



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

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

### Presentation Transcript

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**May 29, 2019**

**2 p.m. ET**

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**Candace Jackson:** I would like to welcome everyone to today's IQR presentation, titled *Hospital IQR Program Fiscal Year 2021 Chart-Abstracted Validation Overview for Targeted Selected Hospitals*. I am Candace Jackson, the IQR Project Lead at the CMS Hospital Inpatient VIQR Outreach and Education Support Contractor. I will be the moderator for today's event. Before we begin, I'd like to make our first few regular announcements. This program is being recorded. A transcript of the presentation, along with the answers to the questions asked today, will be posted to the inpatient website, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com) at a later date. If you registered for this event, a reminder email and a copy of today's slides were sent out to your email about a few hours ago. If you did not receive that email, you can download the slides, again, at our inpatient website, which is [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com). If you have a question as we move through the webinar, please type your question into the chat window, and we will answer questions as time allows at the end of the webinar. For the presenters to best answer your questions, we request at the beginning of your question, please type the slide number associated in the chat window. I would now like to introduce our speaker for the day, Alex Feilmeier. Alex is the Lead Solutions Specialist for the Value, Incentives, and Quality Reporting Center Validation Support Contractor. 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 Hospital Inpatient Quality Reporting Program chart-abstracted data validation process for fiscal year 2021. Please note, this webinar presentation is not related to the eCQM validation program, which is a separate program with differently selected hospitals. Hospitals selected for chart-abstracted validation will not be selected for eCQM validation and vice versa.

At the conclusion of this webinar, participants will be able to understand the fiscal year '21 Hospital IQR Chart-Abstracted Data Validation program process, identify the deadlines and associated required activities related to data validation for fiscal year '21, submit fiscal year '21 healthcare-associated infection validation templates through the

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*QualityNet Secure Portal* Secure File Transfer application, submit medical records requested by the Clinical Data Abstraction Center, receive and interpret validation results.

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

CMS assesses the accuracy of chart-abstracted and HAI data submitted to the Hospital IQR Program through the validation process. CMS verifies on a quarterly basis that hospital-abstracted data submitted to the clinical warehouse and data submitted to the National Healthcare Safety Network can be reproduced by a trained abstractor using a standardized protocol. CMS performs a random and targeted selection of inpatient prospective payment system hospitals on an annual basis. Currently, 400 hospitals are randomly selected in the fall, and up to 200 additional targeted hospitals are selected in the spring.

IQR fiscal year '21 chart-abstracted data validation consists of the following quarters: third quarter 2018, fourth quarter 2018, first quarter 2019, and second quarter 2019.

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 emergency department, immunization, venous thromboembolism, and sepsis. The clinical process of care measures available to be validated in each quarter of the fiscal year '21 are indicated on this slide.

CMS will validate up to 10 candidate HAI cases total per quarter per hospital. CMS will validate candidate cases sampled for the following HAI measures: central line-associated bloodstream infection, CLABSI; catheter-associated urinary tract infection, CAUTI; methicillin-resistant *Staphylococcus aureus*, MRSA, laboratory-identified ID events; *Clostridium difficile* infection, CDI, LabID events; or surgical site infection, SSI. All hospitals selected are required to provide two quarterly

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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 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 January of 2019, and the 200 targeted hospitals have been selected in May of 2019. The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS final rule.

Annually, for both the random and targeted hospital selections, a news article, along with the list of selected hospitals is posted on *QualityNet*. A 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 validation are notified by email. This communication is sent to the following hospital contact types listed within the official CMS contact database: CEO, Hospital IQR, Infection Control, CDAC Medical Records, and Quality Improvement. The Validation Support Contractor monitors email communications to assure that hospitals are notified of selection. Any emails that bounce back are researched, and hospital contacts are asked to be updated in the CMS system to assure future notifications are received.

A list of the selected hospitals is available on *QualityNet* by hovering over Hospitals-Inpatient drop-down and selecting the Data Validation Chart-Abstracted and eCQM link, followed by selecting Chart-Abstracted Data Validation program. This list is located in the blue sidebar toward the top of the page under the header, Hospitals Selected for Inpatient Chart-Abstracted

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Data Validation. Data validation pages on *QualityNet* contain help guides, deadline dates, and all other resources related to data validation. Some of these resources will be covered in more detail later in this presentation.

Keeping hospital contacts up to date is necessary to ensure validation-related communications and submission deadline email reminders reach appropriate staff to your hospital. Hospitals may check who is listed and make updates to their contacts by sending an email with their six-digit CCN/Provider ID to the hospital inpatient support contractor at the email indicated on this slide.

The next four slides should help provide high-level general overview of the validation process. More specific information will follow. Hospitals will start the entire process by filling out validation templates for the types for which they have been selected, and then submit templates to the Validation Support 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 on *QualityNet*. 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 10 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 receive from the CDAC will contain requests for clinical process of care measures and

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HAI measures, including SSI, to be validated. The hospital has until the date listed on the quarter's request to send their records to the CDAC. The CDAC then abstracts and adjudicates the selected cases.

It typically takes approximately four months after the quarter's submission deadline for hospitals to receive their validation results for the quarter. Educational reviews are offered quarterly, based on the release of each quarter's validation results. Completed education review forms will be submitted within 30 days of the validation results being posted on the My Reports section of the *QualityNet Secure Portal*.

At the end of each fiscal year, annual payment update, APU, results are expected to be released in late April or early May, at which point hospitals will be notified of their validation pass or fail status. For fiscal year 2021, this is anticipated to be April or May 2020. To determine the pass/fail status, CMS calculates the total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. Hospitals may run their end-of-year Confidence Interval Report, which determines validation pass or fail status. If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the IQR validation requirement. A detailed *Fiscal Year 2021 Confidence Interval* document is posted on the Chart-Abstracted Data Validation-Resources page of *QualityNet*.

This slide shows the discharge quarters and associated HAI validation template deadlines for the fiscal year '21 targeted selected hospitals that were notified of selection in May 2019. Validation templates are due no later than 11:59 p.m. Pacific 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. For the entire validation fiscal year, hospitals selected randomly in January 2019 should follow the deadlines associated with the

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random hospitals only. And, the hospital selected as a targeted hospital should follow the deadlines for the targeted 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 version of the validation templates for the fiscal year being validated are available on the Chart-Abstracted Data Validation-Resources page of *QualityNet*. The validation templates are located in the center of the Resources web page. A direct link is provided on this slide. Download the correct version of the validation template needed and save it to the location of choice on your computer. Do not save the validation templates with a password and do not lock them. Files with passwords or that are locked will be rejected, and corrected files will need to be resubmitted.

There are four tabs in each validation template. The tabs are as follows: a Definitions tab, which provides directions specific to the submission of the template's HAI type; the Template tab, where hospitals enter their data; and an NHSN Location or an NHSN ICU Location tab, depending on the template type, which lists all acceptable locations for the respective HAI type; and the Fiscal Year '21 Submission Instructions tab, which provides step-by-step detail on how to submit validation templates using the *QualityNet Secure Portal* Secure File Transfer application. Do not alter or change the original format on the validation template. Do not delete, rename, or change the order of the tabs. If any format changes are made, the template will be rejected.

Some template completion tips for avoiding validation template submission errors are as follows: refer to the *Fiscal Year 2021 Validation Template User Guide and Submission Instructions* document posted on the Chart-Abstracted Data Validation-Resources page of *QualityNet*—a direct link is provided on this slide; verify the correct fiscal year a 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

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asterisk; use the drop-downs provided in the template to select valid values; check all dates for accuracy; submit only via the *QualityNet Secure Portal* Secure File Transfer application, as validation templates contain PHI and cannot be sent via email.

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

Feedback regarding the status of validation templates is typically received within two business days of initial submission. If the submitter does not receive a processing confirmation email, please include the hospital's six-digit CCN/Provider ID and an email address to [Validation@hcqis.org](mailto:Validation@hcqis.org). After validation templates have been processed, the submitter of the template and the contact listed in the template's first row will receive a confirmation receipt email indicating one of two things: successful submission or errors have occurred that require your attention and resubmission.

A hospital submitting a validation template with processing errors will receive email notification, which includes the errors to be corrected. Please make the corrections specified in the email and resubmit the file via the *QualityNet Secure Portal* Secure File Transfer application. Do not attach a template to the error email, or this will be considered a breach of PHI. Validation templates may only be resubmitted up until the quarterly deadline. If error emails are received, these errors must be corrected, and 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 file name. This will assist the Validation Support Contractor in processing.

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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 the hospital does not submit the required quarterly validation templates to CMS by the deadline, they will be assigned placeholder cases. Up to 10 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 the validation template by the deadline, placeholder cases will also be assigned and scored zero-over-one.

The Validation Support Contractor performs some courtesy checks on validation templates to assist hospitals with submitting accurate data. The validation templates are used to randomly select cases for validation. If 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 listed CAUTI/CLABSI culture dates 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 exist 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 deadline has passed, data submitted on a validation template cannot be changed.

This slide provides a more visual representation of what is included in the HAI sample selection. As explained, CMS will validate up to 10 candidate

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HAI cases total per quarter per hospital. CMS will select up to four candidate HAI cases from each of the assigned validation templates. CMS will also select up to two candidate SSI cases from Medicare claims data for patients who had colon surgeries or abdominal hysterectomies and which appear suspicious of 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 for 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 packets be routed to the correct individual or individuals responsible for fulfilling the request as soon as possible. It is important also to note, the medical records request will be delivered to the address listed under the medical records contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the hospital inpatient support contractor at [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org).

A hospital’s list of cases selected for validation each quarter, including all available 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 the report, log in to the *QualityNet Secure Portal*, select My Reports, then Run Reports. Select Run Reports tab. Under the Report Program, select IQR. Under Report Category, select Hospital Reporting-Data Validation Reports. Under Report Name, select Hospital Data Validation-Case Selection Report. This report will be discussed in greater detail later in this presentation.

Hospitals are not allowed to send records or additional documentation after the record has been received by the CDAC. This applies even if the wrong record is sent, or if pages are missing, or are illegible, et cetera.

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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 be a hospital medical records staff, independent copying services, et cetera, all records should be carefully reviewed prior to mailing them to the CDAC. Consider having an abstractor review your records prior to mailing, as they're 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 CDAC. Inpatient records must be received within 30 days of the request date. Hospitals may submit medical records on paper copy; removable media, such as 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 regarding medical records requested by the CDAC can be found on *QualityNet* by hovering over the Hospitals-Inpatient drop-down and selecting the Data Validation Chart-Abstracted and eCQM link, followed by selecting Chart-Abstracted Data Validation program. From the navigation bar on the left side of the Chart-Abstracted Data Validation-Overview page, select CDAC Information.

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

There are three different quarterly validation reports available to 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

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the medical records request packet sent by the CDAC. The Validation Support Summary 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 a hospital's 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 that 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](mailto:CDACHelpDesk@hcqis.org) or by phone at (717) 718-1230, extension 201.

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

The Case Detail Report provides complete information about all abstracted elements compared to the CDAC reabstraction on each case. Mismatches in 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. The information needed to request an educational review can be found on *QualityNet* by hovering over the Hospitals-Inpatient drop-down and selecting the Data Validation Chart-Abstracted and eCQM link, followed by selecting the Chart-Abstracted Data Validation program. From the navigation bar on the left side of the Chart-Abstracted Data Validation-Overview page, select Educational Reviews.

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For the fiscal year 2021 payment determination and subsequent years, if a hospital requests an educational review for any of the first three quarters of validation, and this review yields incorrect CMS validation results for chart-abstracted measures, the corrected quarterly score will be used to compute the final confidence interval. Note, the quarterly validation reports issued to hospitals will not be changed to reflect the updated score due to the burden associated with reissuing corrected reports. Due to the need to calculate the confidence interval in a timely manner, and the insufficient time available to conduct educational reviews, the existing reconsideration process will be used to dispute an unsatisfactory validation result for the last quarter of validation. If a hospital does not fail validation, the hospital would still have the opportunity to request an educational review within 30 days of receiving their results.

One other validation-related report, the Confidence Interval Report, becomes available after all quarterly results of the fiscal year have been completed, and a 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 may not receive full APU. A detailed *Fiscal Year [20]21 Confidence Interval* document is posted on the inpatient Chart-Abstracted Data Validation-Resources page of *QualityNet*.

If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in late spring indicating they have failed APU. At that time, a hospital may request a reconsideration of their validation results. The hospital would then provide information on why they're asking CMS to reconsider their results. Additional information about reconsiderations can be found on the *QualityNet* by selecting Hospital Inpatient Quality Reporting Program from the Hospitals-Inpatient tab drop-down and selecting APU Reconsiderations from the left-side navigation page. A direct link is provided in this slide.

Validation resources are available on *QualityNet*. To access, select Data Validation Chart-Abstracted and eCQM [from the] Hospitals-Inpatient

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drop-down, followed by selecting the Chart-Abstracted Data Validation program. From the navigation bar on the left side of the Chart-Abstracted Data Validation-Overview page, select Resources. A direct link is provided on this slide. For assistance within *QualityNet*, including logging in, contact the *QualityNet* Help Desk at the information provided on this slide.

Questions may be asked directly by emailing the Validation Support Contractor or by using the CMS question-and-answer tool on *QualityNet*. Direct links are provided on this slide. Whether asking a question through the CMS question-and-answer tool or directly to the Validation Support Contractor email, please include the hospital's six-digit CCN/Provider ID. This will expedite a reply with the information specific to your hospital. And, that's all I have. So, I'll hand it back over to Candace to open up the opportunity for questions from our viewers.

**Candace Jackson:** Thank you, Alex. That was a lot of valuable information, and I'm sure all the participants will benefit from that. We do have some time now that we can go into our live Q&A session. Again, remember that if we do not get to your question today, all questions submitted will be responded to and posted on the *www.QualityReportingCenter.com* website at a later date. So, let's go ahead and get started.

And, our first question is, we received our third quarter '18 validation summary. We had two measures in the sepsis bundle that didn't match CDAC. They provided educational comments, but the result said, "Match." The original and validated outcome was "D." How are the results determined?

**Alex Feilmeier:** This is a good question. And, I think it's important to, to know that validation is at the measure level, and scoring is not at the individual question or data element level. So, 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 algorithms. Others will lead to the next data element. Where the algorithm stops is what determines the final outcome. So, for example, it determines whether a case is a measure

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category of “B,” not included in the measure, or “E,” included in the numerator. So, some general data elements are not used in determining the outcome, and the list of these general data elements can be found on the specs manual in the Introduction to the Data Dictionary. And, clinical process of care cases are scored zero-over-one or one-over-one, depending on the match/\_-mismatch status. So, hopefully that helps answer that question.

**Candace Jackson:** Thank you, Alex. And, our next question. Are HAI validation reviews compared to our submission to NHSN or our validation templates that we submit to *QualityNet*?

**Alex Feilmeier:** The validation templates are used only to select for the cases for validation. The templates themselves are not validated. Once the template cases have been randomly selected, then we work with the Centers for Disease Control and Prevention with NHSN, based on what was submitted on the template, to validate through that route.

**Candace Jackson:** And, our next question. I think this will be a good question for everyone. Can you give us some tips to make the CMS Clinical Data Abstraction Center, or CDAC, record-submission process go as smoothly as possible?

**Alex Feilmeier:** Yes. So, as mentioned earlier, for IQR chart-abstracted data validation, hospitals may submit medical records to the CDAC, either electronically as PDF files, or encrypted removable media through the CMS [*Qualitynet*] *Secure Portal* 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 ID number that is printed on each individual medical record cover sheet included in the request packet that you receive. So, you should not use the patient name or other identifiers as the file name. You should follow the instructions and include that CDAC document ID number.

One file per medical record request is preferred. But, if you have to split the medical record into multiple files due to size, then the file name should indicate how many parts there are in the record, in addition to the document ID. For example, if you split the record into three files, for

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example, the file name should include “part one of three,” “part two of three,” et cetera. And, this will assist the CDAC in combining the files for processing. If you are submitting the files on removable media, that media should be labeled with your six-digit CCN/CMS Provider ID number. And, if you’re submitting through secure file transfer, your CCN should be included in the subject line. Those are two ways to make sure your file is being received.

When submitting via secure file transfer, be sure to select the CDAC Medical Records group as the email recipient. And, similar to the part one, part two, part three, attaching too many files could cause transmission to fail. So, you’ll improve your chances of successful submission by only attaching two to three files to each secure file transfer delivery. And, you will receive a download confirmation email when the CDAC downloads the file. If more than 24 hours have passed since you submitted the files, and you have not received that download confirmation, you should check your Sent folder. If your submission is not listed in that Sent folder, the CDAC has not received your file, and you should resubmit. And, all of this that I’m talking about, can be found within the instructions and guidelines sent by the CDAC when the records are initially requested. So, if you follow the guidelines provided, it should ensure your records are received completely and timely.

**Candace Jackson:** Thank you, Alex. And, kind of on that same note, in regards to CDAC record submission, the next question is, can we highlight the data points that the CDAC will be looking for in the chart?

**Alex Feilmeier:** While you may highlight, the abstractors are trained to ignore highlighting, and marks, and comments, because they are supposed to be abstracting just as a regular abstractor would. And, a regular abstractor, when abstracting the record, wouldn’t have those special highlighting notes to tell them what they should be looking at and should not be looking at.

**Candace Jackson:** Thank you. And, our next question. Do we still submit SSI data if our hospital is exempt from entering SSI data into NHSN due to having less than nine procedures in a year?

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**Alex Feilmeier:** The SSI cases are selected, based on claims that your hospital submits to CMS. You may want to reach out to us at the Validation Support Contractor to get a little more clarification of what it is you're asking in terms of how many procedures and what you're reporting. It would suggest that you report whatever you normally would. Let's just say that.

**Candace Jackson:** Thank you, Alex. And, kind of on that same line, if you have no HAI cases for one of the chosen types, such as MRSA, what do we do?

**Alex Feilmeier:** If you have no cases that meet the criteria on the Definitions tab of the template, you can view the template user guide and submission instructions document, which will give you a little bit of background on how to submit a "No." And, what that means is, you're still going to fill out the template; you're just going to indicate on the "Yes" or "No" drop-down option that no, you did not have any cases that meet the criteria for the quarter.

**Candace Jackson:** Thank you. And, our next question. We are a multi-hospital system. Is there a way for us to know from the list posted on *QualityNet* which hospitals have been selected for validation randomly and which are targeted selections?

**Alex Feilmeier:** The best thing that you can do when you want to know who has been selected randomly versus who has been selected targeted is to reach out to us at the [Validation@hcqis.org](mailto:Validation@hcqis.org) email address. The reason it is not indicated on that list is, CMS does not want to publicly display the hospitals that were randomly selected versus those that were targeted.

**Candace Jackson:** Okay. And, the next question. How many validation templates do we need to send? We are selected for CLABSI/CAUTI.

**Alex Feilmeier:** You will need to 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. So, if I'm doing my math right, that's eight total templates throughout the validation fiscal year.

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- Candace Jackson:** Okay. Thank you. Our next question. 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 quarter selected.
- Alex Feilmeier:** It may appear from the list, as mentioned in the other question, that you had been selected for both. However, if you were selected earlier in the year as a random provider, you will continue down the route of the random provider deadlines. You were not selected again as a targeted provider. It just does not distinguish between random and targeted on the list.
- Candace Jackson:** And, our next question. Can you please clarify what a placeholder case is?
- Alex Feilmeier:** Placeholder cases really will play no—the vast majority of hospitals will never deal with placeholder cases. And, the reason for that is, placeholder cases are only put in place if your hospital does not submit the validation template by the deadline. In other words, if you submit your validation templates by the deadline, you don't have to worry about placeholder cases. The placeholder cases are automatically scored zero-over-one because you did not turn in your templates.
- Candace Jackson:** Thank you, Alex. And, our next question. 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?
- Alex Feilmeier:** When the CDAC sends the medical records request packet, the instructions will state whether or not the entire medical record needs to be submitted or—and what time frame before the admit date needs to be included. Often, it's 14 days prior to the admit date. If the—
- Candace Jackson:** Thank you. Go ahead. I'm sorry.
- Alex Feilmeier:** No, I was just going to say, if they have more questions about that, they can reach out to the validation email address.
- Candace Jackson:** Okay. Thank you. Our next question. What criteria triggers a targeted hospital?

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**Alex Feilmeier:** There are several criteria that can be found in the rule, the fiscal year 2014 IPPS rule. The criteria are summarized as the following, and let me read these off. Failure to meet validation requirements for the previous fiscal year. So, in this case, it would be fiscal year 2020. That would be any hospital that failed fiscal year 2020. Also, lower bound confidence interval less than or equal to 75 percent in fiscal year 2020. Failure to report at least half of HAI events detected during fiscal year 2020. Rapidly changing data patterns, abnormal or conflicting data patterns, submission of data to NHSN after the IQR submission deadline, and/or not having been validated in previous three years. If any hospital watching, or listening, rather, is interested in finding out why they were targeted for validation, they can send an email to [Validation@hcqis.org](mailto:Validation@hcqis.org).

**Candace Jackson:** Okay. Thank you. And, our next question. When will the targeted hospitals receive the first request for records for third quarter 2018?

**Alex Feilmeier:** The targeted hospitals validation template deadline is July 23, 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. So, it could be anticipated to arrive sometime in the middle of August.

**Candace Jackson:** Okay. Thank you. Our next question. The email we received stated that we were randomly assigned to submit MRSA and CDI HAI measures validations. We were also selected for clinical process of care measure validation, too. Should we be submitting both?

**Alex Feilmeier:** Yes. So, hospitals are validated—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 your hospital to the CMS warehouse, and that is where the cases are selected. You will submit everything as per the usual for your clinical process of care measures. For HAI, you will submit HAI validation templates, and that's how the cases are selected. And, for SSI, they're selected via the claims that your hospital submits. When the cases are selected, and the CDAC sends the medical records request packet, any and all cases that are

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selected for the quarter, whether it be clinical process of care, HAI—or HAI—will all display on that report or packet, and you will submit all cases selected.

**Candace Jackson:** Thank you, Alex. Our next question. I understand that we are to use a pathogen in the drop-down box. If I have the exact organism types, may I paste it in?

**Alex Feilmeier:** You are to use the drop-down that is provided. If you have questions about a specific pathogen that may not be on the drop-down, go ahead and send us an email at [Validation@hcqis.org](mailto:Validation@hcqis.org), and we can help you. But, you cannot—

**Candace Jackson:** Next question.

**Alex Feilmeier:** —paste it.

**Candace Jackson:** Go ahead.

**Alex Feilmeier:** Sorry, but, just to clarify, you are not able to manually type in a pathogen that's not from the drop-down.

**Candace Jackson:** Okay. And, our next question. 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 periods in red text. Please let me know how to address it when we are compiling a CDAC report.

**Alex Feilmeier:** What I believe the question is asking is, they're viewing their Case Detail Report, and in an educational comment, it shows in red that a time is different from what was found. And, I think I'm hearing them say, though, though that is displaying, it is not a mismatch. That can happen, that an educational comment can display in red, even though the case is not mismatched. It is just the report showing you that the abstractor found something slightly different. However, there are some instances where maybe the time frame was within an allowable time, therefore a mismatch did not occur, or other reasons. If the hospital has specific

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questions on that Case Detail Report, they may submit a question to us at the validation email box.

**Candace Jackson:** And, we have time for a couple more questions here. And, our next question. Where can we find the list of elements that will be validated?

**Alex Feilmeier:** As I mentioned in one of the earlier questions, the validation is at the measure level. It's not at the individual question or data element level. If you do want to see the list of general data elements, that can be found in the specifications manual, in the Introduction to the Data Dictionary.

**Candace Jackson:** And, our last question. We made a mistake and sent the entire medical record for the MRSA/*C-diff*. Will we automatically fail?

**Alex Feilmeier:** You will not automatically fail if you accidentally sent the entire record for MRSA or CDI. The medical records instruction packet does state to only submit certain parts of the record during a certain time frame. However, you will not be penalized in any way for submitting more than you needed to, in instances such as the one you've described.

**Candace Jackson:** And, our last question for the event is, is there an option to opt out of a quarter? If so, what are the options that would allow this?

**Alex Feilmeier:** I don't fully understand the opt-out question. There are certain instances, such as extraordinary circumstance exemptions, that CMS grants; or, hospitals may submit a request for such instances. You can get more information about that by reaching out to us or the inpatient support contractor to find out more information.

**Candace Jackson:** Thank you, Alex. And, that concludes our webinar for today. Again, I'd like to thank Alex for providing the information to us today. And, I will now turn the presentation over to Dr. Debra Price to go over the CEU process. Debra, the floor is yours.

**Dr. Debra Price:** Well, thank you, and I'd like to talk to everyone for a moment about continuing education credit.

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Hi, everyone, and thank you for attending today's event. This presentation has been approved for continuing education credit by the boards listed on this slide. If your board is not listed, you can forward your certificate to your own board, and see if they accept this certificate across state lines.

There are three easy ways to get your credit: number one, complete the survey at the end of the event; number two, register as a new user or an existing user on HSAG's Learning Management Center; and number three, print out your certificate from the Learning Management Center website. I have a couple of caveats, however, and let me just go over those real quick. First one is, this is a separate registration from the one that you used for ReadyTalk®. So, please, if you are a new user, use your personal email, and that's because healthcare facilities have blocks on our automatic links. So, sometimes they don't work.

This is what the survey will look like when you see it. It will pop up at the end of our slides and will also be sent to you within 48 hours. So, you'll have a second one. When you're done, click on the Done button down in the bottom right-hand corner.

And, this is the page that pops up after you click that Done button. You'll notice that there are two green links in the middle. The first one is, if you have never attended or never received credits, click that New User link. The second one is, if you have been attending our events, and you have not had any problems so far, then you click the Existing User link.

And, depending on which link you clicked on, you will be taken to one of these two pages. For the New User link on the left, use your personal email and your personal phone number. If you've had any problems getting credit before, I'm asking that you go back and register as a new user with your personal email and personal phone number. If you are an existing user, the right-hand side of the screen is what pops up. You're going to use your entire email address as your user name, and that's including what's after the @ sign.

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And now, I'd like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions related to the webinar will be posted to the *QualityReportingCenter.com* website at a later date. We hope you learned something today. Thanks, and enjoy the rest of your day. Goodbye.