admission in question, or can it be from previous admissions as well?

Submit the medical record number/patient ID associated with the episode of care that the data are currently being submitted for. If the medical record number has been edited—for example, if shifted from a non-EHR system to a new EHR system—then, it is often best to use the most recent. If you have a case-specific question, email validation@hcqis.org.

Question 33: We received a CDAC medical record coversheet. Under "for CDAC use only" there are identified a listing of Modules which include ED, P16, QSRS. I imagine ED reflects the emergency department (ED) measure. What does the P16 and QSRS mean?

If the information is listed under "For CDAC Use Only" then you can disregard it, as it does not pertain to the IQR validation program. For additional questions related to medical record requests, please contact the CDAC directly at (717) 718-1230 extension 201 or CDACHelpDesk@hcqis.org

Question 34: Where do we reach out to for questions on targeted hospital?

Please send your question to validation@hcqis.org. Be sure to include your six-digit CCN number with your correspondence.

Question 35: Is CMS considering coordinating with NHSN and state public health departments to standardize the template to reduce the work burden?

All future program changes can be found in the IPPS/Long-Term Care Hospital Prospective Payment System proposed and final rules released by CMS. Publications can be found on the *Federal Register* website.

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Question 36: What if there is a discrepancy with a date of birth on one of the selected patients? Do we contact the validate@hcqis.org email?

All corrections must be made prior to the template submission deadline. You can reach out to the Validation Support Contractor requesting assistance with making minor template revisions. Or, as long as the template submission deadline has not passed, you can resubmit a corrected template through the *QualityNet* Secure File Transfer application. A revised template will overwrite the previously submitted template. Incorrect data identified after the template submission deadline, or after the initial CDAC medical records have been sent, cannot be corrected.

Question 37: Clarify the type of ED record for validation. Is it only inpatient admissions or outpatient?

This webinar presentation is for the FY 2021 IQR chart-abstracted data validation. Data would be for individuals admitted as inpatient status. Please follow the instructions within the medical records request packet for information on what should be submitted.

Question 38: We have two NHSN facility IDs but only one CCN. Can we place both hospitals on one template since they share the same CCN number?

Yes. On the validation templates under column A (NHSN Facility ID*), list the appropriate NHNS ID associated to the patient information listed.

Question 39: If our hospital does not have an intensive care unit (ICU), only a med/surg, do we still submit validation data? The email that we received states ICU and we do not have an ICU.

Please reference the Validation Template User Guide and Submission Instructions document found on *QualityNet*. If your hospital does not have an ICU, you should populate the required fields on the template that indicates “No-Positive Cultures Collected.” You can also check that the mapping is listed correctly within NHSN. If you have additional questions, please reach out at validation@hcqis.org.